

Dr Manickam Murugan

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Manickam Murugan on 7 January 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the practice did not have a formalised system for recording, investigating and sharing lessons learnt with staff.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. However, there were no records of the investigation and response to the complainant.
- Patients told us they could usually get an appointment when they needed one, with urgent appointments available the same day. Patients could also access urgent appointments via the Cannock Network Project. Appointments with a GP or nurse were available between 3.30pm and 8pm at the Network if appointments were not available at their own practice.
- The practice had sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure recruitment arrangements include all necessary legislative employment checks for all staff.

Summary of findings

- Ensure vaccines are always stored in line with manufacturers' guidelines.
- Introduce systems to monitor the use of prescription pads and blank computer prescription forms.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

In addition the provider should:

- Identify the infection control lead for the practice and share this information with staff.

- Introduce a system for sharing best practice guidance with all clinical staff.
- Make patients aware of the availability of the translation service.
- Develop a strategy to manage the appointments lost due to patients who do not attend and do not cancel their appointment.

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 inadequate for providing safe services.

- The process for recording, investigating and learning from incidents that may affect patient safety had weaknesses. For example, there was no policy for significant events in place for staff to refer to and staff had different accounts of what they should do if an incident occurred.
- 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.
- We heard examples of when medicines had been stored in an unsafe way.
- Equipment was not checked for electrical safety or calibrated for accuracy.

Inadequate



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement.

The practice worked closely with the multidisciplinary care team to review the care of patients with complex needs or end of life care. The practice took part in the admission avoidance scheme and reviewed discharge information and contacted patients to discuss their admission and discharge and to ensure they had everything in place that they required, for example changes to medication.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They 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. Systems were in place to support carers and patients to cope emotionally with their health condition. We saw that staff were respectful and polite when dealing with patients, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The GP attended the locality meetings. Patients told us they could get an appointment when they needed one, often on the same day. Patients could also book appointments in advance. The practice had good facilities and was well equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. The practice did not have a system in place for recording the full details of verbal complaints, including the investigation and response to the complainant.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. The practice did not have a vision or values that were shared with staff and patients, although all staff worked towards providing the best care they could. Staff told us the GP was visible in the practice, approachable and took the time to listen to all members of staff.

The practice did not have an effective overarching governance framework which supported the delivery of good quality care. Staff training was not effectively monitored to ensure staff received and were up to date with training appropriate to their role and to the required level. Not all newly appointed staff had received an induction. The practice did not have robust 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 system for reporting incidents was not robust and did not support that learning from outcomes of analysis of events actively took place. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

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 inadequate in safe, requires improvement in well led and good in the domains of effective, caring and responsive. 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 and had a range of enhanced services, for example, in end of life care and avoidance of unplanned admissions. It was responsive to the needs of older people and offered home visits as required. The practice identified if patients were also carers and provided information about the local carers group

Requires improvement



People with long term conditions

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

We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes. The practice maintained registers of patients with long term conditions and all of these patients were offered a review to check that their health and medication needs were being met. The practice reviewed the most vulnerable of the practice population who were at risk of admission to hospital. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the immunisation rates were comparable to the national average.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended hours with the GP or the Advanced nurse practitioner between 6.30pm and 7.30pm on Tuesdays and Thursdays. The practice could book patients into the Cannock Network Project for appointments outside of normal opening hours. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

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

The practice carried out annual health checks and offered longer appointments for patients with a learning disability.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

The practice held registers of patients with poor mental health and dementia. Patients experiencing poor mental health were offered an annual physical health check. Patients with a suspected diagnosis of dementia could be referred to the Memory Clinic, which was held on site. The practice had reviewed 99% of patients who were on the dementia register.

Requires improvement



Summary of findings

What people who use the service say

We spoke with seven patients during the inspection and collected eight Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff were kind, helpful and considerate.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82.4% said the GP was good at listening to them compared to the CCG average of 82% and national average of 88.6%.
- 83.5% said the GP gave them enough time (CCG average 81.7%, national average 86.6%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 92.9%, national average 95.2%)
- 82.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 78.3% national average 85.1%).
- 92.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.8%, national average 90.4%).
- 91.7% said they found the receptionists at the practice helpful (CCG and national averages 86.8%)

Areas for improvement

Action the service **MUST** take to improve

Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.

Ensure recruitment arrangements include all necessary employment checks for all staff.

Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

Action the service **SHOULD** take to improve

Identify the infection control lead for the practice and share this information with staff.

