Dr S R Gibbins and Partners

Quality Report

23 Moss Street
Chadsmoor
Cannock
Staffordshire
WS11 6DE
Tel: 01543 504477
Website: www.mossstreetsurgery.nhs.uk

Date of inspection visit: 20/04/2015
Date of publication: 29/10/2015

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 Dr S R Gibbins and Partners on 20 April 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for 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 and people experiencing poor mental health (including those with dementia).

Our key findings were as follows:

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).

There were areas of practice where the provider should make improvements:

- Expand the availability of emergency medicines to ensure that they are age appropriate.
- Introduce a method of recording cleaning activities undertaken to evidence they have taken place.

Summary of findings

- Provide staff with regular appraisals and support personal development plans or record the reasons they cannot be met.

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 safe. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Risks to patients were discussed and when necessary changes had been made to limit the risk. We saw that risks to patients, staff and visitors from the premises or environmental events were clearly recorded. Practice staff had been trained to deal with emergency events and equipment to help in an emergency was regularly checked and suitable for use.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. 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 any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff, although the frequency of these was not always consistent. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with 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 to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

The evidence from the GP national patient survey published in January 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example,

- 86% described their overall experience of the GP practice as at least fairly good. This was the same as the clinical commissioning group (CCG) average.
- 83% said the GP was good at treating them with care or concern. This was the similar to the CCG average of 85%.

Summary of findings

- 98% felt that the nurse had treated them with care and concern. This was higher than the CCG average of 90%.

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 NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice worked with their patient participation group (PPG) including conducting regular in-house patient satisfaction surveys to make improvements to services. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for being well-led. Staff told us their aim was to improve the health of patients and provide high quality care.

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 were systems in place to monitor and improve quality and identify most risks. The practice proactively sought feedback from staff and 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

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 dementia and avoiding unplanned hospital admissions. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over the age of 75 had a named GP.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The nursing team had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Nationally reported data from 2013/14 showed that outcomes for patients with long-term conditions were good. For example, 89% of patients with chronic obstructive pulmonary disease (COPD) had been reviewed in the last year. This was higher than the CCG average of 77% and national average of 80%. Practice supplied data showed that the 2014/15 performance had increased to 91%.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There was a formal system in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were in line with the local average for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies

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

Summary of findings

working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of 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 living in vulnerable circumstances including those with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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.

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). Ninety four per cent of patients on the practice register for dementia had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments from patients, an internal practice survey undertaken and information from the GP patient survey published in January 2015.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 47 completed cards. The majority of the cards contained positive comments about the practice and staff. All contained comments that expressed care was excellent or very good. Eleven individual cards used the word 'caring'. We received four comments that were less positive. Three related to the availability of appointments and one referred to feeling rushed. We also spoke with 11 patients on the day of our inspection. They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We heard positive individual accounts of when patients had been treated with respect, dignity, compassion and empathy.

The evidence from the GP national patient survey showed patients were satisfied with access to the practice and how they were treated and that this was with compassion, dignity and respect.

- 86% described their overall experience of the GP practice as at least fairly good. This was the same as the clinical commissioning group (CCG) average.
- 83% said the GP was good at treating them with care or concern. This was the similar to the CCG average of 85%.
- 98% felt that the nurse had treated them with care and concern. This was higher than the CCG average of 90%.
- When asked if it was easy to contact the practice by phone; 85.9% thought it was easy. This was higher than the national average of 75.4%.
- The percentage of patients who were very or fairly satisfied with the practice opening hours was 76.2%. This was similar to the national average of 79.8%.

The practice patient participation group (PPG) conducted a survey during February and March 2015. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). The survey encompassed the opinions of 80 patients. The results of this survey were also positive about patients' experience of the practice.

- 90% of patients rated the overall care by GPs and 96% rated the overall care given by nurses as good or very good.
- 76% of patients would recommend the practice to someone new to the area.
- 71.3% of patients said they could generally see the GP of their choice.
- 79.2% said they though the opening hours for the practice were good or very good.

Areas for improvement

Action the service SHOULD take to improve
Action the provider SHOULD take to improve:

- Consider the inclusion of complaints and positive feedback in significant event reporting to encouraging learning from both negative and positive experiences of patients.
- Review and improve the availability of emergency medicines to ensure that the practice is able to respond appropriately to the range of medical emergencies likely to be experienced in general practice.
- Introduce a method of recording cleaning activities undertaken to evidence they have taken place.
- Provide staff with regular appraisals and support personal development plans or record the reasons they cannot be met.

