

Cannock Road Medical Practice

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cannock Road Medical Practice on Wednesday 6 January 2016. Overall the practice is rated as good.

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. There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

- Consider a system to demonstrate that appropriate learning from significant events has been shared appropriately with staff and external stakeholders.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. Patients affected by significant events received an apology and were told about actions taken to improve care. The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey showed patients rated the practice similar to or higher than others for aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Urgent appointments were available the same day. The practice was improving its facilities to ensure it was well equipped to treat patients and meet their needs in the long term. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of their strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. There was a strong focus on continuous learning and improvement at all levels. The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice offered home visits and urgent appointments for those older patients with enhanced needs. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice had a proactive working relationship with seven nursing/independent care homes. There was effective communication between the practice and care home staff and visits to the homes were made when requested.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Performance for diabetes assessment and care was much lower than the national average (68.6% as compared to the national average of 89.2%). The practice had taken action to identify the causes and it planned to be involved in a local CCG initiative to improve the care and treatment of patients with diabetes. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Data showed that 76.51% of patients on the practice register had had an asthma review in the last 12 months. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were

Good



Summary of findings

suitable for children and babies. We saw positive examples of joint working with midwives. The practice's uptake for the cervical screening programme was 78.12%, which was comparable to the national average of 81.83%.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of 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 appointment telephone line was open between 8.30am and 6.30pm and extended hours were offered one evening per week. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability and carried out annual health checks for these patients. An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check.

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

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The data showed that 91.67% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was comparable to the national average of 88.47%. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with

Good



Summary of findings

dementia. The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 85%, which was comparable to the national average of 84.01%. Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. A total of 443 surveys (6.4% of patient list) were sent out and 112 (25.3%) responses, which is equivalent to 1.6% of the patient list, were returned. Results indicated the practice performance was comparable to other practices in most aspects of care, which included for example:

- 75.6% found it easy to get through to this surgery by phone compared to a CCG average of 72.8% and a national average of 73.3%.
- 77.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.1%, national average 85.2%).
- 75.5% described the overall experience of their GP surgery as fairly good or very good (CCG average 70.7%, national average 73.3%).
- 62.7% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 70.5%, national average 77.5%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our inspection. We received 12 comment cards which were overall positive. Patients said they received good care from the practice, staff were very helpful, doctors listened to their problems, excellent care and advice was given to them by the doctors and staff were very professional. Two comments cards contained some less positive comments related to an increase in the waiting time to see the GP and at times the receptionists were not always helpful.

We also spoke with seven patients on the day of our inspection, which included two members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received. The practice monitored the results of the friends and family test monthly. The results for December 2015 showed that of the 25 responses 16 patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and one patient was unlikely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

Consider a system to demonstrate that appropriate learning from significant events has been shared appropriately with staff and external stakeholders.

Cannock Road Medical Practice

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 advisor, a practice manager specialist advisor and an Expert by Experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Cannock Road Medical Practice

Cannock Road Medical Practice located in Wolverhampton provides medical services to approximately 6,900 patients. The practice is easily accessible by varied public transport links or car. Off road parking is available at nearby designated roadside parking areas. Following the merger of two practices in March 2014 the GP partners made a decision to extend the practice located at Cannock Road. The work is expected to be completed early this year and will provide improved facilities for patients that use the service. This includes an improved waiting area, access for patients who use a wheelchair, larger consulting and treatment rooms and more car parking spaces at the rear of the practice.

The practice team consists of two GP partners and one salaried GP, (one male and two female), who provide services which equate to two whole time equivalent GPs. The practice also use regular GP locums to support the

clinicians and meet the needs of patients at the practice. The clinical practice team includes a practice manager, an advanced nurse practitioner who is also a prescriber, a practice nurse and two healthcare assistants. There are nine practice support staff, seven receptionists/administration staff, two secretaries, an administration apprentice and a cleaner. In total there are 12 staff employed either full or part time hours.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are from 8.30am to 11.00am and 3.30pm to 6pm Monday to Friday. Extended surgery hours are from 6pm to 7.20pm on Tuesdays. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service Primecare, the NHS 111 service and the local Walk-in Centres.