Ensure vaccines are always stored in the vaccine refrigerator in the treatment room.

Introduce a system for sharing best practice guidance with all clinical staff.

Make patients aware of the availability of the translation service.

Dr Manickam Murugan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser and Practice Manager specialist advisor.

Background to Dr Manickam Murugan

Dr Manickam Murugan is a single handed GP, located within Hednesford Valley Health Centre, Hednesford, Staffordshire. The practice is part of the NHS Cannock Chase Clinical Commissioning Group.

Dr Murguan, an advanced nurse practitioner, three practice nurses (two of which are locums) and a part time health care assistant provide care and treatment to the practice population. They are supported by a practice manager, part time assistant practice manager and reception staff. The practice is open every week day from 8am until 6.30pm. Consultation times vary each day and are as follows: Mondays 9am to 12 noon and 2pm to 5.30pm; Tuesdays 8.30am to 11.30am and 3.15pm to 6.30pm; Wednesday 9.30am to 12.30pm; Thursdays 8.30am to 11.30am and 12 noon to 7.30pm, and Fridays 9.30am to 1pm and 2.30pm to 5.30pm. Telephone advice from 12.15pm until 12.30pm is available every day except Wednesday. Extended hours appointments are available with the GP or the Advanced nurse practitioner (ANP) between 6.30pm and 7.30pm on Tuesdays and Thursdays.

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 has a PMS (Personal Medical Services) contract and also offers enhanced services for example: various immunisation schemes and hospital admission avoidance scheme.

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

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew

about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 7 January 2016.

We spoke with a range of staff including the GP, the advanced nurse practitioner, a practice nurse, the assistant practice manager and members of reception staff during our visit. We spoke with patients, looked at comment cards, NHS Friends and Family Test results and reviewed survey information.

Are services safe?

Our findings

Safe track record

The practice did not have an effective system in place for reporting and recording significant events.

- The practice did not have a significant event policy and procedure.
- Staff knowledge about what action they would take regarding a significant event varied. One member of staff told us they would record the details of the event and pass them on the practice manager or assistant manager for typing up. Another member of staff told us they had not received any guidance regarding the significant event policy and procedure.
- The assistant practice manager told us that the significant events were discussed as they happened on an adhoc basis.
- The practice had recorded a summary of five significant events since November 2014. The summary was not an accurate reflection of all events that had occurred. For example, staff told us about a recent significant event where a prescription had been sent via the post to the wrong patient. This occurrence was not recorded on the summary of significant events provided to us before the inspection, although staff told us that the event had been discussed at the time.
- There were no records of any individual significant events kept. This included the investigation, findings, review and changes or learning implemented.
- Safety alerts were brought to the attention of the GP, who was responsible reviewing the information and taking any appropriate action.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The GP was the lead member of staff for safeguarding. The GP told us they always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities although not all staff had received training. The GP, advanced nurse practitioner (ANP) and practice nurse told us they were trained to Safeguarding level 3. However, the practice was unable to demonstrate that staff had received training relevant to their role or to the required level as central training records were not maintained.

- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. Although the practice did not meet regularly with the health visitor, they told us they contacted them by telephone to share any concerns.
- A chaperone policy was available to all staff, although this did not make reference to where the chaperone should always stand. Members of the nursing team and reception staff acted as chaperones if required and notices in the waiting room advised patients the service was available should they need it. All staff who acted as chaperones were trained for the role and understood their responsibilities although we were not able to verify this as central training records were not maintained. There was no evidence to show that staff had received a disclosure and barring check (DBS) or a risk assessment had been carried out to explain the rationale why DBS checks had not been completed. (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. It was not clear who was the infection control lead for the practice. Staff spoken to told us they had completed infection control training. We were not able to establish if all staff had received infection control training as central training records were not maintained. An infection control audit had been undertaken in 2014 by the NHS Trust which identified areas that needed attention. The practice had produced an action plan which demonstrated that the issues identified had been addressed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads and blank computer prescription forms were securely stored although the practice did not have systems in place to monitor their use. Staff told

Are services safe?

us that occasionally vaccines were stored in the refrigerator in the reception area before being moved to the vaccine refrigerator in the treatment room. This was a domestic style refrigerator and the temperature was not checked and recorded. This meant that the practice could not be assured that the vaccines had been stored safely.

