

# Norton Canes Practice

## Quality Report

41 Brownhills Road  
Norton Canes  
Cannock  
WS11 9SE

Tel: 01543 279232

Website: [www.nortoncanespractice.co.uk](http://www.nortoncanespractice.co.uk)

Date of inspection visit: 13 November 2017

Date of publication: 12/12/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary

Page

2

### Detailed findings from this inspection

Our inspection team

4

Background to Norton Canes Practice

4

Detailed findings

5

Action we have told the provider to take

20

## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** We previously inspected the service on 26 November 2015 and rated the service Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Norton Canes Practice on 13 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had systems, processes and practices in place to protect people from potential abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads and contacts for external safeguarding agencies.
- The practice had systems to manage most risks so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There were systems in place for identifying, assessing and mitigating most risks to the health and safety of patients and staff. However, the system for managing patient safety alerts and the monitoring of patients on high risk medicines required review.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The partners had reviewed its workforce and had recently employed a health care assistant, a part-time locum GP and taken on a physician associate to help meet the health and social needs of patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to make an appointment.

# Summary of findings

- The practice was equipped and maintained to treat patients and meet their needs.
- The practice worked with the patient participation group (PPG) to meet the needs of their patients.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients. See the Requirement Notice at the end of this report for more details.

The areas where the provider **should** make improvements are:

- Ensure information about how to make a complaint is easily available for people to access.
- Review the monitoring of uncollected prescriptions.
- Review and improve the system for managing patient safety alerts.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Norton Canes Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager advisor.

## Background to Norton Canes Practice

Norton Canes Practice, also known as Dr B K Singh, is situated in Norton Canes, Cannock, Staffordshire. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and has recently moved to a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS Cannock Chase Clinical Commissioning Group (CCG).

The practice is located in a purpose built health centre and shares the facilities with two GP practices and NHS community services. The practice treats patients of all ages and provides a range of medical services and delivers regulated activities from Norton Canes Practice only.

At the time of the inspection 4,024 patients were registered at the practice. The practice local area is one of less deprivation when compared with the local and national averages. The practice has 61% of patients with a long-standing health condition compared to the CCG average of 58% and the national average of 53%, which could mean an increased demand for GP services.

The practice is managed by a team of two GP partners who are supported by a locum GP, a nurse, a physician associate, a health care assistant, a director of management, a practice manager and a team of administrative and reception staff. Opening hours are between 8am and 6.30pm Monday to Friday. Extended hours appointments are provided Monday evenings from 6.30pm to 7.30pm. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Additional information about the practice is available on their website: [www.nortoncanespractice.co.uk](http://www.nortoncanespractice.co.uk)

# Are services safe?

## Our findings

**We rated the practice as requires improvement for providing safe services.**

### Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. Staff had received safeguarding training to the level required of their role and knew how to identify and report safeguarding concerns. We saw staff had access to internal leads and contacts for external safeguarding agencies were displayed on notice boards in the reception office and in consulting rooms. Staff knew what would constitute a safeguarding concern and told us the action they would take if abuse was suspected or witnessed. Staff worked with other agencies to support patients and protect them from neglect and abuse. We saw vulnerable patients were flagged on the clinical computer system to alert staff for example, children on the child protection register.
- The practice had a range of safety policies in place which were communicated to staff and regularly reviewed. There were systems in place for identifying, assessing and mitigating most risks to the health and safety of patients and staff. There were records of safety checks undertaken.
- We saw the practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- A chaperone policy was in place designed to protect patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations. Staff who acted as chaperones were trained for the role and had

received a DBS check. Notices were displayed in consultation and clinical rooms advising patients that chaperones were available if required. Patients spoken with were aware of this service provided.

