

Quinton Practice

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?

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 Quinton Practice on 6 July 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. However, the practice could not demonstrate that learning and changes following significant events and complaints had become embedded into practice.
- Risks to patients were assessed and well managed, except that reception staff did not have Disclosure and Barring Service (DBS) checks and although risk assessments had been completed, these did not cover potential risks when chaperoning patients.
- Robust systems were not in place for monitoring the use of prescription stationery or collection of prescriptions by patients.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they could get an appointment when they needed one, although pre bookable appointments appeared to be discouraged in favour of book on day appointments.
- Information about services and how to complain was available and easy to understand.
- 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 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:

- Introduce systems to ensure that learning and changes following significant events and complaints are shared with all members of staff and become embedded into practice.
- Carry out a risk assessment regarding chaperones and Disclosure and Barring Service checks.
- Carry out risk assessments for the areas of the building used by the practice.

In addition the provider should:

- Introduce systems to monitor the use of prescription pads and blank computer prescription forms, and to manage the non collection of prescriptions.

- Ensure that all staff complete training on infection prevention and control.
- Continue to review the staffing levels following the merger to ensure there are sufficient staff to meet the needs of the patients.
- Make patients aware that translation services are available.
- Adopt a more proactive approach to identifying and meeting the needs of carers.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, it was not always clear from the records that learning and changes had become embedded into practice. We saw on three occasions that reception staff had not recognised the urgency of patients' request. For example, when a patient enquired why they hadn't received a hospital appointment, staff had not checked to see if the referral was urgent or routine.
- Risks to patients were assessed and well managed, except that reception staff did not have Disclosure and Barring Service (DBS) checks and although risk assessments had been completed, these did not cover potential risks when chaperoning patients.
- The practice did not have robust arrangements for identifying, recording and managing risks and implementing mitigating actions. For example, the use of prescription pads and blank computer prescription forms, management of non-collection of prescriptions and risk assessments to monitor the safety of areas of the building used by the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes comparable with the national average, with the exception of the diabetes indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey 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.
- There was scope to adopt a more proactive approach to identifying and therefore meeting the needs of carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services.
- Patients told us they could get an appointment when they needed one, although pre bookable appointments appeared to be discouraged in favour of book on day appointments.
- 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. However, it was not always clear from the records that learning from complaints had been shared with staff.
- The practice did not make patients aware that translation services were available.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 a governance framework in place although some areas needed strengthening.
- 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

Good



Summary of findings

notifiable safety incidents and ensured this information was shared with staff. However, the practice could not demonstrate that learning and changes following significant events and complaints had become embedded into practice.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels. This included the development of services available for patients.

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.
- Patients who lived in care homes with long term conditions and / or dementia were offered regular reviews.
- The practice participated in the hospital admission avoidance scheme. The care of these patients was proactively managed using care plans and there was a follow up procedure in place for discharge from hospital.

Good



People with long term conditions

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

- The GPs and the nursing team were involved in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance in four of the five diabetes related indicators was below the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 68% compared with the national average of 77%. The exception reporting rate for all of the diabetes indicators was below the CCG and national averages.
- Longer appointments and home visits were available when needed.
- 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.

Good



Summary of findings

- There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- There were screening and vaccination programmes in place and the practice's immunisation rates were comparable to the Clinical Commissioning Group averages.
- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed that 85% of women aged 25-64 had received a cervical screening test in the preceding five years. This was above the national average of 82%.
- The practice offered routine contraception services.

Working age people (including those recently retired and students)

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice engaged with a number of families from the travelling community who were based locally and registered at the practice.
- The practice offered longer appointments for patients with a learning disability.
- The staff knew how to recognise signs of abuse in vulnerable adults and children. The 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



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Good



Summary of findings

- The staff knew how to recognise signs of abuse in vulnerable adults and children. The 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.

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).

- Ninety one percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- Performance for mental health related indicators were above 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, in the preceding 12 months was 100% compared to the national average of 88%.
- 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

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. These results relate to surveys completed by patients registered at Quinton Practice prior to April 2016. Two hundred and forty six survey forms were distributed and 109 were returned. This gave a return rate of 44%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 87%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

However, the practice was below average for its satisfaction scores about reception staff. For example:

- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The results from the national GP patient survey published in January 2016 for patients registered at Quinton

Practice prior to April 2016 showed patients expressed lower than average satisfaction rates with their experiences of contacting, making appointments and opening times at the practice.

- 64% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 60% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 73% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the CCG average of 74% and national average of 76%.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 56 completed comment cards and these were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients, including two of which were members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us they felt involved in decision making about the care and treatment they received. Patients also told us they could get an appointment when they needed one, although pre bookable appointments appeared to be discouraged in favour of book on day appointments. This resulted in greater demand to the telephone system at 8am, when patients contacted the practice to book appointments.