Dr S R Gibbins and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Dr S R Gibbins and Partners

Dr S R Gibbons and Partners is a GP practice situated in the area of Chadsmoor, Cannock, Staffordshire.

At the time of our inspection the practice had around 5,000 registered patients. The age spread of patients mainly matched the national and clinical commissioning group (CCG) average. Life expectancy in the area was similar to local and national averages, although deprivation levels are higher than local and national levels. People living in more deprived areas tend to have a greater need for health services, this can increase demand on GP practices.

The practice staffing consists of three GPs who are all male, two practices nurses and a healthcare assistant. The administrative team is led by a practice manager and assistant practice manager and comprises of eight administrative staff.

The practice holds a General Medical Services contract with NHS England. It has extended its contractual obligations to provide a number of enhanced services which include extended hours, annual health checks for patients with learning disabilities and avoiding unplanned admissions.

The practice is open between 8am and 6:30pm Monday to Friday. Extended hours surgeries are each Saturday 7am to 9:30am.

The practice has opted out of providing services to patients out of normal working hours. These services are provided by Staffordshire Doctors Urgent Care, patients call 111 to access this service.

Why we carried out this inspection

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

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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and NHS Cannock Chase Clinical Commissioning Group to share what they knew. They both told us that the practice regularly engages with them.

We carried out an announced visit on 20 April 2015. During our visit we spoke with a range of staff including three GPs,

Detailed findings

practice manager, assistant practice manager, a practice nurse, healthcare assistant and two members of administration staff. We also spoke with eleven patients including two members of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We received 47 Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.

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
- 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)

Good

Are services safe?

Our findings

Safe track record

The practice had a system for recording, investigating and discussing safety incidents, concerns and near misses. Occurrences were classified as significant events and recorded on incident forms and submitted to the practice manager. Complaints were not automatically recorded as significant events, although we saw in other records they had been subject to the same robust analysis and discussion.

We reviewed significant event records and minutes of practice meetings where these were discussed. Lessons learned were shared to ensure action was taken to improve safety. For example following an error with labelling a blood sample, the procedure for labelling samples was changed and label printers were provided in each clinical room to minimise the risk of reoccurrence.

The significant event process had been in place for over two years and demonstrated the practice was safe over time.

Learning and improvement from safety incidents

Staff knew the process for reporting significant events and could recall recent incidents. The practice manager oversaw the process of analysis including investigation with clinical input from a GP when required. Following investigation, all events were discussed at bi-monthly practice meetings. All significant events were reviewed at appropriate intervals to ensure that any actions taken had been successful in reducing the risk of reoccurrence.

When things went wrong, the practice team worked together to learn from the incident and would issue an apology to those affected and inform them of any action taken as a result.

Reliable safety systems and processes including safeguarding

The practice had policies in place for safeguarding children and vulnerable adults for staff to refer to. Contact details for local safeguarding referral teams were displayed at numerous points within the practice and staff knew their location. All staff had received appropriate safeguarding training. For example, the GPs had received training to level three as suggested in guidance by the Royal College of Paediatrics and Child Health on safeguarding children and young people (March 2014). Staff understood their responsibility to protect patients from avoidable harm.

Chaperones were available when needed, the practice nurses and healthcare assistant had received training, been vetted and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Posters within the practice advertised the availability of chaperones for patients.

Medicines management

Medicines kept on site were stored safely and in line with manufacturers and nationally recognised guidance. For example, vaccines were stored safely and securely, at the correct temperature and were in date. A system of daily checks took place to ensure that vaccines were fit for use. Practice nurses administered vaccines using patient group directions that had been produced in line with legal requirements and national guidance. The healthcare assistant was scheduled to undertake recognised training to allow the administration of some medicines under a patient specific directive that would be reviewed individually for each patient by a GP.

Blank prescription forms were kept securely at all times and were handled in accordance with national guidance.

Cleanliness and infection control

The practice was visibly clean and tidy. Comments from patients we received expressed they found the practice to be clean.

Cleaning schedules indicated each areas frequency and nature of cleaning. We saw there were no records that cleaning of individual treatment areas had taken place, following discussion with the practice manager the practice plan to record cleaning activities. A practice nurse held overall responsibility as lead of infection prevention and control (IPC). They had IPC training and undertook regular audits of IPC practice to highlight areas of risk and ensure the practice was minimising the risk to patients from healthcare associated infections. Adequate equipment and facilities were provided to support good infection control practice.

We checked and saw that clinical and domestic waste was stored appropriately and in line with legislative

Good

Are services safe?

requirements. The practice had completed a risk assessment for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).