- We observed the premises to be clean and tidy. Patients told us they always found the practice clean and hygienic. There was an effective system to manage infection prevention and control. The nurse was the infection prevention and control (IPC) clinical lead. An IPC audit had been carried out by an external agency in January 2017 and the IPC lead for the practice had carried out an internal audit in June 2017. An action plan had been developed to address the improvements identified.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Due to the difficulties experienced with recruiting to GP vacancies, the partners had introduced a new initiative and had recently taken on a physician associate to increase the clinical team and help meet the health and social needs of their patients. A locum GP had been employed in May 2017 providing two sessions per week in addition to a recently employed health care assistant.
- There was an effective induction system for temporary staff tailored to their role. For example, we saw an induction checklist in place for the newly appointed physician associate and locum staff that included essential information to assist them in their role. This included safety information, the location of emergency and routine equipment, the referral process and safeguarding information. Checks had also been made against their registration status, qualifications and training records.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections,

# Are services safe?

for example, sepsis. The practice had a template available to support clinicians to recognise and help with the early identification of adults and older children with systemic response to infection. Suitable equipment was also available to enable assessment of patients with presumed sepsis to include pulse oximeters used to monitor a patients oxygen saturation level.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We reviewed four referral letters and saw these included all of the necessary information. The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective in reducing referrals.

## Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised some risks to patients. However, at the time of the inspection not all of the recommended emergency medicines were held at the practice to include an injection used to treat slow heart rate which might occur in situations such as during intrauterine device (coil) insertion and medicines to treat epileptic seizure and severe asthma. However, this was rectified by the practice and we received confirmation that all of the recommended emergency medicines had since been obtained. Staff had received training to deal with medical emergencies and knew of the location of where emergency medicines were

stored. The practice kept prescription stationery securely and monitored its use. However, the monitoring of uncollected prescriptions was not managed effectively. For example, we found a number of uncollected prescriptions dated July and August 2017 with no evidence of action taken to follow these up.

- We saw that patients who took medicines that required close monitoring for possible side effects had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. We found the system for ensuring blood results were known before issuing medicines was not adequate as there was a possibility that patients might still be given the medicine even if they had not received the required monitoring. For example if a patient missed a blood test at the hospital. We saw the blood tests of nine of 21 patients prescribed a specific medicine were overdue.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and worked closely with a member of the Clinical Commissioning Group medicines optimisation team who visited the practice weekly.

## Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues in place and records of routine safety checks undertaken.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and procedure for recording and acting on significant events and incidents. A policy was in place for the management of incidents and staff had access to a standard recording form available on the practice's computer system. Staff we spoke with told us they were encouraged to raise concerns and report

## Are services safe?

incidents and near misses and demonstrated an understanding of the procedure. Staff were able to share an example of a recent significant event, the action taken and learning shared. Staff told us they were supported by managers when raising significant events.

- There were systems for reviewing and investigating when things went wrong. The practice had recorded 20 significant events in the last 12 months. Events were recorded, investigated and shared with staff to improve safety in the practice. For example, as a result of the practice failing to pick up on a missed positive test result, the practice had contacted the pathology laboratory to request red alerts be put on all abnormal

results. The patient was apologised to and provided with advice. Learning outcomes and the action taken was documented and made accessible to staff and external agencies where appropriate.

- There was not an effective system in place to act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety. Following an alert being received, the practice maintained a log of alerts and recorded the action taken, for example shared the alerts with clinical staff. However, we found they had not carried out clinical searches for medicine related alerts to ensure that patients were not affected by the medicines involved or taken the appropriate action where required.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data provided by the practice for the period April 2017 to June 2017 showed:

The percentage of Hypnotics prescribed for short term use was 0.29 which was below the CCG average of 0.67.

The practice was the third lowest in the CCG average for antibiotic prescribing. The number of items the practice prescribed was 0.83 items compared to the CCG average of 1.21.

The percentage of high risk antibiotics prescribed (Co-amoxiclav, Cephalosporins or Quinolones) was 9.52% compared to the CCG of 9.32%. The practice was aware of this and told us they had a high elderly population with 21% over the age of 65 and were working with the CCG medicines optimisation team in appropriate antibiotic prescribing.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Patients over the age of 75 years had a named GP which was allocated at the time of their registration.
- Same day appointments were available for patients over the age of 65 in addition to home visits and telephone consultations for patients who were physically unable to attend the practice.
- Older patients who were frail or vulnerable were identified on the clinical system and received a full assessment of their physical, mental and social needs.

