

High Street Surgery

Quality Report

High Street
Cheslyn Hay
Walsall
WS6 7AB

Tel: 01922 701280

Date of inspection visit: 5 October 2017

Website: www.highstreetsurgery-cheslynhay.nhs.uk Date of publication: 22/11/2017

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

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Overall summary

Letter from the Chief Inspector of General Practice

We previously undertook a comprehensive inspection of High Street Surgery on 26 January 2016. The overall rating for the practice was Good with the Safe domain being rated as Requires Improvement. We found two breaches of legal requirements and as a result we issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Fit and Proper Persons Employed

The full comprehensive report on the January 2016 inspection can be found by selecting the ‘all reports’ link for High Street Surgery on our website at www.cqc.org.uk.

High Street Surgery and Landywood Lane Surgery merged on 1 July 2017. We previously undertook a comprehensive inspection of Landywood Lane Surgery

on 22 September 2016. The practice was rated as Inadequate overall and placed into special measures. We found three breaches of a legal requirements and as a result we issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Fit and Proper Persons Employed

The full comprehensive report on the September 2016 inspection can be found by selecting the ‘all reports’ link for Landywood Lane Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 5 October 2017. Overall the combined practice is now rated as good.

Our key findings were as follows:

Summary of findings

- The management team had undertaken a review of both services following the merger. This included working practices, policies and procedures and the overall governance framework. The management team recognised and identified the challenges and had developed an action plan to address these.
- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The management recognised that the framework needed to be implemented and become embedded across both sites. Staff at the branch site were being supported through the implementation and cross site working was also being introduced.
- There was a clear leadership structure and staff felt supported by management. The leadership and management provided to staff who previously worked at Landywood Lane Surgery had been strengthened following the merger.
- Staff from the merged practice spoke positively about the changes that had taken place since the merger. They told us they felt supported by the management team from High Street Surgery, and efforts had been made to bring both teams together as one new team.
- Improvements had been made to how the practice provided safe services. There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The same policy and procedure had been adopted across both sites. Recruitment procedures had been strengthened and appropriate recruitment checks were undertaken. All staff had received Disclosure and Barring Service (DBS) checks.
- Staff were aware of current evidence based guidance. NICE guidance was a standing agenda item at monthly clinical meetings which all clinical staff were expected to attend. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and

respect and were involved in their care and decisions about their treatment. There were plans to review the results for both practices to identify any areas where improvements could be made.

- Improvements had been made to the availability of information for patients on how to complain at the branch site. Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Patient feedback on comment cards was generally positive about the merger and the increased availability of appointments. Comments included being able to see a GP on a Friday afternoon, and being able to book a diabetic review any day rather than just one.
- The provider was aware of the requirements of the duty of candour. The example we reviewed showed the practice complied with these requirements.

There were also areas of practice where the provider should make improvements.

The provider should:

- Continue to review and update the policies and procedures and share these with staff.
- Continue to monitor and encourage the uptake of the
- Ensure that all uncollected prescriptions are reviewed by the GPs before being destroyed.
- Provide additional fire marshals at the branch site.
- Assure themselves that the legionella risk assessment, water temperatures and running of water outlets is carried out at the branch site.
- Formalise the system for recording verbal complaints.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- We saw that improvements had been made to the recording of significant incidents. The same policy and procedure had been adopted across both sites. We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety at the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety. The same policies and procedures had been adopted across both sites and the practice management recognised that it would take time for these to become embedded.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- All staff who acted as chaperones were trained for the role and had received Disclosure and Barring Service (DBS) checks.
- We observed both sites to be clean and tidy. Appropriate bins for the disposal of sharps contaminated with
- We saw that improvements had been made to the arrangements for managing medicines, including emergency medicines and vaccines. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The management of the cold chain and storage of vaccines had improved and appropriate action taken when the cold chain was broken. A full range of emergency medicines were available to staff.
- Recruitment procedures had been improved. Appropriate recruitment checks were undertaken for both permanent and locum staff. A locum pack with relevant information for different types of staff was available.
- The practice had adequate arrangements to respond to emergencies and major incidents

