

Dr A Yi

Quality Report

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Date of inspection visit: 15 January 2016

Date of publication: 03/03/2016

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A Yi on 15 January 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, although significant event meetings did not take place on a regular basis.
- Patients were at risk of harm because some systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment, and risk assessments were not in place to monitor safety of the premise or use of equipment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could usually get an appointment when they needed one, with urgent appointments available the same day. Patients could also access urgent appointments via the Cannock Network Project. Appointments with a GP or nurse were available between 3.30pm and 8pm at the Network if appointments were not available at their own practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there were also areas of practice where the provider needs to make improvements.

Summary of findings

Importantly, the provider must:

- Ensure recruitment arrangements include all necessary legislative employment checks for all staff.
- Ensure that the practice nurse has indemnity insurance in place.
- Introduce systems to monitor the use of prescription pads and blank computer prescription forms.
- Carry out a risk assessment to support the rationale for stocking a limited range of emergency medicines.

- Implement systems for assessing and monitoring risks.

In addition the provider should:

- Introduce regular significant event meetings.
- Provide staff with health and safety training.
- Complete a second cycle on the clinical audits already carried out.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events, although significant event meetings did not take place on a regular basis.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- The recruitment of staff did not meet legislative requirements.
- The practice did not have robust arrangements for identifying, recording and managing risks and implementing mitigating actions. For example, not all staff had received health and safety training; and risk assessments were not in place to monitor safety of the premises, use of equipment, use of prescription pads and blank computer prescription forms or availability of emergency medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was looking at quality improvement through audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. The practice reviewed discharge information for patients on the hospital admission avoidance scheme.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published in July 2015 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care, although some areas needed strengthening, as the practice did not have robust arrangements for identifying, recording and managing risks, and implementing mitigating actions.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the Clinical Commissioning Group and national averages. The practice was proactively identifying eligible patients and offering the vaccination opportunistically when patients attended an appointment.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- The practice nurse had the lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 83.26% compared with the national average of 77.54%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children on child protection plans.

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 77.94%, which was above the national average of 75.35%.
- The practice's uptake for the cervical screening programme was 82.95%, which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered family planning and contraception services including implant/coil fitting.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours with the GPs on Monday and Tuesday evenings and appointments from 8am on Wednesday mornings. booked patients into the Cannock Network Project for appointments outside of normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance in the four mental health related indicators were better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 95.83% when compared with the national average of 88.47%.
- The practice held registers of patients with poor mental health and dementia. Patients experiencing poor mental health were offered an annual physical health check.
- Patients with a suspected diagnosis of dementia could be referred to the Memory Clinic, which was held on site.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

We spoke with two patients (who were also members of the patient participation group) during the inspection and collected 45 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients' comments indicated that they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients commented that the GPs and the nurse took the time to listen to their concerns.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82.6% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 88.6%.
- 88.9% said the GP gave them enough time (CCG average 81.7%, national average 86.6%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 92.9%, national average 95.2%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 78.3%, national average 85.1%).
- 94.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.8%, national average 90.4%).
- 86% said they found the receptionists at the practice helpful (CCG and national averages 86.8%)

Areas for improvement

Action the service **MUST** take to improve

Ensure recruitment arrangements include all necessary legislative employment checks for all staff.

Ensure that the practice nurse has indemnity insurance in place.

Introduce systems to monitor the use of prescription pads and blank computer prescription forms.

Carry out a risk assessment to support the rationale for stocking a limited range of emergency medicines.

Implement systems for assessing and monitoring risks.

Action the service **SHOULD** take to improve

Introduce regular significant event meetings.

Provide staff with health and safety training.

Complete a second cycle on the clinical audits already carried out.

Dr A Yi

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead Inspector. The team included a GP specialist adviser and Practice Manager specialist advisor.

Background to Dr A Yi

Dr A Yi is located within Hednesford Valley Health Centre, Hednesford, Staffordshire. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. We found there had been changes to the practice registration, as an additional partner had been appointed. The provider had not amended the registration with the CQC to reflect these changes. At the time of our inspection there were 3,144 patients on the patient list.

