

Red Lion Surgery

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

Requires improvement



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?

Requires improvement



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 Red Lion Surgery on 28 September 2016. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- Patients told us during the inspection that they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- People told us that they were able to get urgent appointments when they needed them, but they had to wait for routine appointments.
- There was a system in place for reporting and recording significant events and staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we saw an instance whereby staff had not recognised when an incident should have been reported as a significant event.

- Risks to patients were not always assessed and well managed. This included the storage of vaccines, management of spillages and risk assessments for staff without Disclosure and Barring Service checks. The practice had not assured themselves that the landlord had procedures in place for monitoring and managing risks to patient and staff safety.
- There was a lack of day to day leadership due to the practice manager vacancy and staff did not feel fully supported.
- There were no formal meetings to discuss governance and there was limited oversight of areas such as health and safety.

The areas where the provider must make improvements are:

- Ensure that the Patient Group Directions (PGDs) adopted by the practice are signed by the GP and the practice nurse.
- Ensure vaccines are always stored in line with manufacturers' instructions.

Summary of findings

- Assess the risks of not keeping a wider range of emergency medicines at the practice and mitigate the risks to patients.
- Ensure all equipment used in the event of an emergency is in date.
- Assess whether there is a risk to patients of being cared for or treated by members of staff without Disclosure and Barring Service checks.
- Carry out risk assessments for the areas of the building used by the practice.
- Ensure all staff receive regular performance reviews.
- Ensure there are governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- The practice must assure themselves that the landlord has procedures in place for monitoring and managing risks to patient and staff safety.
- Ensure that all significant events are recorded and managed appropriately.
- Implement an effective system to monitor the use of prescription stationery.
- Have suitable arrangements in place to manage the spillage of bodily fluids.
- Ensure there are adequate numbers of appropriately skilled staff to meet the needs of patients.
- Ensure staff receive annual practical training in basic life support and cardiopulmonary resuscitation.
- 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

In addition the provider should:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events and staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we saw an instance whereby staff had not recognised when an incident should have been reported as a significant event.
- Risks to patients were not always assessed and well managed. This included the storage of vaccines, management of spillages and risk assessments for staff without Disclosure and Barring Service checks. The practice had not assured themselves that the landlord had procedures in place for monitoring and managing risks to patient and staff safety.
- The practice did not stock a full range of emergency medicines, including manage diabetic patients with a low blood sugar.
- Effective systems to monitor the use of prescription pads and blank computer prescription forms and collection of prescriptions were not in place.

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 was lower than the national average.
- 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.
- Not all staff had received an annual appraisal.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to 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.

Summary of findings

- 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 engaged with the Clinical Commissioning Group.
- People told us that they were able to get urgent appointments when they needed them, but they had to wait for routine 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. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a lack of day to day leadership due to the practice manager vacancy and staff did not feel fully supported.
- There were no formal meetings to discuss governance and there was limited oversight of areas such as health and safety.
- All staff had received inductions but not all staff had received regular performance reviews.

Requires improvement



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 was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had participated in an 'extended appointment service' to see patients with more complex health needs and review their management. Carers were also invited to these appointments. These appointments enabled the GPs to carry out a thorough review of the patient's health needs and complete medicine review.

Requires improvement



People with long term conditions

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice nurse was involved in chronic disease management.
- Longer appointments and home visits were available when needed.
- 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 the three of the five diabetes related indicators were comparable to the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded, was 74%, which was comparable to the national average of 77%. However, the exception reporting for this indicator was 1.5%, which was lower than the national average of 12%.
- 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.

Requires improvement



Summary of findings

Families, children and young people

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify 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.
- There were screening and vaccination programmes in place and the practice's immunisation rates
- Data from the Quality and Outcomes Framework (QOF) for 2014/15 showed that 78% of women aged 25-64 had received a cervical screening test in the preceding five years. This was comparable to the national average.
- The practice offered routine contraception services.