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average.
- Staff were aware of current evidence based guidance. NICE guidance was standing agenda item at monthly clinical meetings which all clinical staff were expected to attend.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Training expectations had been standardised across both sites and all staff had completed their role specific mandatory training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved. The clinical staff at the practice met every three months with the community nurses and palliative care team to discuss patients identified with palliative care needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example: 85% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- Information for patients about the services available was accessible.
- The practice had developed separate adult and child carers packs. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice offered extended hours on Tuesday and Wednesday evenings for working patients who could not attend during normal opening hours.
- Annual review visits were organised at home for those patients who were unable to attend the practice.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Patient feedback on comment cards was positive about the merger and the increased availability of appointments. Comments included being able to see a GP on a Friday afternoon, and being able to book a diabetic review any day rather than just one.
- Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was comparable to or above the local and national averages. For example: 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national average of 84%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Improvements had been made to the availability of information for patients on how to complain at the branch site. Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which supported the practice vision. Both the practice vision and mission statement were included in the business plan.
- There was a clear leadership structure and staff felt supported by management. The leadership and management support provided to staff who previously worked at Landywood Lane Surgery had been strengthened following the merger.

Good



Summary of findings

- Staff from the merged practice spoke positively about the changes that had taken place since the merger. They told us they felt supported by the management team from High Street Surgery, and efforts had been made to bring both teams together as one new team.
- Lead roles within the practice were divided between the two partners and practice manager from High Street Surgery and the practice nurses.
- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The management recognised that the framework needed to be implemented and become embedded across both sites. Staff at the branch site were being supported through the implementation and cross site working had been introduced.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the example we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- The patients and the PPGs from both practices had been given the opportunity to discuss the proposed merger at meetings held during June 2017. Information had also been made available on the website.
- There was a focus on continuous learning and improvement at all levels. The practice nurses and the health care assistant told us they were supported to attend training courses and extend their skills.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice worked closely with social services and community nursing services to support older patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management with support from the GP partners.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 92% compared with the CCG average of 82% and the national average of 78%.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- Annual reviews visits were organised at home for those patients who were unable to attend the practice.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies
- The practice worked with midwives, health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. Six week baby checks and post-natal checks were carried out by the GPs at the same time.
- Three out of the four indicators for uptake rates for the vaccines given to under two year olds were all above the national expected coverage of 90%, ranging from 91% to 94%. However, the percentage of children aged two who received the measles, mumps and rubella (MMR) vaccine was 88%. The uptake rates for vaccines given to five year olds were comparable to the national average and ranged from 92% to 96%.
- The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 82% and the national average of 81%.
- The practice offered in-house contraceptive services.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available for all patients, but especially for those working age patients or students.
- The practice enabled students at university to either re-register or be seen as temporary patients during out of term times.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had 30 patients on their learning disability register. These patients were invited for an annual review with the GP and offered longer appointments. The specialist learning disability nurse supported patients at appointments if required.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice was a dementia friendly practice and a member of reception staff had been recruited as a dementia champion.
- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had 49 patients on the dementia register. Eighty two percent of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the England average.
- The practice had 34 patients on the severe mental health register and these patients were offered an annual review.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 86% which was comparable to the local CCG average of 90% and national average of 89%.
- Patients at risk of dementia were identified and offered an assessment. The practice recognised it had a lower than average prevalence of patients diagnosed with dementia and was actively reviewing patients to ensure they were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above the local and national averages. Two hundred and sixty survey forms were distributed and 119 were returned. This represented 2% of the practice's patient list.

- 83% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Sixty-two out of the 66 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. The four cards with negative comments make reference to the merger and the retirement of the one of the long standing GPs from the branch site.