Summary of findings

Areas for improvement

Action the service MUST take to improve

Introduce systems to ensure that learning and changes following significant events and complaints are shared with all members of staff and become embedded into practice.

Carry out a risk assessment regarding chaperones and Disclosure and Barring Service checks.

Carry out risk assessments for the areas of the building used by the practice.

Action the service SHOULD take to improve

Introduce systems to monitor the use of prescription pads and blank computer prescription forms, and to manage the non collection of prescriptions.

Ensure that all staff complete training on infection prevention and control.

Continue to review the staffing levels following the merger to ensure there are sufficient staff to meet the needs of the patients.

Make patients aware that translation services are available.

Adopt a more proactive approach to identifying and meeting the needs of carers.

Quinton Practice

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, a practice manager specialist adviser and an expert by experience.

Background to Quinton Practice

Quinton Practice is registered with the Care Quality Commission (CQC) as a GP partnership provider in Great Wryley, Cannock. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice area is one of lower deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 5,443 patients.

The practice merged with another local GP practice based in the same building on 1 April 2016. This increased the patient list size by approximately 1,900 patients.

The practice staffing comprises of:

- Three GP partners (two male and one female).
- One practice nurse.
- A practice manager, senior administrator and reception staff.

The practice is open between 8am and 6.30pm Monday to Thursday, and between 7am and 1pm on Friday. Appointments are available from 9am until 11.20am and 2pm until 5.50pm Monday to Thursday and 7am until 11am

on Fridays. Nurse appointments are available between 8.30am and 12.30pm Monday to Thursday, 2pm and 6pm Monday, Tuesday and Thursday and between 7am and 11am on Friday. Extended consultation hours are offered on Friday mornings between 7am and 8am.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care via NHS 111.

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?

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

Detailed findings

- 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 6 July 2016.

We spoke with a range of staff including the GPs, the practice nurse, practice manager and members of reception staff. We spoke with patients, two members of the patient participation group who was also patients, looked at comment cards and reviewed survey information.

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.

Are services safe?

Our findings

Safe track record and learning

Although there was a system in place for reporting and recording significant events, the practice did not review significant events for trends or themes. It was not always clear from the records that learning and changes had become embedded into practice. We saw on three occasions that reception staff had not recognised the urgency of patients' request. For example, when a patient enquired why they hadn't received a hospital appointment, staff had not checked to see if the referral was urgent or routine.

- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We were told that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were a standing agenda item at the monthly practice meeting. The meetings were minuted so the information could be shared with all staff. However, the minutes did not contain the details of the discussion and lessons learnt. This meant that staff who were not in attendance were not able to update themselves, other than looking through the significant event folder.

The practice had a system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw evidence to support that the GPs had actioned recent alerts and taken appropriate action.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. 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 children and vulnerable adults. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the practice nurse were trained to child safeguarding level 3.

- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The health visitors had recently introduced a communication book between themselves and practice, which was checked on a weekly basis for any updates on children at risk or children and families of concern.
- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse and reception staff acted as chaperones and received training for the role. However, only the practice nurse had received a Disclosure and Barring Service (DBS) check. The reception staff had risk assessments in place but these did not cover chaperoning patients. (DBS)
- 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. There was an infection control protocol in place. Infection prevention and control training was available on the on line training system although staff had not completed this. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored although the practice did not have systems in place to monitor their use. The practice did not have a robust system for managing non collection of prescriptions, as we found prescriptions dated January 2016 that had not been collected. We saw a new protocol for recording refrigerator temperatures had

Are services safe?

been introduced following a significant event relating to temperatures not being checked when the practice nurse was not available. The records demonstrated that the temperatures were being checked and recorded during June 2016, which was an improvement on the records for May 2016. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, the DBS checks had been carried out by the previous employers, although both were dated May 2016.
- We looked at the personal file for the locum practice nurse. We saw that the agency had supplied copies of the appropriate recruitment checks with the exception of the medical indemnity insurance and references. The practice obtained a copy of the insurance following the inspection, and provided evidence to support this.

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 monitoring and managing risks to patient and staff safety. There were up to date fire risk assessments and records confirmed that the fire alarm

system had been serviced. However, the landlord did not carry out weekly fire alarm tests or hold fire drills. 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). The practice had not carried out any of its own risk assessment, for example risk assessments for each room and communal areas of the building.