Requires improvement



Working age people (including those recently retired and students)

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered routine pre-bookable appointments up to three months in advance, on the day appointments and appointments that were released 48 hours in advance, as well as telephone consultation.
- The practice was part of the Cannock Network. The network provided an extended clinical hub, whereby patients could book an on the day appointment through their own practice with a GP or nurse between 3.30pm and 8pm if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday mornings between 9am and 12 noon.
- The practice was proactive in offering online services.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Requires improvement



Summary of findings

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

People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Seventy three per cent of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.
- The practice was working towards becoming a dementia friendly practice, and all staff were due to receive training to become Dementia Friends.

Requires improvement



Summary of findings

What people who use the service say

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. Two hundred and thirty seven survey forms were distributed and 118 were returned. This gave a return rate of 50%. The practice had lower results when compared to the Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs. Satisfaction rates for interactions with receptionists and nurses were higher than local and national. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

The satisfaction rates from patients about their involvement in planning and making decisions about their care and treatment were mostly comparable to the local and national averages for the GPs and above the averages for the nursing staff. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 48 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 understanding and treated them with dignity and respect.

We spoke with eight patients and a member of the Patient Participation Group (PPG) during our inspection. 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.

Areas for improvement

Action the service MUST take to improve

Ensure that the Patient Group Directions (PGDs) adopted by the practice are signed by the GP and the practice nurse.

Ensure vaccines are always stored in line with manufacturers' instructions.

Assess the risks of not keeping a wider range of emergency medicines at the practice and mitigate the risks to patients.

Ensure all equipment used in the event of an emergency is in date.

Summary of findings

Access whether there is a risk to patients of being cared for or treated by members of staff without Disclosure and Barring Service checks.

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

Ensure all staff receive regular performance reviews.

Ensure there are governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.

The practice must assure themselves that the landlord has procedures in place for monitoring and managing risks to patient and staff safety.

Action the service SHOULD take to improve

Ensure that all significant events are recorded and managed appropriately.

Implement an effective system to monitor the use of prescription stationery.

Have suitable arrangements in place to manage the spillage of bodily fluids.

Ensure there are adequate numbers of appropriately skilled staff to meet the needs of patients.

Ensure staff receive annual practical training in basic life support and cardiopulmonary resuscitation.

Make patients aware that translation services are available.

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

Red Lion Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser and an expert by experience.

Background to Red Lion Surgery

Red Lion Surgery is registered with the Care Quality Commission (CQC) as a GP partnership provider in Cannock, Staffordshire. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. The practice holds a Primary Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed contract between NHS England and the general practice and offers variation in the range of service which may be provided by the practice. 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 4,014 patients. The practice had a lower than average number of patients aged 0 to 39 years and a higher number than average of patients aged 40 years and over.

Red Lion Surgery is located on the ground floor of Cannock Chase Hospital, alongside other services provided by the local NHS trust. The practice is situated in a communal area, and patients and staff accessing other services walk through the practice and waiting area.

The practice has been without a practice manager for two years. One of the GP partners has taken the role of practice manager, and dedicates two sessions a month to this role.

The practice staffing comprises of:

- Two GP partners (both male) and two regular locum GPs (one male and one female).
- One female practice nurse and a female phlebotomist.
- A senior receptionist and reception and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers routine pre-bookable appointments up to three months in advance, on the day appointments and appointments that were released 48 hours in advance.

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?

Detailed findings

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

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

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

Before inspecting 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 28 September 2016.

We spoke with a range of staff including the GPs, the practice nurse, the secretary and reception staff. We spoke with patients, a member of the patient participation group, 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

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

- Staff told us they would record any incidents on the electronic system and share the information with the GPs. They told us incidents were discussed at the practice meeting. The incident recording 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw an instance whereby staff had not recognised when an incident should have been reported as a significant event. The temperature of the vaccine refrigerator was found to be out of range when checked after a weekend. The practice nurse was not on duty and the non-clinical staff were not aware of the required action to take. The practice nurse was contacted the day after the fault was identified and took the required action. There was no evidence to support that this had been raised as a significant event or investigated.
- Staff told us that incidents were also reported on Datix. Datix is an electronic system for reporting incidents and adverse events. The information was shared with the local Clinical Commissioning Group and the local NHS trusts.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had changed the antiseptic skin preparation as this had caused problems during a minor operation. An apology was given to the patient and appropriate advice given. The incident was discussed with all staff and the antiseptic spray labelled not to be used for diathermy.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw evidence that these had been actioned appropriately by the clinicians.