- Older patients were invited for an annual health check and a medication review.

#### People with long-term conditions:

- Patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training and offered prevention and health education advice and provided patients with information on self-help groups.
- The practice offered these patients flu and pneumonia vaccinations.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results for 2016/17 showed 78% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma control compared to the Clinical Commissioning Group (CCG) average of 79% and the national average of 76%. Their exception reporting rate of 2.5% was below the CCG and the national averages of 8%. Exception reporting is the removal of patients from QOF calculations where, for example, patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) that had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months was 92%. This was the same as the CCG average and higher than the national average of 90%. COPD is a chronic lung disease. The practice exception reporting rate of 8% was lower than the CCG average of 13% and the national average of 11% meaning more patients had been included.

#### Families, children and young people:



# Are services effective?

## (for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given for under two year olds was above the 90% national expected coverage rate and the rate for five year olds ranged from 93% to 100%.
- Antenatal clinics were held by appointment on a Wednesday morning with the visiting community midwife.
- GP led baby clinics were provided and the practice had access to health visitors based at the health centre.
- Contraception services were offered including the fitting and removal of intrauterine contraceptive devices (coils).
- Same day appointments were available for patients under the age of five.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 82%, which was comparable with the Clinical Commissioning Group and the national averages of 81%. The practice exception reporting of 3.5% was below the CCG average of 4% and the national average of 7%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Data provided by the practice showed they had completed 85 health checks since April 2017 and 147 for the period 2016-17. Text messages were sent to eligible patients inviting them to attend the practice for a health check.
- 95% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months. This was comparable with the CCG average of 93% and the national average of 90%.
- The practice carried opportunistic health promotion, diet, exercise, alcohol advice and referral.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice attended meetings with a range of professionals to ensure those who were approaching end of life had a more cohesive plan of care across all agencies.

- The practice held a register of patients living in vulnerable circumstances including children in need or with a child protection plan in place and those with a learning disability. The practice had 33 registered patients with a learning disability. Twenty eight of these patients had received a health review since April 2017. The practice had 78 patients on their vulnerable adults register, 2% of the practice list.
- The practice had identified 65 (2%) of the patient list as carers and signposted them to local services offering support and guidance. Carers were offered health checks and flu vaccinations.

People experiencing poor mental health (including people with dementia):

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months compared with the CCG average and the national averages of 84%. The practice exception reporting rate of 3% was lower than the CCG average of 5% and the national average of 7%. The practice told us of the 36 patients registered with dementia, 76% of these patients had had their care plan reviewed since April 2017.
- The practice was able to refer patients to a dementia consultant who conducted dementia clinics in the health centre for diagnosis and treatment.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 91% and the national average of 90%. The practice exception reporting rate of 0% was significantly lower than the CCG average of 12% and the national average of 13%. The practice told us of the 28 patients registered with a mental health disorder, 70% of these patients had had their care plan reviewed since April 2017.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and had reviewed the effectiveness and appropriateness of the care provided. The practice had carried out ten audits in the previous year. However, the majority of these were one cycle audits and two were annual monitoring audits of cervical cytology and minor surgery. A two cycle audit had been undertaken to identify

# Are services effective?

## (for example, treatment is effective)

patients at risk of calcium and/or vitamin D deficiency and fracture risk showed improvement in the treatment of patients with osteoporosis. The audit also helped to identify and code patients on the clinical system for Quality and Outcomes Framework (QOF) purposes.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results for 2016/17 showed the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and the national average of 96%. The practice clinical exception rate of 6% was below the CCG and the national averages of 10%, meaning more patients had been included.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice nurse responsible for taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. Reception staff were multi-skilled enabling them to cover each other's work in the event of staff absence.