Equipment

Equipment was annually tested for electrical safety and where appropriate was calibrated to ensure its clinical effectiveness. For example, blood pressure monitoring devices and a nebuliser had been checked to ensure they were accurate and fit for use. Staff told us there was enough equipment available for them to carry out their role safely and effectively.

Staffing and recruitment

Recruitment of staff had been performed in accordance with required legislation including identity, character reference, employment history, occupation health screening, professional qualifications and checks through the Disclosure and Barring Service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager had a system to ensure clinically registered staff held professional entitlement to practice.

Staffing levels were monitored and had the minimum staffing levels recorded, Staff told us there was always enough staff to provide a safe service to patients.

Monitoring safety and responding to risk

The practice management team were responsible for managing risks associated with providing services. There was a health and safety policy, risk assessments had been carried out and training had been provided to prepare staff to deal with emergencies such as fire, sudden illness and accidents.

Arrangements to deal with emergencies and major incidents

All staff had received recent annual update training in annual basic life support and the practice had equipment and emergency medicines available for staff to use if required. Emergency equipment included an automated external automated defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). The emergency medicines held at the practice were comprehensive, although needed some additional strengths of medicines to be made available. For example, the medicine used to help open lower airways in asthma, lung disease or allergy was in a strength that could only be given to children aged four and over. Also, the medicine used to treat prolonged seizures was in a strength that meant it would not be suitable for an infant aged less than one year. We spoke with the practice about this, they told us they planned to review the emergency medicines held.

A business continuity plan detailed the practice response to emergencies such as loss of power, computers or premises. The document contained information such as contact numbers for contractors and alternative premises arrangements for staff to refer to in the event of an unplanned occurrence that affected services.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used current evidenced based guidance and standards to base assessments, care and treatment. We saw examples of care and treatment provided in line with National Institute for Health and Care Excellence (NICE) guidance in the conditions of atrial fibrillation (irregular heart rhythm) and anxiety and depression. Staff were aware of NICE guidelines and used them routinely.

We looked at the latest available data from NHS Business Authority (NHSBA) published in December 2014 on the practice levels for prescribing antibiotic and hypnotic medicines. We saw that the practice levels of prescribing of both medicines were in the similar to expected range when compare to the national average.

The practice offered a number of directed and local enhanced services. Enhanced services are the provision of services beyond the contractual requirement of the practice. Examples of enhanced services included avoiding unplanned admissions and learning disability health checks.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice monitored outcomes for patients using QOF. In 2013/14 the practice achieved 98% of the total number of QOF points available; this was higher than the national average of 94.2%. Clinical outcome data from QOF showed;

- The practice had identified more than the expected average number of patients with coronary heart disease and chronic obstructive pulmonary disease (COPD). Diagnosing patients with long-term conditions can lead to better outcomes by more effective management of their condition.
- Performance for diabetes related indicators was similar to clinical commissioning group (CCG) and national averages. For example, 88.6% of patients with diabetes had received a recent blood test that indicated their longer term blood glucose control was below the highest accepted level compared to the CCG average of 91.6% and national average of 87.1%.
- Performance in management of patients with poor mental health was significantly above the CCG and national averages. For example, 97.6% of patients had a recent comprehensive care plan in place compared with the CCG average of 79.6% and national average of 85.9%.

We reviewed one clinical audit that had been carried out within the last 12 months. The audit examined the effectiveness of repeat prescribing in the practice. The audit had been repeated to demonstrate improvement in prescribing practice following the initial audit. A GP told us they planned to increase the number of clinical audits undertaken at the practice. Other audits in patient satisfaction, minor surgery and dementia diagnosis rates had been completed within the last year.

Effective staffing

The staff at the practice were experienced and showed they had the skills and knowledge to deliver effective care and treatment.

- GPs had additional training in diabetic care, palliative care and minor surgery.
- One GP was an Advanced Life Support Provider, trained to provide advanced life saving treatment in a health emergency.
- The practice manager was the project lead in the securement of additional funding from the prime ministers challenge fund to provide additional appointments to patients to a group of practices as part of the Cannock Practices Network.

Staff received appraisals, although we saw that the timeframes were not always consistent and on one occasion that a member of staff had requested additional learning which had not been provided. The reasons had not been recorded, although the member of staff did feel well supported. We spoke with the practice manager and lead GP about this, they told us they planned to ensure that appraisals were regularly held and ensure training plans were honoured or document the reasons they could not be.

