

# Alderwood Medical Practice

## Quality Report

Longford Road  
Cannock  
Staffordshire  
WS11 1QN

Tel: 01543 571055

Website: [www.alderwoodmedicalpractice.co.uk](http://www.alderwoodmedicalpractice.co.uk)

Date of inspection visit: 12 January 2017

Date of publication: 16/02/2017

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Alderwood Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr A Verma and Dr T M Campbell on 12 January 2017. 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 report incidents and near misses. Learning was shared with staff and reported to external agencies when required.
- Required recruitment checks had been made before a member of staff was employed to work at the practice. However, the physical and mental health of newly appointed staff had not been considered.
- The systems in place to mitigate risks to patients who took high risk medicines were not always effective.
- An overarching training matrix and policy was in place to monitor that all staff were up to date with their training needs and received regular appraisals.
- Patients said they found urgent appointments were available the same day.
- Feedback from patients about their care was consistently positive and was reflected in the national patient survey results; last published in July 2016.
- The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a written set of objectives and values supported by a written practice development plan that reflected this strategy and ensured the future direction of the practice was monitored and evaluated.

# Summary of findings

- The practice had visible clinical and managerial leadership. Most governance and audit arrangements were effective but we found some areas that required ongoing review.

The areas where the provider must make improvement are:

- Ensure that systems to mitigate risks to patients prescribed high risk medicines are fully effective.
- Implement patient specific directions for the healthcare assistant.
- Further develop the health and safety policies and protocols to identify, assess and minimise risk to patients and staff using risk assessments and a review of the process for responding to alerts.

The areas where the provider should make improvement are:

- Review the process of responding to alerts to include a record that appropriate actions have been completed.
- Complete the practice policy for the safeguarding of vulnerable adults.
- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Implement an effective prescription tracking system to minimise the risk of fraud.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was a comprehensive and effective system in place for reporting and recording significant events. The provider had recorded 10 events in the previous 12 months.
- Lessons were shared both internally and externally to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a system to record, review, discuss and act on alerts received that may affect patient safety. However we found that resultant actions could not always be evidenced.
- Systems to mitigate risks to patients who took high risk medicines were in place but not fully effective.
- The practice had processes and practices in place to keep patients safeguarded from the risk of abuse. However there was no policy for safeguarding vulnerable adults.
- Recruitment checks had been made before a member of staff was employed to work at the practice but these did not include an assessment of their physical or mental health.
- Prescription pads and forms were stored securely but there was no effective system to monitor their use.
- Health and safety arrangements did not cover all areas of the practice and there was no appointed lead.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant was trained to administer vaccines and medicines but there was no advance patient specific direction from a prescriber. The practice had processes in place to respond to medical emergencies and major incidents. No risk assessment had been completed and a number of emergency medicines were added to the inventory following the inspection.
- The practice was an approved centre for violent patients. There were policies and protocols in place to govern this service.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were significantly above the national average. The most recently published results showed the practice had achieved 99% of the total number of points available compared to the national average achievement of 95%.
- Patients with long term conditions were well managed and actions had been taken in areas where outcomes were below local and national averages.
- Childhood immunisation rates for the vaccinations given were similar to the national averages.
- The practice demonstrated a structured approach to how National Institute for Health and Care Excellence (NICE) best practice guidelines and standards were disseminated, audited and actioned in a comprehensive manner.
- Clinical and non-clinical audits had been completed and repeated cycles demonstrated these had driven improvements to patient outcomes.
- Staff worked with health care professionals to understand and meet the range and complexity of patients' needs.
- The practice shared information with the out of hours service for patients nearing the end of their life. For example, if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- An overarching training matrix was in place to monitor that all staff were up to date with their training needs and received regular appraisals.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results last published in July 2016 showed patients rated the practice the same or higher than others for most 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 extensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 69 patients as carers (1% of the practice list) and invited them for annual health checks and flu immunisations.