- The practice was responsible for checking that electrical equipment and clinical equipment was safe to use and/or calibrated. We saw evidence to support these tests were up to date.
- Following the recent merger the practice was still assessing the staffing requirements in relation to the increased patient list, but recognised that additional staff may be required, in particular reception staff. There was a rota system in place for all the different staffing groups to ensure staff knew when they were working.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- All staff received annual basic life support training. There were emergency medicines
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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. The staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment of patients with long term conditions.
- 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for Quinton Practice only showed that the practice achieved 92.8% of the total number of points available (which was 0.7% below the local Clinical Commissioning Group (CCG) average and 1.9% below the national average), with 5.2% clinical exception rate (which was 5% below the CCG average and 4% 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 not an outlier for any QOF (or other national) clinical targets. Data from 2014 / 15 showed:

- Performance in four of the five diabetes related indicators was below the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 68% compared with the national average of 77%. The exception reporting rate for all of the diabetes indicators was below the CCG and national averages.
- Performance for mental health related indicators was above 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, in the preceding 12 months was 100% compared to the national average of 88%.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 75%, the same as the national average.
- 91% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.

There was evidence of quality improvement including clinical audit.

- We looked at five completed audits undertaken in the previous two years where the improvements made were implemented and monitored. One of these audits related to an anti-inflammatory medicine and looked at whether the GPs were prescribing safely in accordance with national guidelines. The first audit identified seven patients who were on repeat prescriptions for this medicine. The GP spoke with these patients to discuss the risks relating to this medicine and five patients were taken off this medicine. Two patients preferred to remain on the medicine having made an informed choice. A repeat audit was due to be carried out in July 2016.
- A second audit looked at 'did not attend' rates pre and post the merger and following a change in the appointment system. In March 2016, there were 18 pre bookable and 12 emergency appointments per day for two GPs and there were 81 appointments lost through patients not attending. The appointment system was changed to 11 pre bookable and 20 on the day appointments per day for three GPs. During May 2016 a total of 39 appointments were lost through patients not attending. This demonstrated a reduction from 40 appointments per GP to 13 appointments.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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. The practice nurse administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence, and could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.
- The learning needs of staff were identified through a system of appraisals, discussions and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff had protected learning time, either in house or at training events organised by the CCG. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- The practice participated in the hospital admission avoidance scheme and had identified 93 patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans and there was a follow up procedure in place for discharge from hospital.

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. The practice had seven patients who had been identified with palliative care needs and held three monthly meetings attended by the GPs and the palliative care nurse and community nurses.

We spoke with representatives from one local care home. They told us they enjoyed a good working relationship with the practice, and the GPs were responsive to the needs of the patients and visited on request. They said the GPs supported patients on end of life care pathways and visited these patients regularly to review their care.

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.
- Clinical staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The representatives from one local care home told us the GPs were fully involved in advance care planning for patients with dementia, end of life care or complex care needs. They told us they spent time speaking with patients and families to support informed decision making.
- Signed consent forms were used for cryotherapy and scanned into the electronic patient record. Cryotherapy means 'treatment using low temperature' and refers to the removal of some skin lesions by freezing them.

Supporting patients to live healthier lives

Patients who were 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. The practice nurse offered smoking cessation advice.

The practice's uptake for the cervical screening programme was 85%, which was above the national average of 82%.

Are services effective?

(for example, treatment is effective)

(Exception reporting for cervical screening was 0.6%, which was 5.7% below the CCG average and 1% above the national average). The practice offered routine contraception services. Patients requesting a coil or implant were referred to the family planning clinic in Cannock.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was below the local and national averages:

- 78% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was above the CCG average of 71% and national average of 72%.

- 64% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was above the CCG average of 57% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 90% to 100%.

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 for 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 56 completed comment cards and these were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients, including two of which were members of the patient participation group (PPG). 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 January 2016 showed patients felt they were treated with compassion, dignity and respect. These results relate to surveys completed by patients registered at Quinton Practice prior to April 2016. Two hundred and forty six survey forms were distributed and 109 were returned. This gave a return rate of 44%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 87%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

However, the practice was below average for its satisfaction scores about reception staff: For example:

- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they 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. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. These results relate to surveys completed by patients registered at Quinton Practice prior to April 2016. Results were comparable with or above the local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 82% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 82% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice participated in the hospital admission avoidance scheme and had identified 93 patients who were

Are services caring?

at high risk of admission. The care of these patients was proactively managed using care plans. The GPs contacted patients on the hospital admission avoidance scheme following any discharge from hospital and carried out a review of their care if required.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. However, the practice did not display information in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified six patients as carers 0.09% of the practice list). The practice recognised that this number was very low, and told us that the information had not transferred over from the previous electronic patient record system. The GPs told us they were in the process of identifying patients who lived alone and would be asking them if they were supported by a carer. We also saw that the new patient registration form did not ask if the patient acted as or was supported by a carer. Carers were offered an annual influenza vaccine. We saw that third party agreements were in place for permission to share information with relatives. We did not see any written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card. We did not see any information about support services for families.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The GPs and practice nurse attended the monthly protected learning time events organised by the CCG.

