

# Dr Manickam Murugan

## Quality Report

Hednesford Valley Health Centre  
Station Road  
Hednesford  
Staffordshire  
WS12 4DH

Tel: 01543 870570

Website: [www.drmmuruganssurgery.nhs.uk](http://www.drmmuruganssurgery.nhs.uk)

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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?

Requires improvement



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 of Dr Manickam Murugan on 7 January 2016. A total of three breaches of legal requirements were found. After the comprehensive inspection, the practice was rated as requires improvement overall.

We issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.
- Regulation 17 HSCA (RA) Regulations 2014 Good governance.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper persons employed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Manickam Murugan on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced comprehensive inspection on 25 August 2016 to check that the practice now met legal requirements.

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had made improvements to the process for recording, investigating and learning from incidents that may affect patient safety. An effective system had been introduced for reporting and recording significant events.
- Improvements had been made to the governance arrangements in place, including the management of recruitment and effective system for handling complaints and concerns.
- Risks to patients were not always assessed and well managed. This included the management of patients who took high risk medicines and evidence to support

# Summary of findings

that appropriate action had been taken following receipt of medicines and equipment alerts and the emergency medicines, oxygen and defibrillator had been checked.

- Systems to monitor the use of prescription pads and blank computer prescription forms had been introduced although a number of improvements were still required. These were addressed during the inspection.
- The appointment system was not working for patients. They told us they found it difficult to book an appointment, because they were unable to get through on the telephone and appointments could only be booked on the day and not in advance.
- There was a lack of evidence to support clear leadership within the practice. For example, there was no established clear vision or direction to influence staff in the activities required toward achievement of safe patient care.

The areas the provider must make improvements are:

- Introduce a system which demonstrates that medicines and equipment alerts issued by external agencies are acted upon.
- Introduce effective systems to monitor patients who are prescribed high risk medicines.
- Carry out risk assessments for the areas of the building used by the practice.

- Introduce a system that supports that the emergency medicines, oxygen and defibrillator have been checked.
- Develop a clear leadership structure, with a clear vision or direction to influence staff in activities towards achievement.

In addition the provider should:

- Ensure that all children on the child protection register have an alert on their computerised record.
- Identify the infection control lead for the practice and share this information with staff.
- Ensure that all staff complete the e-learning training modules, including infection prevention and control.
- Ensure that clinical audit cycles are completed in order to prompt improvement in patient outcomes and consider other clinical quality improvement initiatives.
- Adopt a more proactive approach to identifying and meeting the needs of carers.
- Improve the quality of services provided for patients contacting the practice by telephone and access to appointments.
- Ensure that all patient contact is recorded in on the electronic patient record.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- The practice had made improvements to the process for recording, investigating and learning from incidents that may affect patient safety. An effective system had been introduced for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. This included the management of patients who took high risk medicines and evidence to support that appropriate action had been taken following receipt of medicines and equipment alerts and the emergency medicines, oxygen and defibrillator had been checked.
- The practice did not have a designated infection control lead and staff needed to complete infection control training.
- Systems to monitor the use of prescription pads and blank computer prescription forms had been introduced although a number of improvements were required. These were addressed during the inspection.

### 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 comparable with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated limited quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was scope to adopt a more proactive approach to identifying and therefore meeting the needs of carers.

## Are services responsive to people's needs?

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

- The practice was engaged with the local Clinical Commissioning Group (CCG) and the NHS England local team.
- Patients told us they found it difficult to book an appointment, because they were unable to get through on the telephone and appointments could only be booked on the day and not in advance.
- The practice had made improvements and had an effective system in place for handling complaints and concerns.

**Requires improvement**



## Are services well-led?

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

- The practice had made improvements to the governance processes, although there were additional areas where arrangements needed to be improved.
- Staff found the GP to be approachable and staff reported that the GP took the time to listen to members of staff and provide support and advice.
- There was a lack of clear organisational leadership to enable sufficient monitoring systems and process oversight.
- There was a lack of evidence to support clear leadership within the practice for example there was no established clear vision or direction to influence staff in the activities required toward achievement.