**Good**



# Summary of findings

## 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 needed.
- The provider had proactively worked on improving the health education and building of relationships with patients from the travelling community.
- The appointment system was based on same day availability but also included a limited number of pre-bookable appointments that could be made up to three weeks in advance.
- Patient feedback on the access to appointments was positive. Data from the National Patient Survey published in July 2016 showed that 92% of respondents described their experience of making an appointment as good (national average 73%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Complaints were dealt with in a timely manner and we saw that the practice recorded and reviewed verbal complaints in addition to those made in writing.

Good



## Are services well-led?

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

- The practice had a written set of values and objectives. These were supported by a written practice development plan.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular team meetings.
- The practice had systems and processes in place that mostly supported an overarching governance framework that improved the quality and safety of their service. There were a number of areas identified that required ongoing review.
- 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 notifiable safety incidents and ensured this information was shared with staff and appropriate action was taken.
- 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 provided care and treatment to patients living in extra care housing. These patients had received regular health and medication reviews.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Frail elderly patients were identified and the practice had recruited a healthcare assistant with a community care background who performed regular visits to assess their needs and reported back to the GPs.

Good



### People with long term conditions

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

- Nursing staff were supported by the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The performance indicators were above and national averages for 2015/16 in 18 out of the 19 clinical domains.
- The practice had identified a trend of new patients being registered who had multiple chronic conditions and attributed this to the continuity of care provided.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG and the national averages, both 81%.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- New mothers were offered post-natal checks and development checks for their babies.
- Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were similar to the national averages.

## **Working age people (including those recently retired and students)**

The practice is rated as good 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.
- Telephone consultations were available. The advanced nurse practitioner (ANP) provided a triage service to prioritise patient needs and direct them to the most appropriate clinician).
- The provider was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- All patients between the age of 40 and 74 years of age were offered NHS health checks and healthy living advice.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those of no fixed abode.
- The practice had 30 patients on the learning disability register. Annual health checks had not been carried out on these patients but the practice had engaged with an external Learning Disabilities Specialty Nurse, introduced a named nursing lead and developed an easy to read pictographic patient leaflet. The practice had made use of software to develop easy to read appointment letters and health action plans. There was a learning disability health check template and the practice had planned a health check programme for all on the learning disability register.

**Good**





# Summary of findings

- The practice regularly worked with external health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients on the vulnerable register who did not attend an appointment were followed up with a telephone call.
- 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.
- There were a number of traveller's sites within the practice boundary. The practice told us that they had proactively worked on developing relationships and providing education on the appropriate health services to reduce the number of attendances to the out of hours service.
- The GPs were trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- The practice had shared information with the out of hours service for patients nearing the end of their life. For example, if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

## 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).

- A total of 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was the same as the Clinical Commissioning Group (CCG) average and just below the national averages of 84%. The provider had exception reported 23.7% of patients compared to the CCG and national averages of 6.8%, meaning less patients had been included. The practice provided data from 2016/17 that showed an improvement; there were 45 patients on the dementia register, all had received a face to face review with the exception of two patients.
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was

Good



# Summary of findings

93%. This was higher than the CCG average of 90% and the national average of 89%. The exception reporting rate was 15.2% which was similar to the CCG average of 15% and the national average of 12.7%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing the same or above local and national averages. A total of 280 survey forms were distributed and 117 were returned. This represented a 42% return rate.

- 81% of respondents found it easy to get through to this practice by phone compared to the CCG and the national averages, both 73%.
- 90% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group (CCG) and the national averages, both 85%.
- 92% of respondents described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 81% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

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 26 comment cards of which all but one were positive about the standard of care received. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to. The negative comment was about the lack of pre-bookable appointments from a working age patient who found it difficult to contact the practice by telephone. However the same patient complimented the practice on the excellent care received.

## Areas for improvement

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

Ensure that systems to mitigate risks to patients prescribed high risk medicines are fully effective.

Implement patient specific directions for the healthcare assistant.

Further develop the health and safety policies and protocols to identify, assess and minimise risk to patients and staff using risk assessments and a review of the process for responding to alerts.

