Heath Hayes Health Centre

Quality Report

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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?	Good
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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Health Hayes Health Centre on 20 October 2015. Overall the practice is rated as good.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Our key findings were as follows:

- Staff knew how to and understood the need to raise concerns and report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and acted upon.
- Risks to patients were assessed and well managed, with the exception of patient group directions for immunisations and vaccinations.
- Best practice guidance was used to assess patients' needs and plan and deliver their care. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patient information, including 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.
- The practice was located in a purpose build health centre with good facilities and suitable equipment to treat and meet patients' needs.
- There was a clear leadership structure and staff felt supported by management.

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

The provider should:

Summary of findings

- Record the review significant events over time to identify any themes or trends.
- Introduce a system to review Patient Group Directions (PGDs) to ensure they are signed by both the GP and nursing staff.
- Record fire drills in the fire log book.
- Assure themselves that the routine legionella checks are being carried out by the landlord.
- Introduce a system to record verbal/informal complaints.
- Develop an action plan to address the issues identified in the national GP survey.

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?

Good

The practice is rated as good for providing safe services. There was a system in place for reporting, recording, monitoring and reviewing significant events, Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Risks to patients were assessed and well managed although the practice did not record fire drills, and had not assured themselves that the necessary routine legionella checks were carried out. The Patient Group Directions in place to allow nurses to administer medicines to groups of patients without individual prescriptions had not been signed by the GP. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used electronic templates linked to guidance to assess patients. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and further training needs have been identified and appropriate training planned to meet these needs. The practice worked closely with the multidisciplinary care team to ensure care plans were in place and regularly reviewed for patients at risk of unplanned admissions.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice lower than others for some aspects of care. However, patients said they felt the practice offered good service and staff were caring and supportive and treated them with dignity and respect. They said the GP listened and responded to their needs and they were involved in decisions about their care. Systems were in place to support carers and patients to cope emotionally with their health and condition. Information to help patients understand the services available was easy to understand. We saw that staff were respectful and polite when dealing with patients, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients told us they could get an appointment when they needed one, often on the same day, although two patients told us they often had difficulties getting through on the telephone at 8am. Patients could also book appointments in advance. 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 that the practice responded quickly to issues raised, although they didn't have a system to record verbal/informal complaints.

Are services well-led?

Good

The practice is rated as good for being well-led. There had been changes in the management structure at the practice. One of the GP partners had stepped down as a partner from the practice, although continued to work as a salaried GP. The remaining partner was operating as a single handed GP although their registration with the Care Quality Commission (CQC) had not been amended to reflect this change. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. There was a well-established patient participation group, which supported the practice with satisfaction surveys and iThe practice is rated as good for being well-led. There had been changes in the management structure at the practice. One of the GP partners had stepped down as a partner from the practice, although continued to work as a salaried GP. The provider had notified the Care Quality Commission of this change. The remaining partner was operating as a single handed GP although their registration with the CQC had not been amended to reflect this change. The application could not be submitted until their Disclosure and Barring Check had been returned. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. There was a well-established patient participation group, which supported the practice with satisfaction surveys and input into the newsletter. nput into the newsletter.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care and avoidance of unplanned admissions. It was responsive to the needs of older people and offered home visits as required. The practice identified if patients were also carers and offered opportunistic health checks and advice.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes and asthma. All of these patients were offered a review to check that their health and medication needs were being met. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 who were at risk, for example, children and young people who had protection plans in place. The practice offered same day appointments for children. There were screening and vaccination programmes in place and the immunisation rates were comparable to the local Clinical Commissioning Group average. The practice sent 'Congratulation' cards to parents on the birth of their baby. A family planning service was available, as well as screening kits for chlamydia.

Working age people (including those recently retired and students)

Good

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. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice did not offer extended opening hours

Summary of findings

but could book patients into the Cannock Network Project for appointments outside of normal opening hours. The practice offered all patients aged 40 to 75 years old a health check with the practice nurse. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability and developed individual care plans for patients. The practice carried out annual health checks and offered longer appointments 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. Patients with addictions were offered continuity of care through appointments with the same GP.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health were offered an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice also supported care home staff with capacity assessments and deprivation of liberty safeguards.