Overview of safety systems and processes

The practice had adapted some systems used to minimise risks to patient safety.

- 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. Flow charts which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare were displayed in consulting rooms and treatment rooms. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received the appropriate level of training in safeguarding children and vulnerable adults relevant to their role.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The GPs provided reports where necessary for other agencies. There were no formal meetings with the health visitor to discuss patients. The GPs told us they contacted the health visitors as and when required.
- Notices in the waiting areas and in the consultation/treatment rooms advised patients that chaperones were available if required. The practice nurse acted as a chaperone and was trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse had recently taken over the role of infection control clinical lead. There was an infection control protocol in place. Staff had completed infection prevention and control training which was available on the on line training system. The practice told us an infection control audit had been undertaken by a local NHS Trust in January 2016 and they were working through the action plan. Following the audit changes had been made within the practice, for example the practice nurse moved to a room with suitable flooring and appropriate hand washing facilities.

Are services safe?

However we identified areas where the practice did not have systems in place to keep people safe. These included:

- 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 an effective system in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. However, none of the PGDs had been signed by the GP or practice nurse.
- We looked at the way the practice stored vaccines. We found that the practice could not be assured that vaccines were stored in accordance with the manufacturer's guidelines. We found that the refrigerator temperatures were not always checked and recorded daily when the practice was open.
- The practice was unable to tell us when the privacy curtains had been changed / laundered or who was responsible for carrying out this role. The practice was not able to safely manage spillages of bodily fluids as the spillage kits available to staff were out of date.
- We reviewed two personnel files and found the majority of the appropriate recruitment checks had been undertaken prior to employment. We found that a Disclosure and Barring Service (DBS) check from the previous employment was on file for one member of staff and a new DBS check had been requested. However, the practice had not carried out a risk assessments on this member of staff to cover the time whilst waiting for the DBS check to be returned. In addition DBS checks had not been obtained for non-clinical staff and risk assessments had not been completed for these staff.

Monitoring risks to patients

The practice did not have an effective system for assessing and managing risks to patients.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice was located within a building owned by the NHS Trust. The landlord was responsible for health and safety and

maintenance. The practice had not assured themselves that the landlord had procedures in place for monitoring and managing risks to patient and staff safety and records were not available to view during the inspection. The practice had not carried out its own risk assessment for the areas within the building that they used.

- The practice was responsible for checking electrical equipment and clinical equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for administration and reception staff, and included cover arrangements for sickness and holidays.
- However, staff told us that following the recent retirement of one of the practice nurses, the number of practice nurse appointments had reduced and this was beginning to impact on patients. They told us that in particular they were not always able to offer appointments for childhood immunisations when they were due. The practice had recruited a phlebotomist (person who takes blood) and there were plans for this member of staff to receive training so they could undertake the role of a health care assistant. At the time of the inspection, there were no plans to increase the number of practice nursing hours.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff were up to date with on line training in basic life support training. However, staff had not attended practical training within the previous 12 months.
- There were emergency medicines manage diabetic patients with a low blood sugar.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, the pads for the defibrillator were out of date.

Are services safe?

- The practice had a 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice 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 showed the practice achieved 82% of the total number of points available (which was 11.5% below the local Clinical Commissioning Group (CCG) average and 12.7% below the national average), with 3.4% clinical exception rate (which was 6.6% below the CCG average and 5.8% below the national average). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier in a number of the QOF (or other national) clinical targets. These were discussed with the GP partners during the inspection. The GPs were aware of these and the exception reporting for each was below the CCG and national averages.

Data from 2014/15 showed:

- Performance in the three of the five diabetes related indicators were comparable to the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded, was 74%, which was comparable to the national average of 77%. Clinical exception reporting for this indicator was 1.5%, which was lower than the national average of 12%.