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

Review the process of responding to alerts to include a record that appropriate actions have been completed.

Complete the practice policy for the safeguarding of vulnerable adults.

Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.

Implement an effective prescription tracking system to minimise the risk of fraud.

# Alderwood 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 and included a GP specialist advisor.

## Background to Alderwood Medical Practice

Dr A Verma and Dr T M Campbell is registered with the Care Quality Commission (CQC) as a partnership GP practice in Cannock, Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. At the time of the inspection, the registration details were incorrect and in the process of being updated. Dr Verma retired in 2014 and Dr A Verma and Dr T M Campbell's practice merged with Bideford Way in 2015, moved to new premises, changed GP partners and became known as Alderwood Medical Practice.

The practice area is one of lower overall deprivation when compared with the national averages although there are pockets of deprivation in the surrounding area with above average numbers of patients with diabetes, heart disease and respiratory related health problems. The practice has a list size of 6,274 patients. This list size has increased in the last 18 months by approximately 20% and the provider told us that the influx of new patients has included a large number of complex patients. The practice age distribution is similar to the Clinical Commissioning Group and national averages. There is a slightly higher percentage of older

patients when compared to the national average (20% of the practice population is aged 65 and over compared to the national average of 17%). The percentage of patients with a long-standing health condition is 62% which is higher than the CCG average of 58% and the national averages of 54%. The patient population is mainly White British with the largest ethnic minority being Eastern Europeans.

The practice is open between 8am and 6.30pm Monday to Friday. It provides pre-booked appointments between 8.10am and 12.50pm, and between 1.30pm and 5.50pm Monday to Friday. The appointment system is a book on the day system and there are a limited number of appointments with GPs and nurses that can be booked up to three weeks in advance. Patients who required ongoing monitoring are given advance appointments authorised by a clinician. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care, when the practice is closed. The nearest accident and emergency department and the nearest walk in centre are both at New Cross Hospital, Wolverhampton. There is a minor injuries department within Cannock Hospital.

The practice team consisted of:

- Three GP partners (two male, one female)
- An advanced nurse practitioner
- A practice nurse
- A health care assistant
- A practice manager
- Eight reception and administrative staff

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

# Detailed findings

immunisations, travel vaccinations and NHS health checks. The practice is an accredited centre in Staffordshire for patients within the county who have been classed as violent.

## 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 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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 12 January 2017. During our inspection we:

- Spoke with a range of staff including a GP, members of the practice nursing team, the practice manager and administrative staff.
- Observed how patients were cared for.

- 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 Care Quality Commission at that time.

# Are services safe?

## Our findings

### Safe track record and learning

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibilities, and the process, for reporting significant events.
- The practice manager coordinated reported events and all staff had access to a significant event recording form that supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded and carried out an analysis of 10 significant events in the previous 12 months. When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team. Significant events were discussed as a standing item at the monthly partner meeting or sooner if required. Significant events were communicated via the staff notice board and discussed with staff as a standing agenda at the full practice meetings and all staff had access to the significant events folder. Where appropriate, the practice had shared concerns externally through the Datix system (a national database of significant events).
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient contacted the practice to inform of a breach of confidentiality. A summary care record of a care plan had been given to a care agency by the practice but the patient had not given consent. The practice made an apology and liaised with the care agency. These discussions resulted in a change in the privacy statement used by the care agency and the practice reviewed its own policy and produced an internal poster that detailed and differentiated the disclosure of patient information to NHS organisations and third parties.