Summary of findings

What people who use the service say

We spoke with nine patients, including three members of the patient participation group during the inspection and collected 24 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were caring and supportive and treated them with dignity and respect. They said the GP listened and responded to their needs and they were involved in decisions about their care.

The national GP patient survey results published on 2 July 2015 showed the practice was performing slightly lower than the local and national averages. There were 117 responses and a response rate of 38.2%. The results indicated the practice could perform better in certain aspects of care. For example:

- 76% said the GP was good at listening to them compared to the CCG average of 82% and national average of 88.6%.
- 74.7% said the GP gave them enough time compared to the CCG average of 81.7% and national average of 86.6%.
- 89.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.9% and national average of 95.2%
- 68% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78.3% and national average of 85.1%.
- 71.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89.8% and national average of 90.4%.
- 76.7 patients said they found the receptionists at the practice helpful compared to the CCG and national average of 86.8%.
- 83.2% 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%.
- 70.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.3%and national average of 81.4%.
- 75.6% said that the last time they saw or spoke to a nurse; the nurse was good or very good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 84.8%.

However the results indicated the practice performed better in certain aspects. For example:

- 81% 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%.
- 85% of patients said they were able to get an appointment or speak to someone the last time they tried, which was the same as the CCG and national averages.
- 76.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.7% and national average of 74.9%.

Areas for improvement

Action the service SHOULD take to improve

Record the review significant events over time to identify any themes or trends.

Introduce a system to review Patient Group Directions (PGDs) to ensure they are signed by both the GP and nursing staff.

Record fire drills in the fire log book.

Assure themselves that the routine legionella checks are being carried out by the landlord.

Introduce a system to record verbal/informal complaints.

Develop an action plan to address the issues identified in the national GP survey.

Heath Hayes Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Heath Hayes Health Centre

Heath Hayes Health Centre is situated in Heath Hayes, Cannock, Staffordshire. It is part of the NHS Cannock Chase Clinical Commissioning Group. We found that the provider was incorrectly registered with CQC as they were registered as a partnership although were now operating as a single handed GP. We also found that the provider had registered two separate locations when they operate as a main location with a branch practice with the same patient list and governance arrangements managed from Heath Hayes Health Centre. The provider intended to cancel their registration with CQC as a partnership and re-register as an individual with one location only. The opening hours of both practices are similar and patients are able to make appointments at either surgery to see a GP or a member of the nursing team.

A team of five GPs and a registrar, a nurse practitioner and practice nurse provide care and treatment for approximately 10,330 patients across both sites. There is also a practice manager, a data quality manager, senior receptionist and a team of reception and administrative staff. The practice is open from 8am until 6.30pm Monday to Friday, although appointments are not available at Heath Hayes Health Centre on Thursday afternoons. Appointment times are staggered between 8.30am and 12.30pm, and 2.30pm and 6pm. Nurse appointments were available between 8.10am and 1pm, and 2pm and 6pm. The practice offers extended hours at the sister practice (Chase Medical Practice) on Monday evenings and Saturday mornings, as well as covering Thursday afternoons. Patients requiring a GP outside of normal working hours are advised to call the Primary Care Out of Hours Team on 0300 1 303030. The practice has a PMS (Personal Medical Services) contract and also offers enhanced services for example: various immunisation schemes and avoiding unplanned admissions.

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

Detailed findings

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 other organisations and 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 20 October 2015.

We spoke with a range of staff including the GPs, the nurse practitioner and practice nurse, the practice manager and members of reception staff during our visit. We sought the views from the representatives of the patient participation group, two care home representatives and looked at comment cards and reviewed survey information.

Good

Are services safe?

Our findings

Safe track record

The practice had a system in place for reporting, recording and monitoring significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. There was an electronic system in place for recording significant events. Staff told us they would inform the practice manager of any incidents. The practice did not carry out an analysis of the significant events over time to identify any trends or themes.