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

Areas for improvement

Action the service SHOULD take to improve

Continue to review and update the policies and procedures and share these with staff.

Continue to monitor and encourage the uptake of the measles, mumps and rubella (MMR) vaccine for children aged two to achieve the expected uptake of 90%.

Ensure that all uncollected prescriptions are reviewed by the GPs before being destroyed.

Provide additional fire marshals at the branch site.

Assure themselves that the legionella risk assessment, water temperatures and running of water outlets is carried out at the branch site.

Formalise the system for recording verbal complaints.

High Street 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 a Practice Manager Specialist Advisor.

Background to High Street Surgery

High Street Surgery is registered with the Care Quality Commission (CQC) as partnership provider in Cheslyn Hay, Staffordshire. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

Following the merger the practice population has increased by approximately 2,000 to 7,400 registered patients. The practice age distribution is higher than CCG and national averages for patients aged 65 years and over and lower for patients aged 18 years and under. The practice has a lower percentage (0.7%) of unemployed patients compared to the CCG average (3.5%). The percentage of patients with a long-standing health condition is 53%, which is lower than the CCG average of 58%.

High Street Surgery and Landywood Lane Surgery merged on 1 July 2017. The registration of Landywood Lane Surgery

with the Care Quality Commission was cancelled on 11 July 2017. One of the GPs who worked at Landywood Lane Surgery retired at the time of the merger, and the other GP has joined High Street Surgery as a partner.

The practice operates from two sites. The main site is High Street Surgery – Cheslyn Hay, with a branch site in Great Wyrley. The practice sites are located as follows:

- Main Site: High Street, Cheslyn Hay, Walsall, WS6 7AB
- Branch Site: Wardles Lane, Great Wyrley, Walsall, WS6 6EW

The staffing consists of:

- Three GP partners (three male) plus locum GPs and Advance Nurse Practitioners.
- Two practice nurses, and health care assistant and a phlebotomist.
- A practice manager, branch manager, reception staff, secretary and data input clerk.

The main site is open between 8am and 6.30pm Monday to Friday. The branch site is open between 8am to 1pm and 3.30pm to 6.30pm every day except Fridays when they close at 1pm. Extended hours appointments are available between 6.30pm and 7.45pm on Tuesday at the main site, and on Wednesday at the branch site. The practice does not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, via the NHS 111 service when the practice is closed.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations, travel vaccinations and NHS health checks.

Detailed findings

Why we carried out this inspection

We previously undertook a comprehensive inspection of High Street Surgery on 26 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall, with a rating of Requirements Improvement for providing safe services. We found two breaches of legal requirements and as a result we issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Fit and Proper Persons Employed

High Street Surgery and Landywood Lane Surgery merged on 1 July 2017. We previously undertook a comprehensive inspection of Landywood Lane Surgery on 22 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Inadequate overall and placed into special measures. We found three breaches of a legal requirements and as a result we issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Fit and Proper Persons Employed

We undertook a further announced comprehensive inspection of High Street Surgery on 5 October 2017.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2017. During our visit we:

- Visited the main site at High Street Surgery, Cheslyn Hay and the branch site at Great Wryley Health Centre.
- Spoke with a range of staff, including the GP partners, practice nurses, the health care assistant, practice manager, branch manager, reception staff including an apprentice and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked 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).

Detailed findings

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 and relates to High Street Surgery.

Are services safe?

Our findings

At our previous inspection on 26 January 2016, we rated the practice as requires improvement for providing safe services. This was because:

- Vaccines were not always stored in line with manufacturers' guidelines.
- Systems were not in place to assure that all appropriate recruitment checks had been carried out, either by the practice or by the locum GP agency when locum GPs were employed.
- Cleaning products and used sharps boxes were not stored securely within the practice.
- Risk assessments had not been completed regarding chaperones and Disclosure and Barring Service checks.
- Systems were not in place for assessing and monitoring risks.