The practice's process to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA), was not always fully effective. For example, we reviewed an MHRA alert issued in September 2016 that highlighted risks in relation to a medication to treat low blood sugar levels

where needles were found to be removed from the syringe. The alert had been received and disseminated to all clinicians. However there was no evidence that patients affected had been followed up. We looked a second MHRA alert for an oral medication used to treat diabetes and found a computer search had identified four patients and a check of these patient records showed that appropriate action had been taken. We found that alerts from other external organisation had been acted upon. For example, an NHS England alert from March 2016 for home visit requests had been discussed at a partners meeting and the system reviewed and deemed appropriate.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- All staff knew their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. All staff had received role appropriate training to nationally recognised standards. For example, the GPs had attended level three training in safeguarding children. A GP partner was the appointed safeguarding lead for adults and children all staff we spoke with were aware of who the safeguarding lead was. There was a policy for safeguarding children that clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However there was no policy for safeguarding vulnerable adults. The provider told us that this was in the process of being updated following the merger. Safeguarding was an agenda item for the partners' meetings. The practice kept a register of at risk children and reviewed any interaction each month at partners meetings.
- There were policies and protocols in place to manage the service offered to violent patients.
- Patients were advised that chaperones were available when needed. All staff who acted as chaperones had received online and in-house training, a Disclosure and Barring Service (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. A notice to inform patients of the availability of chaperones was displayed in the practice waiting room and in clinical and treatment rooms.

# Are services safe?

- The practice was visibly clean and tidy. Clinical areas had appropriate facilities to promote current Infection Prevention and Control (IPC) guidance. IPC audits had been undertaken monthly and an action plan put in place to mitigate any risks identified. Clinical staff had received immunisations to protect them from the risk of healthcare associated infections. There was an infection control protocol in place and staff had received training.
- Recruitment checks for staff and had been undertaken in line with current legislation prior to employment. There was a recruitment policy that outlined the legal requirements for the recruitment of all staff. We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. However, there were no processes in place to demonstrate that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role.
- The provider used locum GPs and nurses through an agency and employment checks had been completed. For example, a locum nurse employed by the practice had proof of identification, training records that included safeguarding, a DBS check, proof of registration with a professional body and immunisation status.
- Arrangements for managing emergency medicines and vaccines were in place. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant was trained to administer vaccines and medicines but there was no advance patient specific direction from a prescriber. The practice implemented a system on the day of the inspection that used a prescription, signed by a GP in advance of any immunisation being administered.
- We found that the systems to monitor patients prescribed high risk medicines were not always effective. The practice had a clear monitoring protocol that defined how and when computer searches of patients receiving high risk medicines would be carried out. However a computer search carried out on the day of the inspection highlighted that the strength of methotrexate prescribed for two out of 10 patients was not in accordance with the British National Formulary (BNF) and one patient on lithium had not been monitored for over 12 months (the practice told us that this patient would be called in for monitoring).

- An effective system for the management of uncollected repeat prescriptions was in place. Any uncollected prescriptions that were more than a month old were destroyed and documented on the patient record.
- Prescription pads and forms were stored securely but the tracking system was not effective and only logged the controlled stationary upon receipt but did not monitor the usage.

## Monitoring risks to patients

Environmental risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and had carried out a recent fire evacuation drills. The practice told us that the drills are carried out annually.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was rota produced for GPs, nurses and receptionists.
- The practice had not completed any other risk assessments in place to monitor safety of the premises with the exception of a public area health and safety risk assessment completed in November 2016. The health and safety poster was displayed but there was no appointed health and safety lead. The practice did have an accident book and a review of the records showed that the last accident occurred in November 2015.
- A legionella risk assessment had been carried out and regular testing for the presence of legionella and water temperature checks had been carried out. (Legionella is a bacterium which can contaminate water systems in buildings). This was arranged as part of the regular maintenance by the property landlords (Wrekin Housing).

## Arrangements to deal with emergencies and major incidents

The practice had processes in place to respond to emergencies and major incidents:

- There was a panic button in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which

## Are services safe?

provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). All of the staff we spoke with were aware of the location of the AED. We saw that there were adult and children's masks to administer oxygen to patients. However no risk assessment had been carried out to determine the need for ventilation or suction.

- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general

practice. All medicines were in date, stored securely and staff knew their location. However there was no anticonvulsant (medicine used to treat epilepsy). The practice told us that they planned to order this immediately.