**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, responsive and well led and good in the domains of effective 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.
- Home visits were available but these were often 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 participated in the hospital admission avoidance scheme. The care of these patients was managed using care plans and there was a follow up procedure in place for discharge from hospital, although it was not clear from the records whether this was taking place.

**Requires improvement**



### People with long term conditions

The practice was rated as requires improvement in safe, responsive and well led and good in the domains of effective 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 and patients at risk of hospital admission were identified as a priority.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 77%, the same as the national average. However, the exception reporting for this indicator was 29%, which was higher 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, responsive and well led and good in the domains of effective 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 82% 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, responsive and well led and good in the domains of effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The services available did not reflect the needs of this group. Patients could not book appointments or order repeat prescriptions online.
- Appointments could not be booked in the future. Patients needed to telephone each morning to secure an appointment. Some patients told us it was difficult to fit in around working commitments.
- Appointments with the advance nurse practitioner (ANP) and practice nurse were available one evening a week.
- Extended consultation hours with the GP were sometimes offered on a Monday or Tuesday evening and it was not clear how patients were made aware of this or could book a planned appointment.

Requires improvement



## People whose circumstances may make them vulnerable

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

Requires improvement



# Summary of findings

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

## People experiencing poor mental health (including people with dementia)

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

- Eighty three percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 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 96% compared to the national average of 88%.

**Requires improvement**





# Summary of findings

## What people who use the service say

Results from the national GP patient survey published in July 2016 showed patient satisfaction rates for consultations with GPs and nurses were comparable to the Clinical Commissioning Group (CCG) and national averages. Two hundred and eighty five survey forms were distributed and 107 were returned. This gave a return rate of 38%. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 85% of patients said the last GP they spoke to was good or very good at treating them with care and concern compared to CCG average of 82% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good or very good at treating them with care and concern compared to the CCG and national averages of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average and national averages of 87%.

Patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% 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%.
- 80% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 92% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All of the 31 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients during the 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.

Patients told us on the day of the inspection that they found it difficult to book an appointment, because they were unable to get through on the telephone and appointments could only be booked on the day and not in advance. Two patients told us they found it difficult to get appointments as they were working, and the practice did not accommodate them outside of working hours.

## Areas for improvement

### Action the service MUST take to improve

- Introduce a system which demonstrates that medicines and equipment alerts issued by external agencies are acted upon.
- Introduce effective systems to monitor patients who are prescribed high risk medicines.
- Carry out risk assessments for the areas of the building used by the practice.
- Introduce a system that supports that the emergency medicines, oxygen and defibrillator have been checked.
- Develop a clear leadership structure, with a clear vision or direction to influence staff in activities towards achievement.

# Summary of findings

## Action the service **SHOULD** take to improve

- Ensure that all children on the child protection register have an alert on their computerised record.
- Identify the infection control lead for the practice and share this information with staff.
- Ensure that all staff complete the e-learning training modules, including infection prevention and control.
- Ensure that clinical audit cycles are completed in order to prompt improvement in patient outcomes and consider other clinical quality improvement initiatives.
- Adopt a more proactive approach to identifying and meeting the needs of carers.
- Improve the quality of services provided for patients contacting the practice by telephone and access to appointments.
- Ensure that all patient contact is recorded in on the electronic patient record.

# Dr Manickam Murugan

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Manickam Murugan

Dr Manickam Murugan is registered with the Care Quality Commission (CQC) as an individual provider operating a GP practice in Hednesford, Cannock. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. The practice holds a Personal 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. At the time of our inspection the practice had 3,545 patients.

The practice staffing comprises of:

- One male GP.
- One part time locum female advanced nurse practitioner, one part time female practice nurse and a part time health care assistant.
- A practice manager, a deputy practice manager and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice only allows patients to book on the day appointments with the GP and Advanced Nurse

Practitioner (ANP). Extended consultation hours with the GP are sometimes offered on a Monday or Tuesday evening. Pre bookable appointments are available with the practice nurse and health care assistant.