Improvements were also required around reviewing significant events to ensure learning had been embedded and any trends identified, tracking national patient safety alerts and best practice guidelines through the practice, clearly defining the role of the infection control lead and checking and recording water temperatures on a weekly basis as recommended in the legionella risk assessment.

The practice that High Street Surgery had merged with was rated as inadequate for providing safe services. This was because:

- An effective process was not in place to guide staff on the reporting, recording and managing of significant events.
- The practice did not have access to all the recruitment information required under Schedule 3 of the regulations when recruiting staff, including locum GPs.
- 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.
- The practice had not ensured that all electrical equipment and clinical equipment was safe to use and/or calibrated.
- The practice had not assessed the risks of not keeping a full range of emergency medicines at the practice and to mitigate any risks to patients.

- Appropriate sharps bins for the disposal of sharps contaminated with cytotoxic and/or cytostatic medicinal products and their residues were not available.

Improvements were also required around introducing a system which demonstrated that medicines and equipment alerts issued by external agencies had been acted upon, monitoring the use of prescription stationery and the collection of prescriptions.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 5 October 2017. The combined practice is now rated a good for providing safe services.

Safe track record and learning

We saw that improvements had been made to the recording of significant incidents. The same policy and procedure had been adopted across both sites.

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded nine significant events since October 2016. From the sample of one documented example we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw information received via a complaint was also investigated through the significant event procedure where appropriate.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.

Are services safe?

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a protocol for prescribing contraception and a checklist had been developed and shared with clinical staff as a result of a significant event.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

We saw that improvements had been made to safety systems and processes across both sites.

The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety. The same policies and procedures had been adopted across both sites and the practice management recognised that it would take time for these to become embedded.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Alerts were placed on the electronic records to notify all staff of any child either at risk or with a child protection plan in place.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, and the nurses were trained to level two.
- Notices in the waiting rooms, consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. At our previous inspections we found that risk assessments had not been completed for staff who acted as chaperones who did not have Disclosure and Barring Service (DBS) checks. We saw that all staff now had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed both sites to be clean and tidy. There were cleaning schedules and monitoring systems in place. All cleaning products were locked away.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Appropriate bins for the disposal of sharps contaminated with cytotoxic and/or cytostatic medicinal products and their residues were available.

We saw that improvements had been made to the arrangements for managing medicines, including emergency medicines and vaccines, at the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Improvements had been made to the management of prescription stationary. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- We saw that improvements had been made to the management of the cold chain and storage of vaccines. Fridge temperatures were checked daily and found to be within the appropriate range. There had been a failure in the cold chain during August 2017 and this had been managed appropriately by the practice. The temperature of one of the fridges had been outside of the recommended range. Staff had contacted the vaccine manufacturers for advice, quarantined the vaccines prior to disposal, and completed a significant event form.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health care assistant was trained to

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administer vaccines and medicines although they were not currently carrying out this role. The practice was looking to develop patient specific prescriptions or directions from a prescriber for this particular role.

There were two new areas identified where improvements were required.

- The practice had introduced a procedure to follow for managing uncollected prescriptions. However, this was not being applied consistently across both sites. Staff told us at the branch site that they removed uncollected prescriptions after three months and destroyed them without oversight by the GPs. The practice manager told us that reception staff would be reminded of the policy.
- Lockable storage space was used to store medicines at both sites. However, we found two types of medicines in an unlocked drawer in a locked treatment room at the main site. This was brought to the attention of one of the practice nurses, who immediately removed these and locked them away in the medicines cupboard. This incident was treated as a significant incident and the practice manager forwarded a copy of the completed significant incident form. The incident form demonstrated appropriate action taken at the time of event and details of the action to be taken to prevent this happening again.

We saw that improvements had been made to recruitment procedures.