- An up to date business continuity and recovery plan detailed the practice's response to unplanned events such as loss of power or water system failure. Copies were kept off site by the GPs and practice manager.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff told us that they assessed patients' needs and delivered care in line with relevant and current based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines. There was an informal approach to how these guidelines and standards were disseminated. We looked at two examples of National Asthma survey guidelines and NICE guidelines for the treatment of cancer and found that through audit and monitoring, the practice evidenced that guidelines had been actioned in a comprehensive manner.

### 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 were 99% of the total number of points available compared to the Clinical Commissioning Group (CCG) average of 97% and national average of 95%.

Data from 2015/16 showed:

- Performance for asthma was higher than the CCG and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months, was 88% which was higher than the CCG average of 77% and the national averages of 76%. The exception reporting rate of 9.2% was higher than the CCG average of 8.3% and the national average of 7.9% meaning fewer patients had been included. 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.
- Performance for diabetes in nine of the 11 related indicators was higher than the CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recognised limits, was 84% which was higher than the CCG and the national averages, both 80%. The exception reporting rate of 15.9% was higher than the CCG average of 14.7% and the national average of 12.8%.

- Performance for mental health related indicators was higher than the CCG and national averages. For example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 93%. The CCG average was 90% and the national average of 89%. The exception reporting rate was 15.2%. This was comparable with the CCG average of 15% and the national average of 12.7%.
- A total of 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was the same as the CCG average and slightly higher than the national average of 82%. The exception reporting rate of 23.7% was significantly higher than the CCG and the national averages, both 6.8%, meaning fewer patients had been included. The practice provided data from 2016/17 that showed an improvement; there were 45 patients on the dementia register, all had received a face to face review with the exception of two patients.

There was one clinical domain where the practice performance was an outlier (below the local and national averages):

- Performance for chronic obstructive pulmonary disease (COPD) was below the CCG and national averages. For example, the percentage of patients on the COPD register who had had a review that included an assessment of breathlessness in the previous 12 months was 82% compared to the CCG average of 92% and the national average of 90%. The exception reporting rate of 23% was higher than the CCG average of 14.5% and the national average of 11.5% meaning fewer patients had been included. The practice had appointed a nurse as respiratory lead and we saw that of 142 patients on the COPD register, a total of 97 (68%) had been reviewed since April 2016. The remaining patients were planned to be seen before the end of March 2017 (end of the QOF year).
- The practice maintained an 'admissions avoidance' register, managed by the Advanced Nurse Practitioner (ANP). The register consisted of 2% of patients identified as at increased risk of hospital admission. All patients on the register had a written personalised care plan, had been advised of their named contact at the practice and were asked to advise the named contact of any hospital admission upon discharge. There was a safety net approach whereby the ANP reviewed all discharges

# Are services effective?

## (for example, treatment is effective)

received by the practice should a patient fail to advise of an admission. All care plans included a 'what to do if things get worse' section. This provided clear, patient friendly signposting of who the patient should contact in certain circumstances, for example, when there was a change of symptoms relating to heart failure.

There was evidence of quality improvement including clinical audit.

- The practice showed us two clinical audits that had been completed in the last year; both of these were repeat cycles of a previous audit to monitor performance against initial findings. For example, the practice had audited the cancer referrals by individual GP. The findings had been discussed at a partner's meeting and a review had found that that detection rates were better than average. For example. None of the patients had been diagnosed at A&E compared to a national average of 12%.
- A second audit was carried out to improve the prescribing of anticoagulants (medicine to prevent blood clots). Results led to changes being proposed and a second audit was planned to establish if improvements had been made.
- The practice regularly reviewed data to monitor performance with the completion of non-clinical audits. Examples included an ongoing audit of the appointment system and annual reviews of the uptake rates for the seasonal flu immunisation.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality.
- We found a training policy and matrix was in place, and this provided the practice with an oversight of the training staff had completed and needed to complete. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse was supported to undertake training to administer childhood and immunisations and treat patients with diabetes.
- Staff administering vaccines had received specific training which had included an assessment of

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example formal training updates and discussion at practice meetings.