A team of three GP partners (one male and two female), and a practice nurse provide care and treatment to the practice population. They are supported by a practice manager, secretary and a team of reception staff. The practice is open from 8am until 6.30pm from Monday to Friday. Each GP works specific days each week and appointments are available every day. Consultation times vary each day and are as follows: Mondays 9.30am to 12.10pm and 3pm to 6pm; Tuesdays 9am to 12 noon and 2pm to 6pm; Wednesdays 8am to 12 noon and 3pm to 6pm; Thursdays 9am to 12.10pm and 3.30pm to 5.30pm, and Fridays 9am to 12 noon and 4.30pm to 6pm. Extended hours appointments are available with a GP until 7.15pm on a Monday evening and 7.10pm on a Tuesday evening. Nurse appointments were available from Monday to

Thursday. The appointment times vary each day and are as follows: Mondays 9am to 12 noon; Tuesdays and Wednesdays 8.30am to 1pm and 2pm to 5.30pm and Thursdays 8.30am to 12 noon.

The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Staffordshire Doctors Urgent Care, the GP out-of-hours service provider. The practice has a Personal Medical Services (PMS) contract and also offers enhanced services for example: various immunisation schemes, hospital admission avoidance scheme and minor surgery.

The practice also provides placements for third, fourth and fifth year medical students studying at Keele University.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

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

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 15 January 2016.

We spoke with a range of staff including the GPs, the practice nurse and members of reception staff during our visit. We spoke with two members of the patient participation groups who were also patients, looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Although significant event meetings took place, they were on an ad hoc basis rather than planned on a regular basis.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared between the GPs and staff to make sure action was taken to improve safety in the practice. For example the most recent event related to a request made by social services for a home visit. The practice staff were not informed that social services staff visited in pairs as the patient was a risk to staff due to their unpredictable behaviour. The practice had introduced a system whereby when receiving requests for outside agencies staff asked if there were any safety issues or concerns.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard vulnerable adults and children from the risk of abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and some staff had received training relevant to their role. The GPs and practice nurse were trained to Safeguarding level three. Contact details for external agencies were on display around the practice, including the consultation and treatment rooms.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record.

- A chaperone policy was available to all staff. Nursing and reception staff acted as chaperones if required and notices in the waiting room and consulting rooms advised patients the service was available should they need it. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training from the practice nurse. An infection control audit had been undertaken and we were told that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads and blank computer prescription forms were securely stored but the practice did not have systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found that the majority of appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, references had not been obtained for a newly appointed member of reception staff. The practice was unable to demonstrate that the practice nurse had indemnity insurance in place.

Monitoring risks to patients

- The practice was located within a building owned by the NHS Trust, which was responsible for maintaining the building. The Trust had procedures in place for

Are services safe?

monitoring and managing risks to patient and staff safety. There were up to date fire risk assessments and records confirmed that fire drills were carried out. The Trust had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- There was a health and safety policy available and records demonstrated that some staff had received health and safety training. The practice did not have any risk assessments in place to monitor safety of the premises or use of equipment. For example, the practice used a sphygmomanometer (a machine for monitoring blood pressure) containing mercury and there was no risk assessment in place or mercury spillage kit available.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff spoken with told us they had received basic life support training and this was supported by training records.
- The practice had oxygen stored in the treatment room with adult and children's masks. The practice had access to a defibrillator although this was kept in an area of the building occupied by another GP practice. There was no evidence to support that the practice had assured themselves the defibrillator was checked and maintained in good working order. This was discussed with the practice nurse, who said they would introduce a system to record that they were assured the defibrillator had been checked.
- The only emergency medicine available to staff was adrenaline, and a risk assessment had not been completed to support the rationale for stocking the limited range of emergency medicines. We discussed a suggested list of emergency medicines with the GPs during our inspection.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against the national screening programmes to monitor outcomes for patients. The practice achieved 97.7% of QOF points which was 4.2% above the Clinical Commissioning Group (CCG) and national average, with 8.9% exception reporting (1.3% below the CCG average and 0.3% below the national average). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was an outlier for one of the QOF (or other national) clinical targets, as the percentage of patients aged 65 and older who had received a seasonal flu vaccination (58.87%) was below the national average (73.24%). The practice used its electronic system to highlight patients who had outstanding tests or vaccinations and proactively carried out these tests / vaccinations when they attended for appointments.

Data from 2014/2015 showed;

- Performance for the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 83.26% compared with the national average of 77.54%.