- We reviewed two personnel files for newly recruited staff and found
- The practice used locum GPs and locum Advanced Nurse Practitioners (ANP) to cover a number of clinical sessions. We looked at the file for the ANP working on the day of the inspection. We found that appropriate recruitment information had been made available to the practice.
- We saw that the practice had developed a locum folder, with sections for each type of locum used. A list of locum bookings was available for July, August, September and October 2017. The practice requested the same locums to assist continuity of care.

Monitoring risks to patients

Improvement has been made to assessing and managing risks across both sites. There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The main site was owned by the partnership and the branch site was in a building owned and managed by the NHS Trust.
- The practice had an up to date fire risk assessment and carried out regular fire drills at the main site. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- NHS estates had completed a fire risk assessment and a fire drill had been carried in September 2017. There were designated fire marshals within the practice although additional staff will require training due to staff changes
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella at the main site (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The water temperatures were checked and recorded. The legionella risk assessment was due to be updated following the removal of a number of sinks.
- The legionella risk assessment for the branch site was overdue and the practice told us NHS estates were aware and arrangements were being made. Records relating to water temperature and running of water outlets were not available on the day of the inspection.
- The practice was in the process of reviewing the number of staff and mix of staff needed to meet patients' needs following the merger. The practice was actively recruiting for a salaried GP and Advanced Nurse Practitioner. There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The reception staff rotas were being reviewed so that the working practices and shift times across both sites were aligned.

Arrangements to deal with emergencies and major incidents

Improvements had been made to the arrangements to respond to emergencies and major incidents.

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. The full range of emergency medicines were available at both sites.
- Both sites had a defibrillator available and oxygen with adult and children's masks. First aid kits and accident books were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

At our previous inspection on 26 January 2016, we rated the practice as good for providing effective services. However, Landywood Lane Surgery was rated as requires improvement for providing effective services. This was because staff did not always assess patient needs and deliver care in line with current evidence based guidance and best practice, and multidisciplinary working was limited and informal with limited record keeping.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 5 October 2017. The combined practice is now rated good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff told us that changes to guidance was discussed at the monthly protected learning training sessions organised by the clinical commissioning group.
- The practice had included NICE guidance as a standing agenda item at the monthly clinical meetings, which all clinical staff were expected to attend.
- Clinical staff had access to templates to assist with the assessment of long term conditions.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for High Street Surgery prior to the merger showed the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national

average of 95%. The practice clinical exception rate of 8%, which was 3.5% below the CCG average and 1.8% below the England average. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 92% compared with the CCG average of 82% and the national average of 78%. The practice exception reporting rate of 5% was lower than the CCG average of 10% and England average of 9%.
- Performance for the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 93%. This was comparable to the local CCG average of 92% and the England average of 90%. COPD is a chronic lung disease. The practice exception reporting rate of 11% was lower than the CCG average of 14.5% and the England average of 11.5%.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 86% which was comparable to the local CCG average of 90% and national average of 89%. The practice clinical exception rate of 4% for this clinical area was lower than the CCG average of 15% and the England average of 13%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was above the local CCG average and England averages (82% compared with the CCG average of 83% and England average of 84%). The practice clinical exception rate of 6% for this clinical area was below the CCG average and England average of 7%.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- The practice had carried out several systematic reviews during the previous two years related to various safety alerts. For example, the use of a medication to treat epilepsy in women of child bearing age, and a full cycle audit of anticoagulation (thinning of the blood) in patients with a specific heart condition. This audit demonstrated an improvement against the criteria set.
- The practice had also carried out a number of single stage reviews, for example, prescribing of antibiotics for urinary tract infections and the monitoring of patients on high risk medications.
- The practice identified they had a low prevalence of patients identified as living with dementia. As a consequence they carried out an audit to identify patients who had presented to the GP with concerns about their memory who did not have a diagnosis of dementia. Patients identified with potentially undiagnosed dementia were reviewed by the GP and offered a referral to the memory clinic.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending training and discussion at protected learning time events organised by the Clinical Commissioning Group.
- All staff had access to and made use of e-learning training modules. Following the merger the practice manager had reviewed the training that all staff had completed to identify any shortfalls. The practice had set role specific mandatory training within the e-learning training programme and records demonstrated that staff had now completed this training. A training matrix was used to monitor that staff had completed their required training.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff told us the partners were supportive of ongoing training and development. This included ongoing support from colleagues and facilitation and support for revalidating GPs and nurses. Staff had protected learning time, either in house or at training events organised by the CCG. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, infection control, basic life support and information governance.