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.

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 adults and children from 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 all had received training relevant to their role.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. We were shown two examples of reviews undertaken by the GPs following alerts from the accident and emergency department following visits by children on a number of occasions. The GPs invited the families for a meeting to discuss the injuries and consider if the child may have been at risk. Regular meetings with the health visitor service were not held, although staff told us information was shared between the services as required.
- A chaperone policy was available to all staff. The nursing 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 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and staff confirmed that fire drills were carried out. However, the fire drills were not recorded in the fire log. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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. The practice told us that the landlord was responsible for the legionella risk assessment and routine checks. We saw the risk assessment but records of the routine checks had not been provided by the landlord to the practice.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training, including hand washing techniques. An infection control audit had been undertaken in July 2015 and we saw that no action was required at that time.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Staff told us there were signed Patient Group Directions (PGDs) in place to support nursing staff in the administration of vaccines. A PGD is a written instruction from a qualified and registered prescriber, such as a doctor, enabling a nurse to administer a medicine to groups of patients without individual prescriptions. However a number of the PGDs had not been signed by the GP. The GP signed these during our visit.
- Records showed that the majority of appropriate checks were undertaken prior to employing staff, although the

Good

Are services safe?

practice did not ask for a full employment history. Disclosure and Barring Service (DBS) checks were completed for all clinical staff and were being completed for reception staff.

- We looked at the staff files for two recently employed GPs, one salaried and one employed on a locum basis. The practice had obtained copies of the necessary recruitment and safety checks although the DBS checks were from either their previous or current employment. The DBS check for the salaried GP had been counter signed by the CQC and obtained when they had registered as a partner at another practice. The DBS for the locum GP was for their role as an out of hours GP. Both DBS checks were dated September 2014. Both GPs were on the performers list.
- 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 reception / administration staff and staff covered holidays and sickness.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use.

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 and a copy was kept off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff routinely referred to guidelines from the National Institute for Health and Care Excellence (NICE) when assessing patients' needs and treatments. There was a system in place to inform staff of any changes in the NICE guidelines they used. One of the GPs told us that they could access the NICE guidelines on their computers and changes were discussed at clinical meetings.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register. The practice took part in the avoiding unplanned admissions scheme. The nurse practitioner contacted patients on the scheme following discharge from hospital to review their care and offer them an appointment or home visit. The practice liaised with the primary health care team including social services to ensure the patient received appropriate care and support.

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 83.1% of QOF points which was below the local Clinical Commissioning Group (CCG) (91.9%) and national average (94.2%). This practice was an outlier for one of the QOF clinical targets, one relating to the percentage of patients aged 65 and older who have received a

seasonal flu vaccination. The practice was aware of the low figure and one of the GPs and the ANP told us that patients were invited to attend for the vaccination but refused the offer. The practice offered patients a range of opportunities to receive the vaccination, including booked and drop in clinics, home visits if required, and opportunistically during booked appointments. Data from 2013-14 showed:

- Performance for diabetes related indicators were comparable with the national averages.
- The percentage of patients with hypertension whose blood pressure was within the recommended range was comparable to other local practices (76.9%) although slightly below the national average (83.1%).
- The dementia diagnosis rate was comparable to other local practices (78.3%) although slightly below the national average (83.8%).

The practice carried out a range of audits which included clinical audits. The practice showed us two clinical audits that been undertaken following changes to NICE guidelines. Both of these were completed audits where the improvements made were implemented and monitored.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Structured induction programmes were also in place for newly appointed members of clinical members of staff, including locum staff.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and infection control.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between

Good

Are services effective?

(for example, treatment is effective)

services, when they were referred, or after they are discharged from hospital. We spoke representatives from two local care homes as part of this inspection. They told us the practice worked with them to meet the needs of patients. They told us the GPs visited on request. They told us the GPs discussed end of life care with patients and their families and developed care plans according to their wishes. The practice held multidisciplinary team meetings every six to eight weeks to discuss the needs of complex patients, for example those with end of life care needs. We saw that the care plans for patients who were identified as part of the admission avoidance scheme were reviewed every six months. The nurse practitioner reviewed all discharge letters for these patients, and contacted the patient to discuss their admission and discharge, and offered them an appointment or home visit.