Coordinating patient care and information sharing

The practice had an established system for recording and sharing the information needed to deliver care and

Good

Are services effective?

(for example, treatment is effective)

treatment. Staff were aware of their responsibilities for ensuring that information was shared promptly and appropriately and they followed up any information when required.

- Communication letters and test results from hospitals, out-of-hours and other services were followed up on the day they were received. We saw the practice was up to date on the management of communications and test results.
- Where appropriate patients used the choose and book system to decide on where they would like to receive their assessment, care or treatment.
- The practice had no recorded incidents of test results or patient communications that had not been followed up or acted upon within the month recent 12 month period we reviewed.

The practice interacted on a regular basis with other professionals to help coordinate patients care and treatment.

- Staff attended regular multi-disciplinary team meetings to discuss patients approaching the end of their life with other professionals that provided their care. This included palliative care nurses and community nurses.
- A CCG pharmacist attended the practice on a regular basis to provide advice on safe and effective prescribing.
- A dementia care facilitator visited the practice on a two weekly basis to coordinate the care provided to patients diagnosed with dementia.

Consent to care and treatment

Patients' consent to care and treatment was always 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 or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

We saw that consent had been recorded clearly using nationally recognised standards. For example, in minor surgery templates and do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Health promotion and prevention

Patients were encouraged to access the help available for them to lead healthier lifestyles. Those with conditions that may progress and worsen received additional support to keep them healthier for longer. Ninety-seven per cent of patients with COPD had received the seasonal influenza immunisation. This was higher than the CCG average of 89% and national average of 94.5%.

Since June 2012 the practice had completed 561NHS health checks. During the course of checks patients were provided with advice on smoking cessation, weight management and alcohol intake. Data showed during the NHS health checks two patients had been diagnosed with previously unknown diabetes, 18 had been prescribed medicines to reduce their blood cholesterol and 12 patients had been prescribed medicines to lower their blood pressure. The practice healthcare assistant offered in house smoking cessation advice, CCG data showed that 7.9% of patients had accessed the time to quit programme this was higher the CCG average of 6.7%.

The rate of eligible female patients attending the practice for cervical cytology screening was 81%, this was in line with the CCG and national averages.

Childhood immunisations were mostly in line with the local average. For example, 94.7% of children aged two had received the measles, mumps and rubella (MMR) vaccine. This was similar to the CCG average of 98.1%.

It was policy to offer all new patients a health check with the practice healthcare assistant when joining the practice. The practice waiting room contained posters and leaflets on health promotion subjects and provided patients with contacts for other organisations that may have been able to support with living a healthier lifestyle.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included comments from patients, an internal practice survey undertaken and information from the GP patient survey published in January 2015.

The evidence from the GP national patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example,

- 86% described their overall experience of the GP practice as at least good. This was the same as the clinical commissioning group (CCG) average.
- 83% said the GP was good at treating them with care or concern. This was the similar to the CCG average of 85%.
- 98% felt that the nurse had treated them with care and concern. This was higher than the CCG average of 90%.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 47 completed cards. The majority of the cards contained positive comments about the practice and staff. Most contained comments that expressed care was excellent or very good. Eleven individual cards used the word 'caring'. We received four comments that were less positive. Three related to the availability of appointments and one referred to feeling rushed. We also spoke with 11 patients on the day of our inspection. They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We heard positive individual accounts of when patients had been treated with respect, dignity, compassion and empathy.

The practice patient participation group (PPG) had conducted a survey during February and March 2015. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). The survey encompassed the opinions of 80 patients. The results of this survey were also positive about patients' experience of the practice.

- 90% of patients rated the overall care by GPs and 96% rated the overall care given by nurses as good or very good.
- 76% of patients would recommend the practice to someone new to the area.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice similar to others in these areas. For example, GP national patient survey data showed;

- 95% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85%.

All of the 11 patients we spoke with felt involved in decisions relating to their care and treatment. Patient feedback on the comment cards we received was also highly positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available.

Patient and carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. A carer told us the GPs had been incredibly supportive to both them and their relative during the progression of a patient's condition. They felt the GPs recognised the pressures of being a carer. We also heard about the empathetic support provided to two families when a relative was in the final weeks of their life.

Written information was provided to help carers and patients to access support services. This included organisations for mental health support, ex-service personnel, carers and financial difficulty. Subject to a patient's agreement a carer could receive information and discuss issues with staff. The computer system alerted system to patients who had appointed relatives or carers to act in this capacity.