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.
- From the sample of nine documented examples we reviewed we found that 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 professionals 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. Information was shared between services, with patients' consent, using a shared care record.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The clinical staff at the practice met every three months with the community nurses and palliative care team to discuss patients identified with palliative care needs. Minutes of meetings were available.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff received training on the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Consent was obtained and recorded electronically for childhood immunisations, vaccines and cervical smears.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 82% and the national average of 81%. (The practice exception reporting rate of 9% was higher than the local average of 5.5% and the national average of 6.5%). There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015/16, 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 71% and the national average of 72%.
- 61% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was above the CCG average of 57% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Following the merger, the practice had been able to offer child vaccinations on different days, thereby increasing choice of appointment times. Three out of the four indicators for uptake rates for the vaccines given to under two year olds were all above the national expected coverage of 90%, ranging from 91% to 94%. However, the percentage of children aged two who received the measles, mumps and rubella (MMR) vaccine was 88%. We discussed this with one of the practice nurses, who told us there were a number of families who had chosen not to allow their child to receive the MMR vaccine, or had opted for single vaccines. The uptake rates for vaccines given to five year olds were comparable to the national average and ranged from 92% to 96%. The practice had a recall and monitoring system in place for non-attenders. The practice nurses told us they either contacted non-attenders by telephone to rebook or reminder letters were sent. Persistent non-attenders were discussed with the health visitors.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 26 January 2016, we rated the practice as good for providing caring services. The practice that High Street Surgery had merged with was also rated as good for providing caring services. When we undertook a follow up inspection on 5 October 2017 we continued to rate the combined practice as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex, although at the present time this was with an Advanced Nurse Practitioner.

Sixty-two out of the 66 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. The four cards with negative comments make reference to the merger and the retirement of the one of the long standing GPs from the branch site.

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

Results from the national GP patient survey for High Street Surgery prior to the merger showed patients felt they were treated with compassion, dignity and respect. The survey

invited 260 patients to submit their views on the practice, a total of 119 forms were returned. This gave a return rate of 46%. The satisfaction scores on consultations with GPs and nurses were:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Are services caring?

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 comparable to the local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language, or who used British Sign Language. We saw notices in the reception areas informing patients these services were available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. Prior to the merger each practice maintained a register of carers. Unfortunately some of this information had been lost due to the merger of the electronic records. The practice was working to identify carers across both sites to update their records. Carers were offered a flu vaccination and annual health check. The practice had developed separate adult and child carers packs and a carer's assessment form. Written information was available to direct carers to the various avenues of support available to them.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, they were sent them a card of condolence. The GPs offered appointments to the bereaved and also provided an information sheet.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 26 January 2016, we rated the practice as good for providing responsive services. However, the practice that High Street Surgery had merged with was rated as requires improvement for providing responsive services. This was because there was no evidence the practice had reviewed the needs of its population, lower than average satisfaction scores in the national GP survey, and limited information for patients about how to complain.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 5 October 2017. The combined practice is now rated good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. The practice engaged with the local Clinical Commissioning Group (CCG) and attended the monthly protected learning time events. The two main partners held the positions of chair and secretary of the Cannock Medical Society.