Patients requiring a GP outside of normal working hours are advised to call the practice, where the call is automatically diverted to the out of hours service, which is Staffordshire Doctors Urgent Care.

The practice also provides placements for third, fourth and fifth year medical students studying at Keele University.

## Why we carried out this inspection

We carried out an announced inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 7 January 2016 had been made. We inspected the practice against all of the five questions we ask about services. This is because the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008.

## 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 25 August 2016.

We spoke with a range of staff including the GP, the practice nurse, the practice manager, deputy practice manager and reception staff. We spoke with patients, looked at comment cards and reviewed survey information.

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

# Are services safe?

## Our findings

During our previous inspection in January 2016, we found that care and treatment was not being provided in a safe way for patients. This was because:

- The process for recording, investigating and learning from incidents that may affect patient safety had weaknesses.
- The recruitment of staff did not meet legislative requirements.
- The practice did not have an oversight of the professional registration of, or taking training undertaken by, staff.
- There were occasions when medicines had been stored in an unsafe way.
- Equipment was not checked for electrical safety or calibrated for accuracy.

This resulted in the practice being rated inadequate for providing safe services.

### Safe track record and learning

Following our previous inspection, improvements had been made to the process for recording, investigating and learning from incidents that may affect patient safety.

- A significant event policy and procedure was available to staff.
- A template was available for staff to record their significant events, which included both positive and negative occurrences.
- Significant events were discussed at the monthly practice meeting. The meetings were minuted so the information could be shared with all staff.

We saw examples that lessons were shared and action was taken to improve safety in the practice. For example, the practice had identified that the locum advanced nurse practitioner (ANP) when reviewing blood results was only recording 'abnormal results' in patient notes, which did not provide sufficient information for reception staff to action appropriately. As a consequence additional training on the practice protocol had been provided to the ANP and both a paper and electronic system was being used to inform reception staff of required action. Additional training on the electronic workflow system was also being arranged.

The practice did not have a system in place to demonstrate that alerts which may affect patient safety had been acted.

The practice had a process in place to share patient safety alerts from external agencies, including the Medicines and Healthcare products Regulatory Agency (MHRA). Clinicians received alerts by email and as a paper copy, and signed to say they had read the alert. We saw for one alert relating to a specific medicine (canagliflozin) it was noted that no action was required. The practice was not able to evidence how this decision had been reached at the time of the inspection. Staff told us the practice pharmacist had identified patients prescribed this medicine and carried out a review. The practice sent information following the inspection that supported the patients prescribed this medicine had been identified, contacted and their care reviewed at the time the alert had been received (July 2016). The GP was unable to recall any alerts had been actioned recently.

### Overview of safety systems and processes

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

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. The GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff had received training to a level appropriate to their role. The practice used by computerised alerts on patient records to make staff aware of both children and vulnerable adults with safeguarding concerns.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 the premises to be clean and tidy. Staff were not clear on who was the infection control lead for the practice. There was an infection control protocol in place. Infection prevention and control training was available on the on line training system although not all staff had not completed this. An

# Are services safe?

infection control audit had been undertaken by the previous practice nurse in March 2016 and we saw evidence that action was taken to address any improvements identified as a result.

- The practice had made improvements to the storage of medicines, in particular vaccines. Changes had been made to the process for receipt of vaccines, which were now placed immediately in the vaccine refrigerator on receipt. Staff spoken to were aware of this change in process.
- The ANP was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The GP told us the ANP received mentorship and support from them for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Following our previous inspection improvements have been made in staff recruitment, including checking the registration of clinicians with the appropriate professional body. We reviewed five personnel files (three of which were for staff employed since registration) and found appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

One area of improvement that had been required to be made following the previous inspection had not been met satisfactorily.

