

Dr Manickam Murugan

Quality Report

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Date of inspection visit: 16 May 2017

Date of publication: 20/07/2017

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Manickam Murugan on 25 August 2016. The overall rating for the practice was Requires Improvement. We found one breach of a legal requirement and as a result we issued a requirement notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.

The full comprehensive report from the inspection on the 25 August 2016 can be found by selecting the 'all reports' link for Dr Manickam Murugan on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 16 May 2017. Overall the practice is now rated as inadequate.

Following the inspection we sent a letter to the provider, which required them to provide the Care Quality

Commission with information under Section 64 of the Health and Social Care Act 2008 and Regulation 10 Care Quality Commission (Registration) Regulations 2009. This related to the use of the message / triage book and whether appropriate action had been taken and recorded by clinicians in relation to patient care.

Our key findings were as follows:

- There was a lack of clinical leadership and governance within the practice.
- Patients were at risk of harm because there was no clinical oversight of the message / triage book to ensure clinical staff working in advanced roles were taking appropriate action or recording information in patient notes.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, the practice had not carried out appropriate recruitment checks on staff before employing them, store vaccines in line with manufacturers' guidelines, or check all blood results in a timely manner.

Summary of findings

- There was a lack of formalised systems in place to provide assurance that the Advanced Nurse Practitioner or the Advanced Clinical Pharmacist had the necessary skills and competency to carry out their advanced roles.
- The practice did not have a systematic approach for the receipt, sharing, monitoring and implementation of National Institute of Health and Social Care Excellence (NICE) best practice updates and guidelines.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us they were usually able to get appointments when they needed them, although it was more difficult to book an appointment with the GP. Not all patients were aware that pre-bookable appointments were available.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that all Patient Group Directives are signed by both the GP and the practice nurse.
- Ensure vaccines are always stored in line with manufacturers' guidelines.
- Ensure that blood results are reviewed and actioned in a timely manner.
- Ensure recruitment arrangements include all necessary legislative employment checks for all staff.
- Have a systematic approach for the receipt, sharing, monitoring and implementation of National Institute of Health and Social Care Excellence (NICE) best practice updates and guidelines.
- Introduce a system that supports the medicines used to treat systems of shock (anaphylaxis) have been checked.

- Have systems in place to support that the provider had assured themselves that clinical staff, especially those working in advanced roles have the necessary skills and competency to carry out those roles.
- Have systems in place to demonstrate clinical oversight of the message / triage book to ensure clinical staff working in advanced roles were taking appropriate action or recording information in patient notes.
- Have in place sufficient clinical leadership capacity and formal governance arrangements.

In addition the provider should:

- Carry out a risk assessment to support the rationale for not stocking injectable medicines to treat nausea and vomiting or severe pain.
- Assure themselves that the defibrillator is in good working order.
- Share the mission statement and vision with staff.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- There was no clinical oversight of the message / triage book and the provider could not demonstrate that staff working in advanced roles were taking appropriate action. We saw that a patient had been prescribed antibiotics without being spoken to or seen by a clinician, and no information was recorded in their notes.
- Patients were at risk of harm because systems and processes had weaknesses. Not all of the patient group directives had been signed by the practice nurse and GP, the refrigerator temperatures were not checked and recorded daily and not all recruitment checks had been carried out.
- The practice did not stock a full range of emergency medicines, including
- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support and a written apology.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- The provider had not assured themselves that clinical staff, especially those working in advanced roles had the necessary skills and competency to carry out those roles. There was no evidence to support that the GP provided any clinical supervision for the Advanced Nurse Practitioner or periodically review their consultations to ensure they had recorded an adequate history, considered differential diagnosis, safety netting or reviewed the appropriateness of their prescribing.
- The practice did not have a systematic approach for the receipt, sharing, monitoring and implementation of current evidence based guidance.

Inadequate



Summary of findings

- The practice had no overarching approach to quality assurance and clinical audits demonstrated limited quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients told us they were able to get appointments when they needed them, but also commented that it was more difficult to book an appointment with the GP.
- Not all patients were aware that pre-bookable appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Inadequate



- Leaders did not have the necessary capacity and capability to lead effectively. Quality and safety were not the top priority for leadership. The approach to service delivery and improvement was reactive and focused on short term issues.
- We found a lack of sustained improvement in the clinical leadership within the practice. This was the third inspection

Summary of findings

since January 2106 where we have identified a lack of clinical leadership. Although the provider had been responsive to improvements identified in previous inspections, they were not proactive in reviewing the quality of the care provided by clinical staff or identifying areas for improvement.

- We found that the practice list size was increasing steadily and was currently around 3,549 patients. The GP held clinics for four sessions a week, on Thursday and Fridays, and occasionally on a Wednesday morning. Clinical staff working in advanced roles covered the other sessions.
- The provider could not provide any evidence to support they had assured themselves that the clinical staff, especially those working in advanced roles had the necessary skills and competency to carry out the role.
- There was a lack of clinical oversight to ensure staff working in advanced roles were taking appropriate action or recording information accurately in patient notes.
- The practice had a vision and mission statement. As staff were unaware of the practice vision and a detailed plan to achieve the vision values was not in place, staff did not understand how their role contributed towards achieving the vision.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice offered home visits either with the GP or through the Acute Visiting Service.

Inadequate



People with long term conditions

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

- The practice nurse was responsible for long-term disease management.
- Performance for diabetes related indicators was similar to or above the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patient's average blood sugar levels had been over a period of time was recorded as 87% compared with the CCG and national average of 78%.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



Families, children and young people

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

Inadequate



Summary of findings

- There were systems in place to identify children who were at risk, for example families with children in need or on children protection plans.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students)

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

- The practice offered extended hours with the Advance Nurse Practitioner (ANP) and practice nurse on a Monday and Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Inadequate



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, and how to contact relevant agencies.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 91% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Performance for mental health related indicators was above the local CCG and national averages. For example, the percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 100% compared to the national average of 89%.
- Patients at risk of dementia were identified and offered an assessment.