Consent to care and treatment

Patients' consent to care and treatment was sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and sought advice from the advocacy service. Clinical staff had attended training on the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLs). The nurse practitioner told us that the GPs supported patients and families with decisions regarding end of life care. The electronic patient record also alerted staff when patients had end of life care plans or DoLs authorisations in place.

Health promotion and prevention

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 and those requiring advice on their diet, smoking and alcohol cessation or counselling. Patients were referred to the relevant service for weight management and alcohol cessation advice. Patients could also be referred to counselling services. The practice nurse provided smoking cessation support.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.3% which was comparable to the national average of 81.8%.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77.9% to 100% and five year olds from 88.1% and 98.4%. Flu vaccination rates for the over 65s were 63.85% and for at risk groups 44.53%, both of which were below the national average. The practice was aware of the low figures and systems were in place to invite patients for vaccinations and to opportunistically offer the vaccine during appointments.

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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that people were treated with dignity and respect.

We spoke with nine patients (three of which were also part of the Patient Participation Group) during the inspection and collected 24 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were caring and supportive and treated them with dignity and respect. They said the GP listened and responded to their needs and they were involved in decisions about their care. Similar comments were made on the comment cards.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Data from the national GP patient survey results published in July 2015 showed from 117 responses that performance in some areas was slightly lower than local and national averages for example:

- 76% 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%.
- 74.7% said the GP gave them enough time compared to the CCG average of 81.7% and national average of 86.6%.
- 89.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.9% and national average of 95.2%
- 68% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78.3% and national average of 85.1%.
- 71.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89.8% and national average of 90.4%.
- 76.7 patients said they found the receptionists at the practice helpful compared to the CCG and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt fully informed and involved in the decisions about their care and treatment. They 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' comments on the comment cards we received were also positive and supported these views.

Data from the National GP Patient Survey published in July 2015 showed from 117 responses that performance in one area was in line with local and national averages:

- 83.2% 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%.

However the data also indicated that performance in other areas was slightly lower than local and national averages for example:

- 70.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.3%and national average of 81.4%.
- 75.6% said that the last time they saw or spoke to a nurse; the nurse was good or very good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 84.8%

Staff told us that translation services were available for patients who did not have English as a first language.

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.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 2% of the practice list had been identified as carers and were being supported, for example, by offering health checks and written information to ensure they understood the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card and if required, the GP would contact them and offer an appointment or home visit. Staff described the action taken by one of the GPs following the sudden death of a child, and the ongoing support offered by the nurse practitioner.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CQC) to plan services and to improve outcomes for patients in the area. The practice had been involved in the development of 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 if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday and Sunday mornings between 9am and 1pm. 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. It was agreed that the Network would reduce workloads at the practice and the consequently practices were expected to participate in other projects. The practice was due to start two projects in the near future, one to reduce adolescent obesity in the practice population and tele-medicine within nursing homes.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Home visits were offered to patients who were unable to or too ill to visit the practice.
- A separate telephone number was made available to patients over 75 years old and those with serious / long-term medical conditions so they could access medical advice promptly.
- Extended hours were offered at the sister site on a Monday evening and Saturday morning and were available to any patient registered at the practice.
- All patients on the admission avoidance register were reviewed on discharge following admission to hospital.
- The practice engaged with the local eldercare facilitator as part of the frail elderly project to support patients and families in the community.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from 8am until 6.30pm Monday to Friday. Patients were able to book appointments at either site. The practice offered extended hours at the sister practice (Chase Medical Practice) on Monday evenings and Saturday mornings. The practice offered a number of appointments each day with the GPs and nursing staff for patients who needed to be seen urgently, as well as pre-bookable appointments. Once the same day appointments had been taken, patients requiring an urgent appointment could either been seen at the end of clinic or referred to the Cannock Network Project from 3.30pm until 8pm on weekdays. Pre-bookable appointments could also be made for Saturday and Sunday mornings between 9am and 12 noon. Appointments were staggered between 8.30am and 12.30pm, and 2.30pm and 6pm. Nurse appointments were available between 8.10am and 1pm, and 2pm and 6pm. Appointments were available at the sister site during the afternoon of the inspection and for the next day at Heath Hayes Health Centre.