The practice has a contract to provide Primary Medical Services (PMS) for patients. This is a contract for the practice to deliver primary medical services to the local community. They provide Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 January 2016.

During our visit we:

- Spoke with a range of staff GPs, practice nurses, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to learning and a system was in place for reporting and recording significant events. Staff told us they would inform the partners and or practice manager of any incidents to ensure appropriate action was taken. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, national patient safety alerts and incident reports where these were reported and discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had recorded eighteen significant events, both clinical and operational which had occurred between June 2014 and December 2015. One of the events was the loss of electrical power supply caused by the contractors carrying out building work at the practice. The backup generator ensured that the power to the fridges containing medicines was maintained and the contractors sourced a generator to ensure electrical power to the building was maintained. Discussions were held with the contractors and appropriate action taken to decrease the risk of this occurring again.

We found that significant event records were maintained and systems put in place prevented further occurrence. However, there was a lack of minutes of meetings to demonstrate that appropriate learning from events had been shared with staff and external stakeholders. We found that when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children 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. One of the GP partners was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. Certificates of safeguard training at the appropriate level were seen for all staff. The practice had updated the records of vulnerable patients' to ensure

safeguarding records were up to date. The practice shared examples of occasions when suspected safeguarding concerns were reported to the local authority safeguarding team. This involved where necessary providing reports and meetings with external agencies, such as social workers and the community mental health team. Our review of records showed appropriate follow-up action was taken where alleged abuse occurred to ensure vulnerable children and adults were safeguarded.

The practice had an infection control policy in place and supporting procedures were available for staff to refer to. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place. One of the GPs was the clinical lead for infection control.

A notice was displayed in the waiting room, advising patients they could access a chaperone, if required. All staff who acted as chaperones were trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff who carried out chaperone duties. 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 arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Records available showed that two medication audits had been completed and appropriate actions to review patients' medicines where necessary. Prescription pads were securely stored however at the time of the inspection systems were not in place to monitor their use. Following the inspection the practice sent us an updated policy and procedure for the monitoring of prescription pads and copies of the recording forms to be used. Further information showed that staff had been made aware of the procedure and asked to sign to confirm that they had read the policy

Are services safe?

The practice had recently employed an advanced nurse practitioner who was also a qualified independent prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations after the completion of specific training and when a doctor or nurse were on the premises. The practice also included information on the process for the management of and how to access medicine alerts and NICE guidelines in the locum handbook.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Non-clinical staff without a criminal records check had an appropriate risk assessment in place. The practice used locum GPs and told us that systems were in place to ensure appropriate checks were carried out to confirm their suitability to work with patients. Evidence was not available to confirm this. The practice manager told us that this would be addressed. Following the inspection the practice manager sent us a copy of a letter that would ensure that the employment check details required from the locum agencies were received prior to confirmation of the use of a locum.

Monitoring risks to patients

The practice had assessed risks to those using or working at the practice. We saw that where risks were identified action plans had been put in place to address these issues. A building maintenance policy and schedules for maintenance were identified by the practice. The practice had completed a risk assessment log where specific risks related to the practice were documented. We saw that each risk was rated and mitigating actions recorded to reduce and manage the risk.

To ensure the safety of patients and staff whilst building work was carried out the practice completed ongoing assessments of the premises. This included assessments of the allocated rooms to be used. Fire risk assessments of the building had been completed and staff told us that regular fire drills were carried out. Records we saw confirmed this.

Electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was regularly maintained to ensure it was working properly. The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal) and a Legionella risk assessment had been carried out. An infection control audit was undertaken by the local CCG infection control team and we saw evidence that action was taken to address recommendations made whilst the building work was being carried out. The practice planned to repeat the audit when the building work was completed. After the inspection the practice forwarded records to demonstrate that in-house legionella checks were carried out. This showed that the cleaner flushed taps and checked water temperatures weekly.

There were emergency processes in place for identifying acutely ill children and young people and staff gave us examples of referrals made. Staff we spoke with told us that children were always provided with an on the day appointment if required. Patients with a change in their condition were reviewed appropriately. Patients with an emergency or sudden deterioration in their condition were referred to a duty GP for quick assessment.

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 all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty.