- The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We saw that the practice had not followed their own recruitment policy was recruiting staff. We reviewed three personnel files and found that appropriate checks had not been completed. One member of staff was employed by the practice, one worked on a self-employed basis and one was on an apprenticeship. We found inconsistencies in the level of record keeping in the files. Not all of the files contained a full employment history, references, verification of reason why employment in work with children or vulnerable adults ended, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice was unable to demonstrate that the staff working in a clinical capacity had indemnity insurance in place.

Monitoring safety and responding to risk

- 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).
- The practice was responsible for checking that electrical equipment and clinical equipment was safe to use and/or calibrated. Stickers on equipment showed that the

portable appliance testing was last carried out in October 2007. The practice was unable to show us any evidence to support that clinical equipment had been serviced and/or calibrated.

- There was a health and safety policy available to staff. The policy stated that the first aid box and accident book were available in the practice manager's office. These were not available to view at the time of the inspection.
- Robust arrangements were not in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Cover was provided for reception staff through overtime. A number of reception/administration staff had left during the past 12 months and had not been replaced. Reception/administration staff told us this had resulted in them falling behind with certain tasks, for example summarising of patient notes.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff spoken with told us they had received basic life support training. However, the practice was unable to demonstrate that all staff had received this training as central training records were not maintained. Emergency medicines available in the treatment room.
- The practice had access to a defibrillator and oxygen, although these were kept in areas of the building occupied by two other GP practices. There was no evidence to support that the practice had assured themselves the defibrillator and or oxygen were checked and maintained in good working order or staff had received training on how to use the defibrillator.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. It was not clear if the practice had systems in place for sharing best practice guidance with all clinical staff. The nursing staff told us they received NICE guidelines and safety alerts via email from the Clinical Commissioning Group (CCG) or by accessing the websites themselves.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, palliative care register or part of the avoiding unplanned admissions scheme. Care plans had been developed for these patients and were reviewed annually or on change.

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 that the practice had achieved 99.4% of the total number of points available, with 4.92% exception reporting, which was above the local Clinical Commissioning Group (CCG) and national averages of 91.9% and 94.3%. (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 of QOF (or other national) clinical targets, as the average daily quantity of hypnotics prescribed was above the national average. The GP told us that many of the patients who took these medicines had transferred from a local practice when it closed. They told us they were supporting the patients to reduce their reliance on this type of medicine.

Data from 2014/2015 showed;

- Performance for diabetes related indicators was comparable to other practices and in line with the national average.

- The percentage of patients with hypertension whose blood pressure was within the recommended range (84.18%) was comparable to other local practices and in line with the national average (83.65%).
- The dementia diagnosis rate (83.33%) was comparable to other local practices and in line with the national average (84%).

Clinical audits were carried out to demonstrate quality improvement and to improve care and treatment and patients' outcomes. We reviewed four clinical audits carried out during 2015, one of which was a completed audit looking at the treatment of a heart condition where the improvements made were implemented and monitored. The audit demonstrated that the practice had identified additional patients with this condition who were now receiving appropriate treatment. The first audit cycle had been completed for the other audits

Effective staffing

The practice was unable to demonstrate that newly appointed staff had received an induction, or staff received role specific training or updates. There was no evidence of an induction for a newly recruited member of staff, nor could they confirm that they had been offered or completed an induction. The practice did not maintain a centralised training record, so we were unable to establish what training / updates staff had received.

The practice nurse employed by the practice had attended appropriate training to meet their learning needs and to cover the scope of their work. They told us that they were provided with ongoing support during clinical sessions and attended the monthly protected learning time sessions organised by the CCG.

Staff appraisals were carried out annually for staff employed by the practice. There was no evidence of appraisals for the advanced nurse practitioner or the locum practice nurses. We were told the locum practice nurses were appraised elsewhere.

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.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared with the local out of hours service so they were aware of the patient's wishes and treatment choices when the practice was closed. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Staff told us they had good links with the health visitors and could discuss any issues with children and families as they arose.

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.
- 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 the advanced nurse practitioner assessed the patient's capacity.
- The practice told us that 99% of the patients identified on the dementia register had received an annual review.

- Clinical staff had attended training on the Mental Capacity Act as part of their protected learning time with the local Clinical Commissioning Group.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice offered in house smoking cessation support, and 85% of patients identified as smokers had received advice.

The practice's uptake for the cervical screening programme was 81.95%, which was comparable to the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.2% to 100% and five year olds from 88.1% to 100%.