- The practice offered extended hours on Tuesday and Wednesday evenings for working patients who could not attend during normal opening hours.
- Telephone consultations were available for all patients, but especially for those working age patients or students.
- The practice had 30 patients on their learning disability register, of which 29 have been invited for an annual review and health check. Longer appointments were available. The specialist learning disability nurse supported patients at appointments if required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Home visits requested after 1.30pm were referred to the Acute Visiting Service (This service was provided by local GPs for patients in the CCG area). Nursing Home staff were able to access this service directly.
- Annual health review visits were organised at home for those patients who were unable to attend the practice.
- The practice provided a GP service to local care homes and visited on request.

- The practice had become a dementia friendly practice and a member of reception staff had been recruited as a dementia champion. The practice had organised a social event in the local community to raise dementia awareness, which was also attended by the dementia facilitator.
- The practice organised Saturday morning flu clinics. The dementia facilitator and a member from the Carer's Association would attend these clinics to raise awareness of dementia and support for carers.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered ante-natal and post-natal services in conjunction with midwives, as well as in-house contraceptive services.
- The practice sent text message reminders of appointments, included the location of the appointment.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately, with the exception of Yellow Fever.
- There were accessible facilities, which included hearing loops at both sites, and interpretation services available.
- The practice offered a range of additional in-house services, such as spirometry (a test to see how well the lungs work), phlebotomy (taking blood samples), wound dressings and joint injections to save patients travelling to hospital.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. The practice provided care for a small number of homeless people and families from the travelling community.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice operated from two sites. The main site being High Street Surgery in Cheslyn Hay, with a branch site at

Are services responsive to people's needs?

(for example, to feedback?)

Great Wyrley Health Centre. The main site was open between 8am and 6.30pm Monday to Friday. The branch site was open between 8am to 1pm and 3.30pm to 6.30pm every day except Fridays when they closed at 1pm. Extended hours appointments were available between 6.30pm and 7.45pm on Tuesdays at the main site and on Wednesdays at the branch site. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, via the NHS 111 service when the practice is closed.

The practice offered appointments with GPs, Advanced Nurse Practitioners (ANPs), Practice Nurses, the health care assistant and phlebotomist. With the exception to the ANP, patients could be seen at either site. A range of appointments, including pre-bookable, routine on the day, emergency on the day and telephone consultations were available.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to or above the local and national averages, with the exception of how long patients waited to be seen, which were below average.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to CCG average of 69% and the national average of 71%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national average of 84%.
- 85% of patients said their last appointment was convenient compared with the CCG and the national average of 81%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Patient feedback on comment cards was positive about the merger

and the increased availability of appointments. Comments included being able to see a GP on a Friday afternoon, and being able to book a diabetic review any day rather than just one.

The practice had a system to assess:

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

Staff had a procedure to follow when patients requested a home visit. GPs spoke with patients / carers directly to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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

Since the last inspection, improvements had been made to the availability of information for patients on how to complain at the branch site.

The practice had a system 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. The practice manager was supported in the role by the lead GP for complaints.
- We saw that information was available to help patients understand the complaints system. Posters were displayed in the reception area at both sites, and leaflets and forms were also available. Information was also included in the patient information booklet and on the website.

The practice had received eight complaints in the last 12 months. We looked at the complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way and with openness and transparency. We saw that complaints were discussed at staff meetings. Lessons were learned from individual concerns and complaints and also from analysis of trends

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

and action was taken to as a result to improve the quality of care. For example, guidance developed for clinical staff when prescribing certain medication. We discussed formalising the system for recording verbal complaints.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 26 January 2016, we rated the practice as good for being well led. However, the practice that High Street Surgery had merged with was rated as inadequate for being well led. This was because:

- Formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision were not in place.
- A clear leadership structure, including designated roles and responsibilities for staff was not in place.

Improvements in both practices were required in relation to reviewing and updating policies and procedures.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 5 October 2017. The combined practice is now rated good for providing well led services.