Arrangements to deal with 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. All staff had received cardio pulmonary resuscitation training. Robust systems were in place to ensure emergency equipment and medicines were regularly checked. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a resuscitation trolley, first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or loss of access to

Are services safe?

medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks. A recent major disruption at the practice meant that the business plan was put into operation when the building contractors cut through the

main electric cable to the practice. Staff were redeployed to the GP partners other practice, where appropriate patients were re-directed for appointments at the other practice and telephone lines were diverted whilst the cable was repaired.

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 GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 94.2% of the total number points available for 2014-2015 which was above the local CCG average of 91.9% and national average of 93.5%. Further practice QOF data from 2014-2015 showed:

- Performance for diabetes assessment and care was much lower than the national average (68.6% as compared to the national average of 89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average (80.41% as compared to the national average of 83.65%).
- Performance for mental health assessment and care was comparable to the national average (91.67% as compared to the national average of 88.47%).
- The dementia diagnosis rate was comparable to the national average (85% as compared to the national average of 84.01%).

We found the GPs were aware of the fact that the practice was performing much lower in comparison to the local and national averages in the area related to diabetes. The practice had identified that the merger of the two practices

had had an adverse effect on the level of care for diabetic patients. The GPs felt that improvements had been made as action had been taken to identify the causes. The practice also planned to be involved in a local CCG initiative to improve the care and treatment of patients with diabetes.

1. Clinical audits were carried out to facilitate quality improvement and all relevant staff were involved in the practice aim to improve care and treatment and patient outcomes. We saw three clinical audits carried out over the last 12 months. A second cycle had been completed for all of the audits to review whether improvements had been made. One of the audits first carried out in November 2014 looked at identifying and treating patients at risk of calcium and vitamin D3 deficiency in line with national guidelines and practice requirements. The practice repeated the audit in 2015 this showed that the number of patients receiving calcium and vitamin D3 had increased and their compliance had increased.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff had annual appraisals that identified their learning needs from which personal development plans were identified. All staff had had an appraisal within the last 12 months. Our interviews with staff confirmed that the practice provided training opportunities. Staff had also received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of training opportunities with their peer groups, in-house and external training.

The practice could demonstrate how they ensured clinical staff attended role-specific training and updating for relevant staff for example, the nurse and healthcare assistant received training and attended regular updates for the care of patients with long-term conditions and administering vaccinations. To support the fortnightly baby clinics held at the practice, one of the health care assistants was trained to check the weight and height of babies. There was a training schedule in place to demonstrate what training staff had received or were due to receive. Staff had access to and made use of e-learning training modules and in-house training

Are services effective?

(for example, treatment is effective)

The learning needs of staff were identified through a system of meetings and reviews of practice development needs. This included ongoing support during one-to-one meetings and appraisals. The practice was discussing with the practice nurses the support needed for revalidation (A process to be introduced in April 2016 requiring nurses and midwives to demonstrate that they practise safely).

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 shared computer drive. This included risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patient's to secondary care such as hospital or to the out of hours service.

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 providing a service to patients in care homes, when people moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings to discuss patients on the practice palliative care register took place on a three monthly basis. The practice monitored and ensured that care plans were routinely reviewed and updated. The practice maintained regular contact with the local mental health teams and drug and alcohol liaison services.

Consent to care and treatment

We found that staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the

GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests and treatments such as vaccinations and in do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing. 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 and smoking. Patients were then signposted to the relevant service for example, smoking cessation clinics and dietary advice was available from the healthcare assistant. We saw that information was displayed in the waiting area and also made available and accessible to patients on the practice website. Patients had access to appropriate health assessments and checks.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Data collected by NHS England for 2014 -2015 showed that the performance for all childhood immunisations was comparable to the local CCG average. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 76.7% to 91.8%, children aged two to five 77.6% to 100% and five year olds from 83.3% to 97%.

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014-2015 QOF year was 78.12% which was comparable to the national average of 81.83%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the practice was comparable with local and national averages for screening for cancers such as bowel and breast cancer.