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 both the local clinical commissioning group (CCG) and the patient participation group (PPG) to plan services and improve outcomes for patients. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

- The practice offered Saturday morning appointments which benefited those with work commitments or of school age.
- The chair of the PPG had attended dementia champion training and a GP and nurse had received training to become dementia friends.
- Patients who had a learning disability were supported by having longer appointments for annual health assessments and the letters to invite patients for appointments had been adapted or were sent to their carer as appropriate.
- The PPG held regular in house patient satisfaction surveys to ensure the views of a range of patients were sought. The PPG also had taken a lead role in developing Saturday morning services and had plans to develop the practice to make it a Dementia Friendly Practice.
- Patients who were at the highest risk of unplanned admission were supported by individual care plans. If they were admitted to hospital, a GP contacted them when they were discharged to reassess their care needs.

Access to the service

The practice was open from 8am to 6:30pm on Monday to Friday. During these times the reception desk and telephone lines were always staffed. Saturday morning appointments were from 7am to 9:30am. Patients could book appointments in person, by telephone and by using an online system for those had registered to access appointments in this way. All routine appointments could be booked by any method; urgent appointments were made by telephoning. We saw that there were urgent appointments available on the day of our inspection and also pre-bookable appointments within two working days.

The comments we received from patients were generally positive about the appointments system;

- From the 47 comments cards we received, 14 specifically mentioned access to appointments. Eleven comments praised the availability of appointments; three said it was sometimes difficult to get an appointment.

The practice's own patient satisfaction survey of 80 patients undertaken during February and March 2015 was positive about access to the practice;

- 71.3% of patients said they could generally see the GP of their choice.
- 79.2% said they though the opening hours for the practice were good or very good.

Results from the GP national patients survey published in January 2015 were also positive;

- When asked if it was easy to contact the practice by phone; 85.9% thought it was easy. This was higher than the national average of 75.4%.
- The percentage of patients who were very or fairly satisfied with the practice opening hours was 76.2%. This was similar to the national average of 79.8%.

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 responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on the website, notice boards and in the practice booklet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months. Two complaints related to clinical areas and one about access to appointments. We saw all complaints had been acknowledged, investigated and responded to in line with the practice complaints policy. The responses to the clinical complaints were comprehensively written. The responses may have been difficult to understand if the person reading was not medically trained. We spoke with the lead GP about this who agreed it may be useful to simplify terms or offer means of explanation if any future or similar communications were made.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Complaints were reviewed at annual complaints meetings, all of the staff we spoke with knew the complaints procedure and could recall discussion and learning from complaints. Where improvements were needed they had been made and if appropriate an apology was offered.

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 website listed the practice aim to "Improve the health of those living in the Cannock and Chadsmoor area, working closely with local services to achieve this". The practice manager told us their vision was "to be the best we can". The staff we spoke with told us what high quality care meant to them and this was in line with the aim of the practice and also providing an empathetic and caring service to patients.

The practice had plans to increase the number of appointments available by employment of another part time GP and also planned to become a GP training practice as it had previously been.

Governance arrangements

Governance in the practice was well managed. The practice had established systems to ensure risks were known and mitigated. In particular;

- Performance of the practice was well known, benchmarked against others and showed year on year improvement.
- Staff had regular training to mitigate the risks from emergencies such as sudden illness.

Staff knew the leadership structure and meetings were regularly held to discuss performance and issues of risk such as significant events.

Leadership, openness and transparency

The partners in the practice were capable and experienced which helped ensure the delivery of high quality care. Staff told us that the partners were visible and approachable. The practice manager was an experienced leader and was assisted by an assistant practice manager to ensure leadership was always present.

Practice staff meetings were held every three months. Staff told us that they felt supported and able to raise any issues formally or informally. They also told us that members of the practice team worked well together.

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

The practice had an established and proactive patient participation group (PPG). (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). We spoke with two members of the PPG about their experience and interaction with the practice. Both were positive and felt listened to and involved in shaping services at the practice. Annual patient satisfaction surveys had been taken regularly, evaluated and any areas of concern discussed. The practice had introduced Saturday morning appointments over a year ago following discussion with the PPG on improving access for patients.

Telephone access had been a patient concern at the practice in previous PPG surveys. In response to this the practice made all pre-bookable appointments available on line and introduced a new telephone system. Following introduction of the telephone system, the latest patient survey had shown a small improvement in satisfaction levels.

Management lead through learning and improvement

Staff received appraisals, although we saw that the timeframes for them was not always consistent. All of the staff we spoke with felt supported and felt they worked well as a team.

Learning from significant events and complaints was evident. Staff has access to training and support to meet the needs of their role.