Patients told us they could get an appointment when they needed one, often on the same day. Two of the patients we spoke with told us they often had difficulties getting through on the telephone at 8am to make a same day appointment. These comments were similar to those made on one comment card. This was in contrast to the result of the national GP patient survey.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 81% 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%.
- 85% of patients said they were able to get an appointment or speak to someone the last time they tried, which was the same as the CCG and national averages.
- 76.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.7% and national average of 74.9%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Information on how to complain was in the practice leaflet, on the website and complaint forms available in reception. Patients we spoke with were not aware of the process to follow if they wished to make a complaint.

We looked at a summary of fifteen complaints made since April 2015 and found these had been satisfactorily handled and demonstrated openness and transparency. Staff told us that they would deal with any verbal / informal complaints as they arose. However these informal complaints were not recorded so could not be reviewed for any trends or themes.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were discussed during the monthly clinical meeting. Although complaints were reviewed for any trends or themes, this information was not recorded or shared with the Patient Participation Group.

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 holistic care to all their patients using evidence based practice. This was demonstrated through discussions with staff, audits and electronic templates. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

There have been changes in the management structure at the practice. Dr Gupta had retired as a partner from the practice, although continued to work as a salaried GP. Dr Choudhary was operating as a single handed GP although the registration had not been amended to reflect this change. Dr Choudhary told us that he was actively looking to recruit GP partners to join the practice.

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.
- A system for reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of events actively took place.
- A system of continuous audit cycles which demonstrated an improvement in outcomes for patients.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Confidential information was stored securely.

Leadership, openness and transparency

Dr Choudhary had the experience, capacity and capability to run the practice and ensure good quality care. He was visible in the practice and staff told us that he was approachable and always took the time to listen to all members of staff. He encouraged a culture of openness and honesty.

Staff told us that monthly meetings were held and minutes of meetings were made available to all staff. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles. The GPs were involved in revalidation, appraisal schemes and continuing professional development. There was evidence that staff had learnt from incidents and there was evidence of shared learning between staff.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), NHS Friends and Family Test and complaints received. The practice had a well established Patient Participation Group (PPG) who met every three months. PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. We spoke with three members of the group who told us the practice had been responsive to their concerns. For example, the PPG had been involved in the pilot of triage of telephone calls. However, this had proved unpopular so the PPG and the practice had worked together to change the focus of appointments to increase the availability of on the day appointments. The members told us they supported the practice with patient satisfaction surveys, and input into the practice newsletter.

The practice had reviewed the results from the national GP survey although they and not developed an action plan to address the issues identified. The practice manager told us they felt the results reflected the period of instability that the practice had gone through, including changes to the staff team and the introduction of a new computer system.

The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Good

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

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.

Innovation

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The GP and practice manager attended the locality meetings, and the nurse practitioner attended regular nurse prescriber meetings. This was beneficial to patient care in that a culture of continuous improvement and evidence based practice was promoted.

The practice had been involved in the development of the Cannock Network Project. The project had been set up using Prime Minister's Challenge Fund monies and with support from the CCG. 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 if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday and Sunday mornings between 9am and 1pm. It was agreed that the Network would reduce workloads at the practice and the consequently practices were expected to participate in other projects. The practice was due to start two projects in the near future, one to reduce adolescent obesity in the practice population and tele-medicine within nursing homes.

The nurse practitioner carried out a root cause analysis for care home patients admitted to hospital, to see if the practice, care home or community staff had taken a different course of action the admission could have been prevented. The results demonstrated the need for a single point of access for community services. As a consequence of the findings, this had been introduced and the community matrons supported care home staff to work towards reducing hospital admissions.