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. We saw that reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and patients were offered a private area where they could not be overheard to discuss their needs.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 12 completed cards. The cards contained mostly positive comments about the practice and staff. Patients commented that the service was excellent, they were treated with respect and dignity and that GPs and staff were knowledgeable and caring. We also spoke with seven patients on the day of our inspection which included a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93.2% said the GP was good at listening to them compared to the CCG average of 84.5% and national average of 88.6%.
- 90.1% said the GP gave them enough time (CCG average 83.7%, national average 86.6%).
- 96.3% said they had confidence and trust in the last GP they saw (CCG average 93.5%, national average 95.2%).
- 88.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 80.3%, national average 85.1%).

- 95.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.2%, national average 90.4%).
- 92.5% said they found the receptionists at the practice helpful (CCG average 86.5%, national average 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.6% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 76.8%, national average 81.4%).
- 87.6% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.9%, national average 84.8%).

Patient and 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. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who would benefit from these, which included patients with long term conditions or receiving end of life care.
- Urgent access appointments were available for children and those with serious medical conditions.
- Facilities for patients were all available on the ground floor of the building.
- Plans were in place to improve access and facilities for patients with a physical disability and to introduce a hearing loop facility as part of the building improvements.
- Telephone consultations were available every day after morning and evening clinics.
- Telephone access was available to support meeting the needs of patients who were hearing impaired.
- Access to the practice was available during lunchtime and extended opening hours available one evening per week to people who worked.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8.30am to 11.00am and 3.30pm to 6pm Monday to Friday. Extended surgery hours were provided between 6pm to 7.20pm on Tuesdays. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. The practice was open at lunchtimes patients would be seen by a GP if

urgent. Patients could make appointments with a GP or practice nurse online. Patients were directed to the out of hours service Primicare, the NHS 111 service and the local Walk-in Centres. This information was available on the practice answerphone, patient leaflet and practice website.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.7% and national average of 74.9%.
- 75.6% patients said they could get through easily to the surgery by phone (CCG average 72.8%, national average 73.3%).
- 77.4% patients said they always or almost always see or speak to the GP they prefer (CCG average 82.1%, national average 85.2%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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 including a summary leaflet available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Records we examined showed that the practice responded formally to both verbal and written complaints.

We saw records for 77 complaints received over the past five years and found that all had been responded to, satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff and patients felt that they were involved in the future plans for the practice, for example the practice sought the views of patients and input of the patient participation group (PPG) during the building and refurbishment of the premises. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practices strategy for good quality care. This outlined the structures and procedures in place and ensured that:

- We found that systems were supported by a strong management structure and clear leadership.
- Risk management systems, protocols had been developed and implemented to support continued improvements.
- A programme of clinical and internal audit had been implemented and was used to monitor quality and to make improvements.
- The GPs, nurses and other staff were all supported to address their professional development needs.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Health and safety risk assessments had been conducted to limit risks from premises and environmental factors.
- All risk assessments were continuously reviewed and updated while building work was being carried out to improve facilities at the practice.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a lack of minuted meetings to show that information was continuously shared with staff which confirmed learning from incidents and any action taken were appropriate.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Staff described the culture at the practice as open, transparent and very much a team approach. This was encouraged and supported by team away events.

Regular practice, clinical and team meetings involving all staff were held and staff felt confident to raise any issues or concerns at these meetings. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which

Are services well-led?

Good 

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

met regularly and submitted proposals for improvements to the practice management team. Feedback from patients and the PPG included updating the practice website, improving telephone access, receiving regular update on the building work and parking facilities at the practice. The practice had developed an action plan which addressed the feedback and showed the progress they had made. Patients and staff were kept up to date with the progress and action taken to effectively manage health and safety during the build. This helped to ensure that the practice was easily and safely accessible to patients.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this, however there was a lack of written information to show that these were shared with relevant staff and demonstrate learning and appropriate improvements were made.

The priority for the practice was the completion of the building and renovation work to extend the premises which would improve the services and facilities for patients following the merger of the two practices. The practice was registered to take part in medical research projects and had started working with a local university to become a training practice for medical students. The practice had also worked with a further university to deliver training and mentoring for student nurses. The first nurse placement was due to take place this year (2016). The practice had reviewed the skill mix of staff and new staff employed to ensure the needs of patients could be met in the long term. One of the staff recently employed included an advanced nurse practitioner who could assess and treat patients with minor health conditions. The advanced nurse practitioner was also a qualified independent prescriber.