- The percentage of patients with hypertension whose blood pressure was within the recommended range (86.85%) was comparable to other local practices and in line with the national average (83.65%).
- Performance in the four mental health related indicators were better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 95.83% when compared with the national average of 88.47%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 77.94%, which was above the national average of 75.35%.
- There had been three clinical audits completed in the last two years, although none of these were completed audits where the improvements made were implemented and monitored.
- The practice was currently auditing the diagnosis of a particular heart condition following the change to NICE guidance. As part of this audit, the practice had started to monitor the patient's pulse as part of their chronic disease management review, in an attempt to identify previously undiagnosed patients. A follow up audit was planned to demonstrate improvements.
- The practice's performance was compared to other practices within the local CCG. For example, the antibiotic prescribing rate was below the average for the CCG.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Clinical staff attended the monthly protected learning time sessions organised by the CCG. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, or with the out of hours service for patients with complex care needs.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team telephone conferences took place on a fortnightly basis and that care plans were routinely reviewed and updated. The practice nurse shared an example of working together with the health visitor to encourage a family whose children had high attendance rates at the practice to participate in the childhood immunisation programme.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent could be monitored through the practice's electronic records.
- The practice had systems and processes in place to note patients advanced directives and choices. This included a patient's choice not to be resuscitated and best interest decisions made within multi-disciplinary teams involving the patient, their families, carers and/or advocate.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. Patients could be signposted to the relevant service as required. The practice offered in house smoking cessation support. Patients could be referred through Chase Emotional Wellbeing Service for counselling.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.95%, which was comparable to the national average of 81.83%. The practice offered family planning and contraception services including implant/coil fitting. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to or above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.7% to 100% and five year olds from 92.3% to 100%. Flu vaccination rates for the over 65s were 58.87% (2013-2014) which was below the national average of 73.2%, and at risk groups 45.51%, which was comparable to the national average of 47.28%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was average or better for its satisfaction scores on consultations with GPs and nurses. For example:

- 82.6% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 88.6%.
- 88.9% said the GP gave them enough time (CCG average 81.7%, national average 86.6%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 92.9%, national average 95.2%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 78.3%, national average 85.1%).
- 94.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.8%, national average 90.4%).
- 86% said they found the receptionists at the practice helpful (CCG and national averages 86.8%)

Care planning and involvement in decisions about care and treatment

Patient feedback on the Care Quality Commission (CQC) comment cards indicated that patients felt involved in

decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients commented positively about the service they received from the GPs and the practice nurse.

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 in line with local and national averages. For example:

- 86.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.1% and national average of 86%.
- 80.3% said the last GP they saw was good at involving them in decisions about their care (CCG average 75.8%, national average 81.4%)
- 91.2% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.9%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. Staff informed us that this was a service they had not had occasion to use as yet. The practice had very few patients from ethnic minority groups.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included services for older people, expectant mothers, sexual health services and the learning disabilities team.

The practice's computer system alerted GPs if a patient was also a carer. The practice recorded that the patient was a carer and also who they cared for.

The practice did not have a set procedure in place for supporting families who had experienced bereavement, but staff told us the GP or practice nurse may contact them directly to offer support as required. Bereavement counselling was available if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The GP attended protected learning days and meetings organised by the CCG. The practice was involved in the Cannock Network Project. A group of ten local GP practices had developed a service whereby patients could book an on the day appointment through their own practice with a GP or nurse between 3.30pm and 8pm at the Network practice if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday mornings between 9am and 12 noon. The majority of staff who worked at the Network worked within the ten practices that used the service. The project had been set up using Prime Minister's Challenge Fund monies and with support from the CCG.

The services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- The practice nurse had undertaken additional training to enable them to provide additional services, for example insulin initiation for diabetic patients and a triage service.
- Home visits were offered to patients who were unable to or too ill to visit the practice.
- Annual review visits were carried at home for patients who lived in care homes, and those patients with long term conditions who were unable to visit the practice
- There were longer appointments available for patients with a learning disability and other patients who needed them.
- Telephone consultations/advice were available to all patients but especially for working age patients and students.
- Extended hours were offered with the GP or on Monday and Tuesday evenings.
- Same day appointments were available for school children and patients assessed as requiring an urgent appointment. The appointment may be at the practice, the Cannock Network Project or within the GP cluster providing on call cover.
- All patients on the admission avoidance register were reviewed on discharge following admission to hospital or accident and emergency.

- The practice referred patients with memory loss to the memory care facilitator at the memory clinic.
- There were disabled facilities and translation services available.