- Although the practice had introduced systems to monitor the use of prescription pads and blank computer prescription forms, a number of improvements were required. The practice did not record the serial numbers of the blank computer prescription forms when received, although they did record the serial numbers when they were used. The practice did not have a system to identify the prescription pads, or record accurately when a prescription was used. The practice addressed these issues during the inspection and implemented new monitoring systems for prescription stationery and collection of prescriptions.
- We also noted that the practice did not have a satisfactory system for the collection of prescriptions for controlled drugs (medicines that require extra checks and special

storage because of their potential misuse). The practice did not record the name of the person who collected the prescription or who the prescription was for. The practice addressed this issue during the inspection and implemented new monitoring systems for the collection of prescriptions.

There was one new area identified where risks had not been well managed.

- The practice prescribed medicines for patients with certain medical conditions under a shared care agreement between the practice and secondary care provider. The secondary care provider decided on the dosage of medicines and arranged patient monitoring, including blood function tests to look for any adverse side effects of the medicines. The practice responsibility was to prescribe the medicines. We looked at the system for oversight of the prescribing by reviewing nine patient records.
- The practice sent information following the inspection that supported they had taken action to review these patients. Three of the four patients had been contacted by telephone and two had been booked in for blood tests. One patient routinely had their bloods taken at the hospital and brought their log book in for the practice to see. This patient had been asked to have their bloods taken at the practice in future. The practice had been unable to contact a patient by telephone and had written to them, advising that they needed to have a blood test.

## Monitoring risks to patients

Following our previous inspection improvements had been made to the way risks to patients were assessed and managed.

- The practice was located within a building owned by the NHS Trust, which was responsible for maintaining the building. The Trust had procedures in place for monitoring and managing risks to patient and staff safety. There were up to date fire risk assessments and records confirmed that fire drills were carried out. The Trust had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The first aid box and accident book were available in the reception area.
- The practice had carried out general risk assessments for slips and trips, open uncovered electrical sockets, fire and manual handling. However risk assessments for each room and communal areas of the building used by the practice had not been completed.
- 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 the reception staff. The practice had not provided cover for the health care assistant hours (one morning a week) whilst they had been away from work for a period of time.

### Arrangements to deal with emergencies and major incidents

Following our previous inspection improvement had been made to some of the arrangements in place to respond to emergencies and major incidents, although areas still needed to be improved.

- Staff received annual basic life support training and this was evidenced through training records.
- Emergency medicines were available in the treatment room. However, the practice did not hold any medicines to manage diabetic patients with a low blood sugar. The practice nurse told us they checked the emergency medicines each month although this was not recorded.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

One area of improvement that had been required to be made following the previous inspection had not been met satisfactorily.

- The practice had access to a defibrillator and oxygen which were kept in areas of the building occupied by two other GP practices. Notices around the practice notified staff where to access this equipment. The equipment was checked and maintained in good working order by staff employed at the other practices. Staff told us they checked the records, although for governance this was not recorded.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. The staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The GP told us they met with the locum advanced nurse practitioner after each clinical session to discuss any issues and monitor their work.
- We saw that NICE guidelines were discussed at the clinical meetings.

### 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 98.9% of the total number of points available (which was 5.4% above the local Clinical Commissioning Group (CCG) average and 4.2% above the national average), with 7% clinical exception rate (which was 3.2% below the CCG average and 2.2% 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 for one QOF clinical target, as the average daily quantity of hypnotics prescribed was above the national average. However, the practice had reduced the quantity of hypnotics prescribed by 0.1% during the previous six months.

Data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded, was 77%, which was the same as the national average. However, the exception reporting for this indicator was 29%, which was higher than the national average of 12%.

- 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 96% compared to the national average of 88%. The practice had no clinical exceptions reported compared to the CCG average of 16% and national average of 13%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 75%, compared to the national average of 75%. The practice had no clinical exceptions reported compared to the CCG average of 10% and national average of 8%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%. The practice had no clinical exceptions reported compared to the CCG average of 7% and national average of 8%.

Clinical audits demonstrated limited quality improvement.