- Performance in one of the two mental health related indicators was comparable to 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 61% compared to the national average of 88%. The exception reporting rate for mental health indicators was below the CCG and national averages.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 82%, compared to the national average of 75%.
- 73% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%. However, the exception reporting for this indicator was 0%, which was lower than the national average of 8%.

There was evidence of quality improvement including clinical audit.

- We looked at two completed audits undertaken in the previous 12 months where the improvements made were implemented and monitored. One of these audits related to patients with a particular heart condition. The first audit identified patients with the condition were not prescribed an appropriate anticoagulant (blood thinning) medicine. This identified 10 patients who were seen and prescribed treatment where appropriate. The second audit identified a further six patients, one of whom was unsuitable for treatment and another had been reviewed by secondary care and the medicine stopped. Of the remaining four patients, three had been seen and prescribed appropriate treatment.

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.
- 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

Are services effective?

(for example, treatment is effective)

which had included an assessment of competence.

They could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.

- 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.
- Annual staff appraisals had not been carried out since the practice manager left their employment two years ago. The senior receptionist had recently appraised the reception staff team. The administration staff and practice nurse had not been appraised.
- Staff received training that included: safeguarding, fire safety awareness 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.

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 worked closely with the community based specialist nurses for diabetes, chronic lung disease and heart disease. The practice had two patients who had been identified with palliative care needs. The practice did not hold multidisciplinary team meetings to discuss the care of these patients. They told us the palliative care team and district nurses were unable to attend.

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.
- The GPs had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, although the practice nurse had not.
- 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 GPs assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was obtained for minor surgery.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients with palliative care needs, 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. Patients requiring advice and support with weight loss were referred to a local organisation.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%. (Exception reporting for cervical screening was 1%, which was below the CCG and national averages). The practice offered family planning and routine contraception services. Chlamydia screening was available at the practice.

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 above the local and national averages:

- 80% 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 74% and national average of 72%.
- 60% 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 and national averages of 58%.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% and five year olds from 97% to 100%.

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
- Due to the location of the practice within the hospital building, confidentiality was difficult to maintain when patients used the reception hatch and conversations in consulting rooms could be overheard.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 48 completed comment cards and the majority were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and understanding and treated them with dignity and respect.

We spoke with eight patients, one of whom was a member of the Patient Participation Group (PPG) during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. Two hundred and thirty seven survey forms were distributed and 118 were returned. This gave a return rate of 50%. The practice had lower results when compared to the Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs. Satisfaction rates for interactions with receptionists and nurses were higher than local and national For example:

- 82% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly comparable to the local and national averages for the GPs and above average for the nursing staff. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Are services caring?

- 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.
- There were excellent information displays around the practice which were simple but eye catching. Information was available on childhood immunisations, breast cancer, chlamydia, cardiovascular disease, smoking, asthma and staying warm.

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 35 patients as carers (0.9% of the practice list). 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 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, reception staff sent them a sympathy card. Each GP decided if contact was required or bereavement counselling should be offered. We did not see any information about bereavement services although information was available regarding palliative and end of life care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was 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. However, they recognised that they may be missing out on information and developments due to the lack of a practice manager.

- There were longer appointments available for patients with a learning disability or for patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. A small number of home visits were carried through the Acute Visiting Service (AVS), rather than by the GP. This service was provided by local GPs for patients in the local CCG area.
- The practice was part of the Cannock Network. The network provided an extended clinical hub, whereby patients could book an on the day appointment through their own practice with a GP or nurse between 3.30pm and 8pm if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday mornings between 9am and 12 noon.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a range of enhanced services including minor surgery, joint injections and spirometry (a test to see how well a patient can breathe).
- The practice was working towards becoming a dementia friendly practice, and all staff were due to receive training to become Dementia Friends.
- The practice had participated in an 'extended appointment service' to see patients with more complex health needs and review their management. Carers were also invited to these appointments. These appointments enabled the GPs to carry out a thorough review of the patient's health needs and complete medicine review. Thirty patients had attended these reviews during the first phase of the project.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice offered routine pre-bookable appointments up to three months in advance, on the day appointments and appointments that were released 48 hours in advance. Nurse appointments were available Monday morning and all day Wednesday and Thursday.