- Extended consultations were offered on Friday mornings and were by appointment only.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients who lived in care homes with long term conditions and / or dementia were offered regular reviews.
- Same day appointments were available for children as well as patients requesting an urgent appointment.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice engaged with a number of families from the travelling community who were based locally and registered at the practice.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Thursday, and between 7am and 1pm on Friday. Appointments were from 9am until 11.20am and 2pm until 5.50pm Monday to Thursday and 7am until 11am on Fridays. Nurse appointments were available between 8.30am and 12.30pm Monday to Thursday, 2pm and 6pm Monday, Tuesday and Thursday and between 7am and 11am on Friday. Extended consultation hours were offered on Friday mornings between 7am and 8am. Each GP had five pre bookable appointments, ten book on the day appointments and four additional appointments if required during morning surgery. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Staffordshire Doctors Urgent Care via NHS 111.

The results from the national GP patient survey published in January 2016 for patients registered at Quinton Practice

prior to April 2016 showed patients expressed lower than average satisfaction rates with their experiences of contacting, making appointments and opening times at the practice.

- 64% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 60% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 73% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the CCG average of 74% and national average of 76%.

These results related to surveys carried out between January and March 2015, and July and September 2015. The practice had made changes to the appointment system and opening hours during the previous 12 months. The practice no longer closed at lunch time, although continued to close early one day a week on Fridays. Following the merger in April 2016 a new telephone system had been installed to increase the capacity of calls coming into the practice.

On the day of our inspection patients told us they could get an appointment when they needed one, although pre bookable appointments appeared to be discouraged in favour of book on day appointments. This resulted in greater demand to the telephone system at 8am, when patients contacted the practice to book appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

There was a GP on call every day for emergencies. This GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need for home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had an effective 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 responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was included in the practice information leaflet and on display in the reception area. The majority of patients spoken with were aware of the complaints procedure.

We looked at the summary of four complaints received between April and June 2016 and found they had been satisfactorily handled and demonstrated openness and transparency. Complaints were discussed at a quarterly complaints meeting. The meetings were minuted so the information could be shared with all staff. However, the minutes did not contain the details of the discussion, lessons learnt or action plans. This meant that staff who were not in attendance would not know what action they needed to take.

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.

- Although the practice did not have a written mission statement, it was clear from discussion with staff that everyone was working towards the same aim of high quality healthcare.
- The GP described their plans for the future and what options were available to them. They were exploring a number of different options at the time of the inspection.

Governance arrangements

Governance within the practice was mixed, with some areas better managed than others.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained. The practice performance was a standing agenda item at monthly practice meeting.
- Clinical and internal audits had been used to monitor quality and to make improvements.

We did see some areas of governance that had not been well managed:

- The practice had not completed the necessary checks or risk assessments for all staff who acted as chaperones.
- The practice could not demonstrate that learning and changes following significant events and complaints had become embedded into practice.
- Robust systems were not in place for monitoring the use of prescription stationery or collection of prescriptions by patients.
- Risk assessments of the areas used by the practice within the building had not been completed.

Leadership and culture

There had been significant changes at the practice in recent months. The practice merged with another local GP practice based in the same building on 1 April 2016. One of the GPs from the merging practice was due to become a

partner but had since resigned and left their employment. The practice had successfully recruited another GP to the partnership, who started on 1 July 2016. There had also been changes to the reception staff and nursing teams.

On the day of inspection the GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.

At present, the majority of the leadership within the practice was undertaken by the Registered Manager. There were plans to delegate lead roles amongst the three GP partners in the near future.

- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly following the merger. Staff told us it had been a challenging time but they were working together and supporting each other and developing as a team.

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. Each practice prior to the merger had their own PPG and the two groups had been amalgamated following the merger.

Are services well-led?

Good 

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

The two groups had met together prior to and just after the merger. We spoke with the chairperson of the original Quinton PPG. They told us meetings were held quarterly and the GPs kept them informed of any changes. They told us the GPs also listened to and acted upon suggestions in the past. We also spoke with a member of the PPG from the other practice. They told us there had only been one meeting since the merger, and they thought more frequent engagement between the combined PPG and the practice was required at this time.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

Continuous improvement

The practice had plans to develop the services provided to patients. The new GP partner was trained to carry out joint injections and minor surgery. One of the existing GP partners was part way through the training to enable them to carry out coil fits for family planning. The GPs were aware that they will need to apply to the Care Quality Commission to add the relevant regulated activities prior to providing these services.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and mitigate the risks to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The practice had not carried out risk assessments regarding non clinical staff acting as chaperones and Disclosure and Barring Service checks.</p> <p>Systems were not in place to ensure that learning and changes following significant events and complaints was shared with all members of staff and embedded into practice.</p> <p>The practice had not carried out any of its own risk assessments, to monitor safety of the areas in the building used by the practice.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>