- We saw that one clinical audit had been undertaken. This audit looked at the use of anticoagulation therapy (prevent the clotting of blood) in patients with a particular heart condition which increase the risk of patients' having a stroke. Three groups of patients were identified according to their risk. For example, patients with a moderate/high risk of stroke who were not prescribed anticoagulation therapy; patients prescribed two specific medicines and patients whose anticoagulation was poorly controlled on a specific medicine. Patients whose anticoagulation was poorly controlled had been invited for a consultation with the GP to discuss changing to a different type of medicine that did not require regular blood tests to adjust the dosage. Patients with a moderate/high risk of stroke who were currently not prescribed anticoagulation therapy had been invited for a consultation with the GP to discuss starting anticoagulation therapy. A second audit cycle had not been completed.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- The practice nurse employed by the practice told us they had attended appropriate training to meet their learning needs and to cover the scope of their work. They administered vaccines and took samples for the cervical screening programme and had received specific training which had included an assessment of competence. They stayed up to date with changes to the immunisation programmes by attending CCG training updates.
- Staff appraisals were carried out annually for staff employed by the practice.
- Staff had access to and made use of e-learning training modules and were expected to complete training that included: safeguarding, fire safety awareness, basic life support and information governance. Training records supported that staff were working through the e-learning modules.

### 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 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. The practice had identified patients with palliative care needs and held regular monthly meetings attended by the GPs and the palliative care nurse and community nurses.

### 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 GP had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet and smoking. The practice nurse offered smoking cessation advice and referred patients to local organisations for weight loss advice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. (Exception reporting for cervical screening was 3%, which was below the CCG and national averages. The practice offered family planning and routine contraception services.

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

- 73% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was comparable with the CCG average of 73% and national average of 72%.
- 59% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was comparable with the CCG average of 57% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 100% and five year olds from 81% to 100%.

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.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All of the 31 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.

We spoke with nine patients during the 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 patient satisfaction rates for consultations with GPs and nurses were comparable to the Clinical Commissioning Group (CCG) and national averages. Three hundred and fifteen survey forms were distributed and 111 were returned. This gave a return rate of 35%. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 85% of patients said the last GP they spoke to was good or very good at treating them with care and concern compared to CCG average of 82% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good or very good at treating them with care and concern compared to the CCG and national averages of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average 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.

The practice participated in the hospital admission avoidance scheme and had identified patients who were at high risk of admission. The care of these patients was managed using care plans. Staff told us that patients on the hospital admission avoidance scheme were contacted following any discharge from hospital and a review of their care was carried out if required. However this was not recorded.

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 in line with local and national averages. For example:

- 82% 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%.
- 80% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 92% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 86% and 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. We saw information in the reception area informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice did not have a hearing loop to assist patients who had a hearing impairment.

### **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. However, there was no information available about bereavement services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 17 patients as carers (0.5% of the practice list). The practice did not actively promote the role of carers. We also saw that the new patient registration form did not ask if the patient acted as or was supported by a carer. Staff told us that carers were offered an annual flu vaccination or annual health check. However, there was no evidence seen to support this. There was a notice in the waiting area informing patients about the local carers hub.

# 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 the NHS England local team.

- Appointments with the advance nurse practitioner and practice nurse were available one evening a week.
- Extended consultation hours with the GP were sometimes offered on a Monday or Tuesday evening and it was not clear how patients were made of this.
- A small number of appointments were available through the Cannock Network for patients requesting an urgent same day appointment when none were available at the practice. These could only be booked through reception staff at the practice.
- The practice was part of a cluster containing four GP practices. The GPs provided cover for each other for home visits, emergency and occasionally routine appointments.
- Same day appointments were available for school children when requested as well as patients assessed as requiring an urgent appointment. The appointment might be at the practice, the Cannock Network Project or within the GP cluster providing on call cover.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice only allowed patients to book on the day appointments with the GP and Advanced Nurse Practitioner (ANP).

- GP appointment times were from Monday to Friday from the earliest time of 8.50am to the latest time of 6.15pm, depending on the day of the week.
- ANP appointment times were on Mondays and Tuesdays, from 9.30 am until 6pm or 6.30pm depending on the day of the week.
- Practice nurse appointments were available from Monday to Thursday, from the earliest time of 8.30am to the latest time of 7.30pm depending on the day of the week.