- We found that all staff had received an appraisal in the previous 12 months. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care plans, medical records and investigation and test results.
- The practice team met bi-monthly with other professionals, including palliative care and community nurses. They discussed the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice had shared information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GPs were trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services effective?

(for example, treatment is effective)

- There was an up to date consent policy for staff to refer to for guidance.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant services.
- Patients were offered a smoking cessation clinic with the practice nurse.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG and the national averages, both 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the nursing team told us they encourage patient uptake opportunistically and letters had been sent to patients who had not attended screening appointments.

Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were similar to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 93% (national rate was 73% - 95%) and from 87% to 89% for all five year old immunisation rates (national rate of 81% - 95%). When a child did not attend, they were contacted and offered an alternative appointment.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Data for the period April 2016 to December 2016 showed that the practice had invited 260 patients to attend and had completed 86 health checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- A sign at reception advised patients to ask if they wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced and complimented the practice on their continuity of personal, professional care. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice results were similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national averages of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages, both 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national averages, both 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG and the national averages, both 87%.

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive about their involvement in decision making about the care and treatment they received. They told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and the national averages, both 85%.

The practice provided facilities to help patients be involved in decisions about their care, for example, staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 69 patients as carers (1% of the practice population) and offered them flu immunisations and annual health checks. Written information was available to direct carers to the various avenues of support available to them. Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

There was no written bereavement protocol but staff told us that on hearing of a death, names were written together with the next of kin details on a notice board in the administration area to make all staff aware. Staff told us that if relatives had suffered bereavement, a GP or nurse normally called them. This call was either followed by a patient consultation at a flexible time and location to meet

## Are services caring?

the family's needs and/or by giving them advice on how to access a local bereavement support service. Staff told us that external health professionals were contacted and made aware.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice held a register of patients living in vulnerable circumstances. For example, those with a learning disability.
- There were longer appointments available for patients with a learning disability and dementia (30 minutes). The practice had a register of 30 patients with learning disabilities. Annual health checks had not been carried out on these patients but the practice had signed up to provide an enhanced service that included a health check programme for all on the learning disability register.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that require same day consultation.
- The advanced nurse practitioner (ANP) provided a triage service to prioritise patient needs and direct them to the most appropriate clinician according to the urgency of their need of care.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities that included a hearing loop and the entrance doors were automatically operated.
- Translation services were available for patients who did not have English as their first language and the practice website was available in a number of languages.
- The practice provided care and treatment to patients living in nearby extra care accommodation. These patients had received regular health and medication reviews. The practice provided visits by GPs, nurses and the healthcare assistant.
- The practice regularly worked with the local health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- New mothers were offered post-natal checks and development checks for their babies.

- There were a number of traveller's sites within the practice boundary. The practice had identified the traveller community as a group of patients who historically had higher usage of out of hours healthcare services. The practice told us that they had proactively worked on developing relationships and providing health education on the appropriate services to reduce the number of attendances to the out of hours service.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. It provided pre-booked appointments on week days mornings between 8.10am and 12.50pm and between 1.30pm and 5.50pm on week day afternoons. The appointment system included the majority of appointments as same day booking and there was a limited number could be booked up to three weeks in advance. Patients who required ongoing monitoring were given advance appointments authorised by a clinician. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice was closed. The nearest accident and emergency department and the nearest walk in centre were both at New Cross Hospital, Wolverhampton. There was a minor injuries department within Cannock Hospital.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages but below average when asked about satisfaction with the opening hours.

- 81% of patients said they could get through easily to the practice by phone compared to the CCG and the national averages, both 73%.
- 85% of respondents described their experience of making an appointment as good compared to the CCG and the national averages, both 73%.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG and the national averages, both 76%.

The provider had considered and discussed the feedback on opening hours. The conclusion was that the appointment system supported fast access and the patients were well served by nearby walk in centres and out of hours providers.