The results from the national GP patient survey showed patients' satisfaction rates with their experiences of contacting, or making appointments at the practice were broadly in the line with or lower than the national averages.

- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 80% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the national average of 79%.
- 66% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 64% 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 national average of 76%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them, but they had to wait for routine 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.

Requests for home visits were managed through the duty GP. Patients were asked for brief details and advised that the visit would not be until after surgery. 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.

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.

Are services responsive to people's needs? (for example, to feedback?)

- 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 not aware of the complaints procedure.

The practice had received one complaint during the previous 12 months. We saw that it had been satisfactorily handled and demonstrated openness and transparency. The practice discussed the findings of the complaint with the CCG as it related to referrals not being actioned by the secondary care provider.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice mission statement was to provide safe, effective and efficient continuing patient care. Staff told us the mission statement had been discussed at practice meetings.
- The GPs described their plans for the future and what options were available to them.

Governance arrangements

We found that governance arrangements were not supported by the necessary management infrastructure and leadership and the governance processes and systems were not operated effectively or were applied inconsistently.

- The practice manager post had been vacant for two years. As a consequence, staff told us there was a lack of day to day leadership in the practice and they did not feel fully supported. Staff thought that they weren't fully informed about what was happening within the locality, as this information was usually cascaded through the practice manager.
- The role of the practice nurse had changed but they had not been provided with a new job description.
- There were no formal meetings to discuss governance and there was limited oversight of areas such as health and safety.
- The practice had not assured themselves that the landlord had procedures in place for monitoring and managing risks to patient and staff safety and records were not available to view during the inspection. The practice had not carried out its own risk assessment for the areas within the building that they used. The practice had not completed the necessary checks or risk assessments for all staff who acted as chaperones.
- 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.

However, we did see some areas where governance was being managed.

- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

The GP partners recognised that the absence of a practice manager impacted on the day to day running of the practice and overall management of governance arrangements. Staff told us that the GPs were approachable and they felt able to raise any issues, but these were not always dealt with promptly due to the GPs clinical commitments. The staff worked together as a team but the lack of a practice manager had begun to affect their morale as their workload had increased and there was no managerial support for day to day issues.

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 partners 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.
- The practice kept written records of verbal interactions as well as written correspondence.

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

The practice encouraged feedback from patients. It had gathered feedback through the national GP survey, complaints and comments and suggestions. The practice had an established Patient Participation Group (PPG) and held bi-monthly meetings. We spoke with a member of the PPG during the inspection. They told us that one of the GP partners attended the meetings but they would like other members of staff to attend as well. They told us they did not feel particularly valued by the practice and did not feel involved in discussions around the future of practice or how to develop the service. They told us that they were kept informed regarding complaints and incidents.

There were limited formal opportunities for staff to provide feedback. Due to the practice manager vacancy, annual staff appraisals had not been completed. The senior

Are services well-led?

Requires improvement 

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

receptionist had recently appraised the reception staff team. The administration staff and practice nurse had not been appraised. Regular practice meetings were held and minutes of these meetings available.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The Patient Group Directions (PGDs) adopted by the practice had not been signed by the GP and the practice nurse.</p> <p>The practice did not ensure that vaccines were always stored in line with manufacturers' instructions.</p> <p>The practice had not assessed the risks of not keeping a wider range of emergency medicines at the practice or mitigated the risks to patients.</p> <p>Not all equipment for use in the event of an emergency was in date.</p> <p>The practice had not assessed whether there was a risk to patients of being cared for or treated by members of staff without Disclosure and Barring Service checks.</p> <p>The practice had not carried out risk assessments for the areas of 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>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Formal governance arrangements were not in place including systems for assessing and monitoring risks and the quality of the service provision.</p> <p>Not all staff had received regular performance reviews.</p>

This section is primarily information for the provider

Requirement notices

The practice had not assured themselves that the landlord had procedures in place for monitoring and managing risks to patient and staff safety.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.