- Healthcare assistant appointments were available on a Tuesday between 9am and 12.30pm.
- Extended consultation hours with the GP were sometimes offered on a Monday or Tuesday evening. These appointments were not offered every week, and reception staff told us they were not made aware in advance of when these appointments would be available.

The results from the national GP patient survey showed patients expressed mixed satisfaction rates with their experiences of contacting, or making appointments at, the practice.

- 86% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 79% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 78% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG and national averages of 73%.
- 66% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the CCG average of 71% and national average of 73%.

Comments made by patients during the inspection and on a number of the comment cards reflected the results from the national patient survey.

We spoke with nine patients during the inspection. Seven patients commented that they found it difficult to book an appointment, because they were unable to get through on the telephone and appointments could only be booked on the day and not in advance. By the time their call had been answered the appointments had been taken. Two patients told us they found it difficult to get appointments as they were working, and the practice did not accommodate them outside of working hours.

These comments were also reflected on the Care Quality Commission (CQC) comment cards. Twelve out of the 31 patient CQC comment cards we received commented that it was difficult to get an appointment, often because the

# Are services responsive to people's needs?

(for example, to feedback?)

telephone lines were busy and the appointments had all gone by the time the call was answered. Two patients also commented about being unable to pre book appointments as the practice only offered book on the day appointments.

The practice had carried out a telephone audit from March to May 2016, to identify the busiest and the amount of calls received. The audit identified that the busiest time was between 8am and 10.30am and the quietest between 12.30pm and 2pm. The audit had been discussed with the patient participation group at their meeting in June 2016. The practice proposed to put up a notice asking patients to telephone after 12.30pm for none urgent calls. There was no evidence of an action plan to address the difficulties patients faced regarding getting through on the telephone. The practice planned to repeat the audit from September to November 2016.

The practice was also part of a cluster containing four GP practices. The GPs provide cover for each other for home visits, emergency and occasionally routine appointments. For example, patients who contacted the practice on a Wednesday afternoon would either be booked into the Cannock Network Project, or reception staff would contact the on call GP in the cluster for an appointment. Two patients spoken with on the day and two comment cards indicated they felt the service provided by the cluster GPs did not provide continuity.

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.

The GP would speak with the patient to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Home visits were

also carried out by the Acute Visiting Service (AVS). This service was provided by local GPs for patients in the local CCG area. 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.

## Listening and learning from concerns and complaints

At our previous inspection in January 2016 we found that the complaint records did not record the full details of the complaint, the investigation, action taken and any correspondence with the complainant.

During this inspection we found that improvements had been made and the practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was included in the practice information leaflet and complaints leaflets were available at reception. Patients spoken with were aware of the complaints procedure, although none of these patients had made a complaint.

We looked at three complaints received in the last three months and found they had been satisfactorily handled and demonstrated openness and transparency. The complaints records contained details of the complaint including expectations, the investigation, action taken and correspondence with the complainant.

# Are services well-led?

Requires improvement 

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

## Our findings

During our previous inspection in January 2016, we found that patients using the service were not protected against the risks of inappropriate or unsafe care and treatment because of the lack of systems and processes in place to assess, monitor and improve the quality and safety of the service. This was because:

- The practice did not have an effective overarching governance framework which supported the delivery of good quality care.
- The practice did not effectively monitor staff training to ensure staff received and were up to date with training appropriate to their role and to the required level.
- The practice did not ensure that all newly appointed staff had received an induction.
- The practice did not have satisfactory arrangements for identifying, recording and managing risks, and implementing mitigating actions. For example: servicing and calibration of equipment, planning and monitoring skill mix and staff levels, recruitment of staff.
- The practice did not have a satisfactory system for reporting incidents or that supported learning from outcomes of analysis of events actively took place.

This resulted in the practice being rated requires improvement for being well led.