Vision and strategy

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

- The practice had a mission statement which supported the practice vision. There were aims and objectives in place to enable the practice to achieve their mission statement and vision. Both the practice vision and mission statement were included in the business plan.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The main GP partners clearly articulated their plans for the future. This was supported by a five year business plan that was aligned to the General Practice Forward View. The business plan included an action plan with clear time scales.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The management recognised that the framework needed to be implemented and become embedded across both sites. Staff at the branch site were being supported through the implementation by the practice manager, deputy manager or reception supervisor

working at the branch site every weekday. Cross site working was also being introduced, and staff from the branch came to the main practice on a Friday afternoon when the branch was closed.

The governance framework outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- The policies from both sites were being reviewed and updated. Updated policies were being implemented and we saw evidence that these were discussed at practice meetings.
- A comprehensive understanding of the performance of the practice was maintained. The practice manager and two of the partners took responsibility for monitoring the Quality and Outcomes Framework (QOF). There were plans in place to review the GP survey results for both practices.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from the minutes of meetings which showed that meetings held were structured and allowed for lessons to be learned and shared with staff following significant events and complaints.

Leadership and culture

High Street Surgery and Landywood Lane Surgery (Branch) merged on 1st July 2017. High Street Surgery registered with the Care Quality Commission (CQC) as the main practice, Landywood Lane Surgery de-registered and became a branch of High Street Surgery. As a result of the merger the leadership and management provided to staff who previously worked at Landywood Lane Surgery had been strengthened. One of the GPs from the now branch site had joined the High Street Surgery as a fixed share partner, and the other GP retired. The registration of High

Are services well-led?

Good 

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

Street Surgery with the CQC had been updated to reflect this change. Lead roles within the practice were divided between the two partners and practice manager from High Street Surgery and the practice nurses.

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

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the one documented example we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and palliative care nurses to monitor vulnerable patients. GPs and practice nurses, where required, liaised with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners from High Street Surgery. All

staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- Staff from Landywood Lane Surgery spoke positively about the changes that had taken place since the merger. They told us they felt supported by the management team from High Street Surgery, and efforts had been made to bring both teams together as one new team.
- We were told about the support being offered to staff who had been away from work for period of time. The practice manager had discussed the support needed to help them return to work and the ongoing support and monitoring required.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPGs from both practices had amalgamated following the merger and there were currently around 24 members. The PPG met regularly, supported the practice with developing patient surveys and submitted proposals for improvements to the practice management team. For example, providing information for patients on the role of the Advanced Nurse Practitioner (ANP).
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Reception staff had commented during their appraisals that the way in which reception worked could be improved. Suggestions were made regarding working practices being reviewed and looking a rota system to improve work flow. Staff told us they felt involved and engaged to improve how the practice was run.

A patient survey had been carried out by the practice that High Street Surgery merged with during November 2016. A review of the GP survey results published in July 2016 for both practices had been included in the updated business plan for completion in November 2017. The results would then be discussed with the PPG.

Are services well-led?

Good 

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

There were plans to develop a virtual PPG in order to encourage feedback from a wider range of age groups within the practice population.

The practice had informed the PPGs from both sites about the merger during a meeting held at the beginning of June 2017. The practice had also arranged meetings at both sites for patients to discuss the merger with the GPs during June 2017.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice nurses and the health care assistant told us they were supported to attend training courses and extend their skills. The practice had become a dementia friendly practice and a member of reception staff had been recruited as a dementia champion.

The practice had organised a social event in the local community to raise dementia awareness, which was also attended by the dementia facilitator. The practice also supported the local food bank.

The practice will be participating in a Clinical Commissioning Group initiative to develop Care Navigation within the practice. Care navigators help people to gain the right support at the right time to help manage a wide range of needs. This may include support with long term conditions, help with finances and signposting to a range of statutory and voluntary sector services.

The practice was also investigating the possibility of becoming a training practice for GP registrars and medical students.