# Are services responsive to people's needs?

(for example, to feedback?)

Comments on the patient comment cards were positive about the appointment system with the exception of one working age patient who found it difficult to contact the practice by telephone at 8am and felt that more pre-bookable appointments were needed. We received 26 completed comment cards which included nine patient comments that complimented the practice on the prompt service. The provider told us that they had continuously reviewed the appointment system and concluded that the book on the day system was the preferred option as it provided rapid access to medical care and resulted in most patients attending their appointment.

Patients were encouraged to register for the online services provided. The services were actively promoted by the reception staff to raise awareness and increase uptake of online services.

## 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. Documents were retained to provide an audit trail for complaints received.
- We saw that information in the practice complaint's leaflet helped patients understand the complaints system and there was a comments and suggestions form that could be completed on the practice's website.
- The practice logged verbal complaints and reviewed them to look at any trends. In addition to the written complaints received and acted upon, the practice had received and responded to seven verbal complaints. These complaints covered a variety of topics and we did not identify any trends.

We looked at six complaints received in the last 12 months. One complaint was from a patient who felt that delayed referrals had resulted in a lengthy period of treatment and recovery. There was evidence that the partners reviewed the details and responded to advise of the rationale behind the choice of referral pathway.

# 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 written set of objectives detailed in its statement of purpose. There was a written mission statement 'to provide all patients with high quality, effective healthcare in a safe and caring environment'. The practice had a practice development plan that reflected this vision to ensure the future direction of the practice was monitored and evaluated. The management told us of some of the future challenges to the practice, such as recruitment and succession planning. These were documented within the plan as actions to be taken. A number of the staff we spoke with were not aware of any aims or objectives, but they all said that they felt listened to and were encouraged to contribute ideas to the running of the practice.

### Governance arrangements

There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.

The practice did have embedded systems and processes in place to support an overarching governance framework that improved the quality and safety of their service. For example:

- There was a culture of sharing and learning demonstrated through the recording and reviewing of significant events.
- There was a structured approach to how clinical guidelines and standards were disseminated, audited and actioned in a comprehensive manner.
- Clinical audits were used to assess and monitor quality and to make improvements.
- Patient care was coordinated and appropriate information was shared with external healthcare professionals.
- There was a set of policies and protocols that were informative and instructive to staff.
- A nurse meeting was held bi-monthly.

We found there were a number of areas that required ongoing review :

- The implementation of processes to assess, monitor and mitigate risks to patients on high risk medicines.

- The development of health and safety procedures to ensure risks to staff and patients were regularly assessed.

### Leadership and culture

The GPs and practice manager demonstrated the capability to run the practice. They aspired to provide safe, high quality care and were aware of the challenges both internally and externally. Staff told us the management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).The management encouraged a culture of openness and honesty and there were systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.
- Staff told us that they felt supported to raise any issues at practice meetings.

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

- Staff told us the practice held regular team meetings. Full practice meetings were held bi-monthly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities for their own personal development.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice had and was working to create a patient group to gain feedback on new ideas and initiatives.

- Patient feedback had been gathered and acted on. For example, the answering machine message had been shortened following feedback from patients.



# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Actions had resulted as a result of staff feedback. For example, a privacy board was placed in reception to improve patient confidentiality.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice was a training practice involved in the education and training of medical students and student nurses. The provider

reviewed the skill mix among existing staff to highlight areas for development and explore how they could use other health professionals to reduce the workload and reliance on GPs without any compromise to the services provided. Staff spoke positively about the support offered to their professional development. For example, the nurse had been enrolled for a course to provide training in the management of patients with diabetes. The practice planned to commence a project in February 2017 that involved mental health workers being employed by the practice to provide a referral point for GPs to utilise. Similar projects were planned for physiotherapy and medicines management.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Systems to mitigate risks to patients prescribed high risk medicines were not fully effective.</li><li>• Not all risks to staff and patients had been assessed.</li><li>• The healthcare assistant was not working under patient specific directions.</li></ul> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>