- The practice understood the learning needs of staff and provided protected time and training opportunities for personal development. Newly appointed staff received an induction to their work. Records of staff skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example an apprentice that had recently completed their training had been developed into a receptionist role.
- The practice provided staff with ongoing support. This included an induction process, three month probation review, annual appraisals, practice meetings, informal discussions and support for revalidation. The recently appointed health care assistant was being supported by the practice nurse and the physician associate who had recently joined the team was currently observing GP consultations whilst awaiting their professional indemnity cover and had a designated GP supervisor. Their formal supervision had not yet been established and the designated GP had yet to receive training to support them in the process.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Meetings were held with external healthcare partners to discuss patients with complex needs.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition, patients with dementia and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, patients with long term conditions.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health and supported and signposted patients that required support. The practice organised health awareness events. The last event held was on breast awareness.
- The practice had referred patients with possible cancer. Data from Public Health England for 2015/16 showed that 40% of new cancer cases (among patients

# Are services effective?

(for example, treatment is effective)

registered at the practice) were referred using the urgent two week wait referral pathway. This was comparable with the CCG average of 44% and the national average of 50%.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Clinicians were able to share examples of how and what procedures they obtained consent for. For example, written consent was obtained for immunisations and minor surgery. We saw the provider had undertaken an audit on written consent for minor surgery.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs and had received training in equality and diversity.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- All 13 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients described the standard of service as 'excellent' and 'perfect'.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and forty nine surveys were sent out and 114 were returned giving a return rate of 46%. Patient satisfaction scores for consultations with GPs and nurses were in line or above the CCG and national averages. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 85% of patients who responded said the GP gave them enough time; compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; compared with the clinical commissioning group (CCG) average of 94% and the national averages of 95%.

- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared with the clinical commissioning group (CCG) average of 81% and the national average of 86%.
- 95% of patients who responded said the nurse was good at listening to them; compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients who responded said the nurse gave them enough time; compared with the clinical commissioning group (CCG) average of 91% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; compared with the clinical commissioning group (CCG) and the national averages of 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; compared with the clinical commissioning group (CCG) average of 86% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Interpretation services were available for patients who did not have English as a first language. Although notices were not displayed in the reception areas advising patients of this service, the staff we spoke with were able to tell us how they would support a patient with accessing this external service in addition to obtaining information in a variety of formats, for example, large print.

- Staff communicated with patients in a way that they could understand. The practice had staff that were able to use more than two languages to support their ethnic minority patients.
- Staff helped patients and their carers find further information and access community and advocacy services.

## Are services caring?

- The practice proactively identified patients who were carers. The practice had a carers protocol in place and carers were identified on new patient health questionnaires. The practice's computer system alerted GPs and staff if a patient was also a carer and referred them to local support services. The practice had identified 65 patients as carers (2% of the practice list). Carers were offered a leaflet providing information about a carer and contact details of support organisations, health checks and flu vaccinations. A designated member of the management team was the carers' champion.
- Staff told us that if families had experienced bereavement, they passed on their condolences and provided them with a bereavement information leaflet signposting them to the various external agencies for support and advice. A counselling service hosted by a voluntary organisation also visited the practice on a regular basis. A GP also contacted them and we saw staff had access to a patient death procedure.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mainly in line with local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 81% and the national average of 86%.

- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared with the clinical commissioning group (CCG) average of 77% and the national average of 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared with the clinical commissioning group (CCG) and the national averages of 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared with the clinical commissioning group (CCG) average of 86% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and had access to a privacy and dignity policy.
- The practice complied with the Data Protection Act 1998.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A private area was made available should a patient wish to discuss sensitive issues.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests and advanced booking of appointments. The practice had staff that were able to use more than two languages to support their ethnic minority patients.
- The practice had reviewed its workforce and taken on a physician associate and a locum GP to help meet the health and social needs of patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, telephone consultations were available and home visits were provided for patients who were housebound or had enhanced needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- Patients over the age of 75 years had a named GP which was allocated at the time of their registration.
- Same day emergency appointments were available for patients over the age of 75 in addition to home visits and telephone consultations for patients who were physically unable to attend the practice.
- Older patients who were frail or vulnerable were identified on the clinical system and received a full assessment of their physical, mental and social needs. A physician associate had been engaged to support with frailty and care planning of these patients.
- Older patients were invited for an annual health check and a medication review.