Flu vaccination rates for the over 65s were 67.37% which was slightly below the national average of 73.24%. The vaccination rates for at risk groups 64.07%, which was above the national average of 47.28%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

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. Staff knew many patients by their first names and asked about their wellbeing when they presented at the desk.

- 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.

We spoke with seven patients during the inspection and collected eight Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff were kind, helpful and considerate.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82.4% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 88.6%.
- 83.5% said the GP gave them enough time (CCG average 81.7%, national average 86.6%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 92.9%, national average 95.2%)
- 82.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 78.3, national average 85.1%).
- 92.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.8, national average 90.4%).
- 91.7% said they found the receptionists at the practice helpful (CCG and national averages 86.8%)

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.

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:

- 80.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.1% and national average of 86%.
- 76.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 75.8%, national average 81.4%)
- 89.2% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.9%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. However, there was no information in the reception area informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included services for older people, expectant mothers, sexual health services and the learning disabilities team.

The practice's computer system alerted GPs if a patient was also a carer. Staff told us that written information about the local carers group was available to share with patients.

Staff told us that if families had experienced bereavement, the GP usually contacted them directly to offer support as required. They also told us families received support from the palliative care team if they had been involved with the patient. Bereavement counselling was available if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The GP attended protected learning days and meetings organised by the CCG. The practice was involved in the Cannock Network Project. A group of ten local GP practices had developed a service whereby patients could book an on the day appointment through their own practice with a GP or nurse between 3.30pm and 8pm at the Network if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday mornings between 9am and 12 noon. The majority of staff who worked at the Network worked within the ten practices that used the service. The project had been set up using Prime Minister's Challenge Fund monies and with support from the CCG.

The services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- Home visits were offered to patients who were unable to or too ill to visit the practice
- There were longer appointments available for patients with a learning disability.
- Telephone consultations/advice were available to all patients but especially for working age patients and students.
- Extended hours were offered with the GP or Advanced nurse practitioner on Tuesday evenings.
- 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.
- All patients on the admission avoidance register were reviewed on discharge following admission to hospital or accident and emergency. These patients were given a dedicated telephone number so they could contact the practice urgently if required.
- The practice referred patients with memory loss to the memory care facilitator at the memory clinic.
- There were disabled facilities and translation services available.

Access to the service

The practice was open every week day from 8am until 6.30pm. Consultation times varied each day and were as follows: Mondays 9am to 12 noon and 2pm to 5.30pm; Tuesdays 8.30am to 11.30am and 3.15pm to 6.30pm; Wednesday 9.30am to 12.30pm; Thursdays 8.30am to 11.30am and 12 noon to 7.30pm, and Fridays 9.30am to 1pm and 2.30pm to 5.30pm. Telephone advice from 12.15pm until 12.30pm was available every day except Wednesday. Extended hours appointments were available with the GP or the Advanced Nurse Practitioner (ANP) between 6.30pm and 7.30pm on Tuesdays and Thursdays.

The practice offered a number of appointments each day with the GP or ANP for patients who needed to be seen urgently, as well as pre-bookable appointments. Once the same day appointments had been filled, a small number of patients requiring an urgent appointment were seen at the end of surgery. Once the same day appointments had been filled, patients requiring an urgent appointment could be referred to the Cannock Network Project from 3.30pm until 8pm on weekdays. Pre-bookable appointments could also be made for Saturday mornings between 9am and 12 noon. 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.

Patients told us they could get an appointment when they needed one. They told us they were seen on the day if it was an emergency, either at the practice or at the Cannock Network Project. They said routine appointments were usually available the following day.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to or above local and national averages. For example:

- 70.4% of patients said they could get through easily to the practice by phone compared to the CCG average of 75.5% and national average of 73.3%.
- 87.4% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 85.3% and national average of 85.2%.

Are services responsive to people's needs?

(for example, to feedback?)

- 86.3% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.5% and national average of 64.8%.
- 76.9% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 61.9% and national average of 57.7%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Staff told us they investigated, discussed and responded to complaints, although we could not be assured that this occurred as records had not been kept.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England, although it did not contain contact details for the Ombudsman.
- There was a designated responsible person who handled all complaints in the practice.

- We saw information to help patients understand the complaints procedure was available on the website, posters displayed in the waiting area and a patient information leaflet available from the reception.
- None of the patients we spoke with had any complaints about the practice or were aware of the complaints procedure. However, they told us they would raise any concerns with reception staff or the GP.