### Vision and strategy

The practice did not have a vision or values that were shared with staff and patients, although all staff told us they worked towards providing the best care they could. The practice did not have a business plan in place to support any forward planning for the business.

### Governance arrangements

Following our previous inspection there had been improvements in the governance processes within the practice.

- Staff training was delivered through an e-learning programme. Staff members were currently working through the e-learning modules. The system identified which modules had been completed and which were outstanding for each member of staff.
- The practice was working with an external company to assist with the development of practice specific policies and procedures.

- The management of the recruitment of staff had improved. The practice followed legislative requirements when appointing staff and appropriate recruitment checks had been undertaken. Staff files supported that the practice had checked that clinical staff were registered with their professional body and had medical indemnity insurance in place.
- The practice had made improvements to the arrangements for identifying, recording and managing risks and implementing mitigating actions. We saw that electrical equipment had been checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The first aid box and accident book were available in the reception area.
- The practice had an effective system in place for handling complaints and concerns.

We did identify some additional areas of governance where arrangements need to be improved:

- The practice did not have a formal process in place to ensure that safety alerts had been acted upon appropriately.
- Although general risk assessments had been completed, risk assessments for each room and communal areas of the building used by the practice had not.
- There were examples when staff told us care had been reviewed or offered that had not been recorded. For example, when staff told us carers had been offered support or vaccinations and patients had their care needs assessed after an admission to hospital.
- There was little evidence that clinical audit was driving improvements for patients. We saw a single cycle audit that identified improvements that could be made although the practice had not established if they had taken place.

### Leadership and culture

Staff told us they found the GP to be approachable and that they took the time to listen to members of staff and provide support and advice.

We found the practice would benefit from clear organisational leadership to enable sufficient monitoring systems and process oversight. As highlighted for example, in the lack of patient monitoring oversight on some disease modifying medicines. There were some systems in place but they lacked detailed documentation and auditing which would improve the governance leadership and arrangements in place.



# Are services well-led?

Requires improvement 

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

There was a lack of evidence to support clear leadership within the practice. For example, there was no established clear vision or direction to influence staff in the activities required toward achievement of safe patient care. The GP did not fully engage in the inspection process. They chose not to take the opportunity to share information about the improvements that had been made with the inspection team at the start of the inspection or to attend the feedback session at the end of the inspection.

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

The practice encouraged feedback from patients. It had gathered feedback from patients through surveys, the NHS Friends and Family Test and any complaints received. The practice had an established Patient Participation Group (PPG) and held six monthly meetings. The PPG had been supporting the practice with suggestions on how to tackle the number of appointments that were lost as patients 'did not attend (DNA)'. The practice had plans to introduce text

messaging to try reducing the number and also published the number of appointments lost each month. The practice was currently discussing the issues around telephone access with the PPG.

The practice gathered informal feedback from staff through staff meetings and appraisals. Staff appraisals were carried out annually for staff employed by the practice. The practice had introduced a structured approach for meetings, including a meeting timetable, agendas and minutes available to all staff.

There had been a turnover of staff since our previous inspection. The practice nurse and advanced nurse practitioner who were in post at the time of the inspection in January 2016 no longer worked at the practice. Staff had been recruited into both positions, although the practice nurse told us they had handed in their notice and would be leaving their employment in September 2016. Additional reception staff had been recruited since our previous inspection.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have an effective process for assessing, monitoring and mitigating the risks to the health, safety and welfare of service users and others which arise from the carrying on of the regulated activity. This included:</p> <p>A system was not in place to ensure that patients prescribed high risk medicines received blood monitoring tests in line with nationally recognised guidance.</p> <p>The practice did not have a system in place to demonstrate that alerts which may affect patient safety had been acted.</p> <p>The practice could not demonstrate that staff had assured themselves the oxygen, defibrillator and emergency medicines were checked and ready for use.</p> <p>The appointment system had not been reviewed to ensure that the current arrangements enabled patients to access appointments when they needed them.</p> <p>A clear leadership structure, including designated roles and responsibilities for staff was not in place.</p> <p><b>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>