- The practice worked with a local hospice for palliative care, admissions, pain control and other services provided by the hospice.
- The practice offered flu, pneumonia and shingles vaccinations.

#### People with long-term conditions:

- Patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Patient medicines were randomly checked by GPs, the nurse and local chemists and pharmacist attached to the practice to flag any under or over use of medicines.
- The practice offered prevention and health education advice and provided patients with information on self-help groups.
- The practice offered these patients flu and pneumonia vaccinations.

#### Families, children and young people:

- Same day appointments were available for patients under the age of five.
- Contraception services were offered including the fitting and removal of intrauterine contraceptive devices (coils). Antenatal clinics were held by appointment on a Wednesday morning with the visiting community midwife.
- GP led baby clinics were provided and the practice had access to health visitors based at the health centre.

#### Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were offered with a GP and nurse on a Monday 6.30pm until 7.30pm.



# Are services responsive to people's needs?

## (for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice carried opportunistic health promotion, diet, exercise, alcohol advice and referral.
- The practice provided on-line services for example booking of appointments and repeat prescription ordering. Electronic prescription service was also available.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was proactive in identifying carers and had identified 65 (2%) of the patient list as carers and signposted them to local services offering support and guidance. Carers were offered health checks and flu vaccinations. A designated member of the management team was the carer's champion. Staff and members of the patient participation group (PPG) had received supporting carer's training provided by the local carers association, a local charity.
- The practice worked with the palliative care team and to support patients

People experiencing poor mental health (including people with dementia):

- The practice was able to refer patients to a dementia consultant who conducted dementia clinics in the health centre for diagnosis and treatment.
- Staff and a member of the PPG were dementia friendly trained to offer advice and support. The practice had held a dementia friends information session for their patients and members of the local community in 2016 to help raise awareness of dementia.
- Patients or their carer's were advised about support and local self-help groups.
- Staff liaised with the local mental health team and have CRISIS team contact numbers are available.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had access to initial assessment, test results, diagnosis and treatment.
- The practice had reviewed and changed its appointment system following patient feedback. Patients told us they found it easy to make an appointment by telephone, in person and on-line.
- To reduce the numbers of patients failing to attend appointments, the practice had introduced a texting service that sent appointment reminders in addition to allowing patients to cancel their appointment by mobile phone.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was significantly higher than the local and national averages for most questions. For example:

- 94% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 91% of patients who responded said they usually got to see or speak to their preferred GP compared with the clinical commissioning group (CCG) average of 53% and the national average of 56%.
- 82% of patients who responded said they could get through easily to the practice by phone; compared with the clinical commissioning group (CCG) average of 69% and the national average of 71%.
- 89% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared with the clinical commissioning group (CCG) and the national averages of 84%.
- 90% of patients who responded said their last appointment was convenient; compared with the clinical commissioning group (CCG) and the national average of 81%.
- 84% of patients who responded described their experience of making an appointment as good; compared with the clinical commissioning group (CCG) average of 72% and the national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 51% of patients who responded said they don't normally have to wait too long to be seen; compared with the clinical commissioning group (CCG) average of 62% and the national average of 58%.

This was supported by observations and discussions held with patients on the day of inspection and completed comment cards. Patients we spoke with were very complimentary about their experience in accessing care and treatment.

### **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to continually improve the quality of care.

- Information about how to make a complaint or raise concerns was not readily accessible in the practice. We saw the patient information leaflet provided a very brief account of how to make a complaint but did not detail the range of options available to patients to support them in this process. However, information was readily

available on the practice website and staff had access to a detailed complaints procedure. Some of the patients we spoke were not aware of how to make a complaint but told us they had never had cause to complain about the service they had received.