We looked at a summary of two complaints made during the last 12 months. Both of these were received verbally as the practice encouraged patients to raise issues as they arose and speak with either the practice manager or the GP. The practice told us that both complaints had been investigated and the complainant responded to, although there were no written records to support this other than the summary. Although no themes were identified from these complaints, learning points had been identified and shared with the staff team through staff meetings.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice 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

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

- Staff training was not effectively monitored to ensure staff received and were up to date with training appropriate to their role and to the required level. For example: records of training in safeguarding, infection prevention and control, equality and diversity, health and safety, confidentiality, information governance awareness, basic life support and use of the defibrillator were incomplete.
- The practice did not always have specific policies in place and available to all staff to support the safe running of services. For example: There was no significant event policy and procedure in place.
- The management of recruitment of staff had not been robust. We saw that the practice had not followed legislative requirements when appointing staff and accurate record keeping had not been undertaken. For example: there were no recorded checks to demonstrate that clinical staff were registered with their professional body. We checked and found all staff did hold a professional registration.
- The practice was unaware if they had adequate medical indemnity insurance in place for their clinical members of staff. We asked to see records of the insurance in place. The practice did not provide these at our inspection or in the immediate days after.
- The practice did not have robust arrangements for identifying, recording and managing risks and implementing mitigating actions. For example: servicing and calibration of equipment had not been undertaken for a number of years.

Leadership, openness and transparency

The GP was visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff. The GP told us they encouraged a culture of openness and honesty and information sharing and learning from events. However, the system in place to support this was not robust.

Staff told us that team meetings took place. They also told us they had the opportunity to raise any issues, were confident in doing so and felt supported by the GP if they did.

The practice manager was not available at the time of the inspection and had been away from the practice for a period of approximately three months. A member of staff who usually worked four hours a week had taken on the role of assistant practice manager for three days a week. This member of staff had limited authority to make any changes, for example recruit additional reception / administrative staff, although they had organised training and purchased additional equipment for the clinical staff.

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

The practice encouraged and valued 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 regular meetings. The results from the survey were discussed with the PPG, who agreed the results were generally positive overall. The PPG had also discussed the high number of appointments that were lost as patients 'did not attend (DNA)'. The practice did not have a strategy in place to manage the DNA rates.

The practice gathered informal feedback from staff through staff meetings and appraisals. Staff appraisals were carried out annually for staff employed by the practice. However, there was no evidence of appraisals for the advanced nurse practitioner or the locum practice nurses. We were told the locum practice nurses were appraised elsewhere.

Staff told us that four members of staff had left during the previous 12 months and had not been replaced. They told us they had raised concerns about the current staffing levels with the practice manager at practice meetings, but

Are services well-led?

Requires improvement 

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

no action had been taken to recruit staff to replace those that had left. As a consequence staff felt that they were unable to keep on top of the work, for example summarising of patient notes.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People using the service were not protected against the risks of inappropriate or unsafe care and treatment because the required information as outlined Regulation 19 and Schedule 3 (Information Required in Respect of Persons Seeking to Carry On, Manage Or Work For The Purposes of Carrying On, A Regulated Activity) was not recorded.</p> <p>The practice had not obtained verification of the reason the person's employment in work with children or vulnerable adults ended, satisfactory evidence of conduct in previous employment (for example references), qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service, or an employment history.</p> <p>Regulation 19(3)(a)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was unable to demonstrate that the portable appliances had been tested since 2007 or that clinical equipment had been serviced and / or calibrated.</p> <p>Ensure vaccines are always stored in line with manufacturers' guidelines.</p> <p>Systems were not in place to monitor the use of prescription pads and blank computer prescription forms.</p> <p>A significant event policy and procedure was not in place.</p>

Requirement notices

The system for reporting significant events was not robust and did not support that learning from outcomes of analysis of significant events actively took place.

Regulation 12(1)(2)(a)(b)(e)(g)

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People 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.

The first aid box and accident book were not available to staff.

Systems were not in place to assure staff that the oxygen and defibrillator were checked and maintained in good working order.

Complaint records did not record the full details of the complaint, the investigation, action taken and any correspondence with the complainant.

Staff training was not effectively monitored to ensure staff received and were up to date with training appropriate to their role and to the required level.

There were no formalised systems in place for checking staff registration with their professional bodies or they had medical indemnity insurance in place.

Robust arrangements for identifying, recording and managing risk and issues and implementing mitigating actions were not in place.

Regulation 17(1) (2)(a)(b)(d)(i)(ii)(f)