Access to the service

A team of three GP partners (one male and two female), and a practice nurse provided care and treatment to the practice population. They were supported by a practice manager, secretary and a team of reception staff. The practice was open from 8am until 6.30pm from Monday to Friday. Each GP worked specific days each week and appointments were available every day. Consultation times varied each day and were as follows: Mondays 9.30am to 12.10pm and 3pm to 6pm; Tuesdays 9am to 12 noon and 2pm to 6pm; Wednesdays 8am to 12 noon and 3pm to 6pm; Thursdays 9am to 12.10pm and 3.30pm to 5.30pm, and Fridays 9am to 12 noon and 4.30pm to 6pm. Extended hours appointments were available with a GP until 7.15pm on a Monday evening and 7.10pm on a Tuesday evening. Nurse appointments were available from Monday to Thursday. The appointment times varied each day and are as follows: Mondays 9am to 12 noon; Tuesdays and Wednesdays 8.30am to 1pm and 2pm to 5.30pm and Thursdays 8.30am to 12 noon.

Appointments could be booked in person, over the telephone and on line. The practice offered a number of appointments each day with the GPs and practice nurse for patients who needed to be seen urgently, as well as pre-bookable appointments. Once the same day appointments had been taken, a small number of patients requiring an urgent appointment were seen at the end of surgery. We saw that pre-bookable appointments were available within two days of our inspection. Once the same day appointments had been taken, patients requiring an urgent appointment were referred to the Cannock Network Project from 3.30pm until 8pm on weekdays. Pre-bookable appointments could also be made for Saturday mornings between 9am and 12 noon. The practice was also part of a cluster containing four GP practices. The GPs provide cover for each other for home visits, emergency and occasionally routine appointments.

Patients told they could get an appointment when they needed one and this was aligned with feedback on the comment cards.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they accessed care and treatment above local and national averages. For example:

- 90.3% of patients said they could get through easily to the practice by phone compared to the CCG average of 75.5% and national average of 73.3%.
- 87.4% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 85.3% and national average of 85.2%.
- 79.9% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.5% and national average of 64.8%.
- 72.9% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 61.9% and national average of 57.7%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information to help patients understand the complaints procedure was on display in the reception area and available in the practice leaflet. Information leaflets about the Health Service Ombudsman and Patient Advice and Liaison Service (PALS) were also available.
- None of the patients we spoke with had any complaints about the practice. This aligned with feedback on the comments cards.

We looked at a summary of the three complaints made during 2015 and found these had been satisfactorily handled and demonstrated openness and transparency. We saw that the complaints had been discussed and learning points identified. We saw that the complaints received during 2014 had been reviewed and discussed with the practice team. This had not yet taken place for the complaints received during 2015.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting area and shared with patients through the practice newsletter, and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff told us systems were in place to inform them of changes to policies and they signed to confirm they had read and understood the policies.
- Although formal Quality and Outcomes Framework (QOF) meetings did not take place the partners demonstrated a comprehensive understanding of the performance of the practice. Two of the GP partners had allocated time each week for administration and QOF work, with one of these partners having the lead for QOF.
- A programme of continuous clinical and internal audit which was used to monitor quality. However, the practice was unable to demonstrate improvements as the second cycle of the audits had not been completed.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, good quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There was a clear leadership structure in place and staff felt supported by the management.

- There was shared leadership between the GPs with individual areas of responsibility. For example, admission avoidance scheme and QOF.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, supported the practice with patient surveys and submitted proposals for improvements to the practice management team. For example, clinic times had been increased from two and half hours to three hours, allowing three 10 minutes slots throughout the clinic for the GPs to catch up with any administrative work. This had helped to reduce the time patients waited beyond their appointment time before being seen.
- A further issue raised by the PPG was the apparent lack of availability of appointments and the relatively high rate of appointments lost through non-attendance. The practice had introduced a newsletter which informed patients about how many appointments in a specific time period had been lost to non-attendance. They had started to monitor this on a three month basis, with the view to identifying and corresponding with patients who regularly booked appointments and did not attend.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People using the service were not protected against the risks of inappropriate or unsafe care and treatment because the required information as outlined Regulation 19 and Schedule 3 (Information Required in Respect of Persons Seeking to Carry On, Manage Or Work For The Purposes of Carrying On, A Regulated Activity) was not recorded.</p> <p>The practice had not obtained satisfactory evidence of conduct in previous employment (for example references.</p> <p>The practice was unable to demonstrate that the practice nurse had indemnity insurance in place.</p> <p>Regulation 19(3)(a)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>A risk assessment had not been completed to support the rationale for stocking the limited range of emergency medicines.</p> <p>Systems were not in place to monitor the use of prescription pads and blank computer prescription forms.</p> <p>The practice did not have any risk assessments in place to monitor safety of the premises or use of equipment.</p> <p>Systems were not in place to assure staff that the defibrillator was checked and maintained in good working order.</p> <p>Regulation 12(1)(2)(a)(b)(e)(g)</p>