- The practice manager was the designated lead for managing complaints and was supported by the director of management who was jointly responsible for the overall running of the practice. The complaint policy and procedures were in line with recognised guidance. We saw the practice had received six written complaints during 2016/17 and had recorded 11 verbal complaints since April 2017. The complaints we reviewed were satisfactorily handled in a timely way and a record was maintained of all verbal and written complaints and the actions taken. The practice had not yet carried out an analysis of trends to identify any common themes however, there was evidence of learning from complaints, for example changes had been made to the appointment system to improve patient experience.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services and were keen to introduce new initiatives. For example, they had appointed a locum GP to meet patient demand and had recently taken on a part-time physician associate who was doing a one year internship with the practice with a view of employment to increase the clinical team and work alongside the GPs.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff had lead roles and were aware of their roles and responsibilities.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The practice vision was to provide high quality, patient centred accessible care in a safe environment working with patients and enabling good health. Staff spoken with understood the vision, values and strategy and their role in achieving them however, the mission statement was not accessible to patients.
- The practice had a comprehensive documented three year business plan with clear objectives about their future plans. The practice planned its services to meet the needs of the practice population. The practice was the first in the clinical commissioning group (CCG) to be allocated a physician associate (PA) from the first six trained by the South Staffordshire and Shropshire NHS Foundation Trust (SSSFT). Following supervision by a GP

in the first instance, the role is intended to free up GP time to deal with more complex patients and intended to improve patient access to see the most appropriate clinical staff member to meet their needs.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. The management style of the practice was described as functional and informal. They were proud to work in the practice where leaders encouraged an open and blame free culture. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and had access to a policy in the event of needing to raise concerns in relation to staff practice in the workplace.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff had received an annual appraisal in the last year and were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including the nurse, were considered valued members of the practice team. They were given protected time for attending various meetings held in addition to professional development.
- The practice focused on the needs of patients. For example the practice had purchased the text messaging service to improve their communication with patients and provide them with the ability to cancel their appointments via mobile phone.
- The practice actively promoted equality and diversity and staff had received training in this area. Staff felt they were treated equally and reported there were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, infection prevention and control and chronic diseases.
- Practice leaders had established policies and procedures and we saw these were regularly reviewed.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including most risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents, and complaints. However, there was not an effective system in place to evidence that external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety had been appropriately actioned.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place for major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. There was an information

governance lead and Caldicott Guardian, a designated person responsible for protecting the confidentiality of patient's health and care information and staff had received training.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We saw the practice engaged staff in regular team meetings and sought their views. Records of meetings held were available on the computer system for staff to access.
- There was an active patient participation group (PPG) that consisted of around eight core members and a small group of virtual PPG members. The group were looking to increase membership. The PPG met bi-monthly and meetings were chaired by the senior receptionist and attended by the practice manager. During the inspection we met a representative of the group. They told us they were actively involved with meetings and assisted with supporting and promoting health awareness sessions to the local community. They were also trying to obtain additional car parking spaces at the local community centre for patients and visitors parking at the practice. The group had developed an action plan for 2017-2018. We saw PPG meetings were comprehensively recorded but not shared practice wide and there was limited information available to actively encourage new members to the group. However, we saw there was limited space available within the practice to advertise the PPG.
- The practice had commissioned an external company to undertake a patient and staff survey. Forty three patients and 15 staff completed the survey. Feedback was very positive overall with no suggestions for improvement.
- The service was transparent, collaborative and open with stakeholders and patients about performance. For example, we saw the results of the practice survey had been shared and discussed with the PPG.

## Continuous improvement and innovation

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the practice. The practice was in the process of working in conjunction with eight other rural practices within the locality to take the work forward and to strengthen and support each other and ensure future sustainability. A GP attended monthly locality meetings held with the Clinical Commissioning Group. The practice told us they were committed to working with the CCG and the ongoing development and provision of patient services in the area.
- The practice had approached the NHS England Supporting Change in General Practice Team to assist them in developing and diversifying from traditional ways of working. A meeting had been arranged for January 2018.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was actively involved with the National Institute for Health Research to help inform future developments in health care and was currently working on two research projects to include a study examining common and rare genetic variants associated with thinness.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• They had failed to minimise the risks associated with the monitoring of high risk medicines.</li></ul> |