Inadequate



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 in line with local and national averages. 285 survey forms were distributed and 107 were returned. This represented 3% of the practice's patient list:

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.
- 79% of patients described their experience of making an appointment as good compared to the CCG and national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients commented that they were treated with dignity and respect. They also commented that the GP listened to their concerns, gave them enough time and referred them to secondary care services as required.

We spoke with four patients during the inspection. Three of the patients said they were satisfied with the care they received. One patient commented they felt they were not given enough time during their appointment and had been told to book another appointment. Two patients commented that some reception staff were not as helpful or polite as others.

Areas for improvement

Action the service **MUST** take to improve

Ensure that all Patient Group Directives are signed by both the GP and the practice nurse.

Ensure vaccines are always stored in line with manufacturers' guidelines.

Ensure that blood results are reviewed and actioned in a timely manner.

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

Have a systematic approach for the receipt, sharing, monitoring and implementation of National Institute of Health and Social Care Excellence (NICE) best practice updates and guidelines.

Introduce a system that supports the medicines used to treat systems of shock (anaphylaxis) have been checked.

Have systems in place to support that the provider had assured themselves that clinical staff, especially those working in advanced roles have the necessary skills and competency to carry out those roles.

Have systems in place to demonstrate clinical oversight of the message / triage book to ensure clinical staff working in advanced roles were taking appropriate action or recording information in patient notes.

Have in place sufficient clinical leadership capacity and formal governance arrangements.

Action the service **SHOULD** take to improve

Carry out a risk assessment to support the rationale for not stocking injectable medicines to treat nausea and vomiting or severe pain.

Assure themselves that the defibrillator is in good working order.

Share the mission statement and vision with staff.

Dr Manickam Murugan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser. A new specialist advisor on induction also joined the inspection team in an observation role.

Background to Dr Manickam Murugan

Dr Manickam Murugan is registered with the Care Quality Commission (CQC) as an individual provider operating a GP practice in Hednesford, Cannock. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. The practice holds a 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 our inspection the practice had 3,549 patients.

The practice staffing comprises of:

- One male GP.
- A part time locum advanced nurse practitioner (ANP), a part time female practice nurse, a part time male advanced clinical pharmacist and a part time health care assistant.
- A practice manager, an assistant manager (locum), reception staff and secretary (locum).

The practice is open between 8am and 6.30pm Monday to Friday. Consultations with clinical staff are available every day except Wednesday afternoons. The practice list size is

increasing steadily as the practice registers new patients. The GP holds clinics for four sessions a week, on Thursday and Fridays, with clinics held occasionally on a Wednesday morning. Clinical staff working in advanced roles cover the other sessions.

The practice offers a small number of pre-bookable appointments in addition to book on the day appointments with the GP, ANP and the advanced clinical pharmacist. Extended consultation hours with the ANP and practice nurse are available on Monday and Tuesday evenings.

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

We carried out an announced comprehensive inspection at Dr Manickam Murugan on 25 August 2016. The overall rating for the practice was Requires Improvement. We found one breach of a legal requirement and as a result we issued a requirement notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.

The full comprehensive report on the August 2016 can be found by selecting the 'all reports' link for Dr Manickam Murugan on our website at www.cqc.org.uk.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Manickam Murugan on 26 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Requires Improvement

Detailed findings

overall, with rating of requirements improvement for providing safe, responsive and well led services. We issued a requirement notice to the provider in respect of good governance.

We undertook a further announced comprehensive inspection of Dr Manickam Murugan on 16 May 2017.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 16 May 2017. We also reviewed policies, procedures and other information the practice provided before the inspection day. During our visit we:

- Visited the practice.
- Spoke with a range of staff including the GP, the advanced nurse practitioner, the practice nurse, practice manager, assistant manager and members of reception staff.
- Spoke with patients who used the service, including a representative from the patient participation group.
- Reviewed comments cards where patients and members of the public shared their views and experiences of the service, and looked at survey information.

- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing safe services. This was because:

- Adequate systems were not in place to ensure that patients who were prescribed high risk medicines were receiving the recommended monitoring in line with the medicine.
- Systems were not in place to demonstrate that alerts which may affect patient safety had been acted.
- The practice could not demonstrate that staff had assured themselves the oxygen, defibrillator and emergency medicines were checked and ready for use.
- Risk assessments had not been completed for the areas of the building used by the practice.

Improvements were also required around ensuring that all children on the child protection register have an alert on their computerised record, all patient contact is recorded in the electronic patient record, a designated infection prevention and control lead and staff training.

We found that some improvements had been made when we undertook a follow up comprehensive inspection on 16 May 2017. However, we also identified additional areas where improvements needed to be made. As a consequence the practice is now rated as inadequate for providing safe services.

Safe track record and learning

We saw that the improvements seen during the inspection in August 2016 had been maintained. There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- We reviewed incident reports and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice..
- The practice also monitored trends in significant events and evaluated any action taken.

We saw that improvements had been made since the inspection in August 2016 to the management of medicines and equipment alerts issued by external agencies. The practice manager was responsible for receiving and forwarding all alerts to the clinical staff to action. The practice manager recorded a summary of any action taken. We looked at the action taken following two recent alerts. We found that the practice had taken appropriate action, for example carried out as a search of patients prescribed a particular medicine and recorded the action taken for each individual patient.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details were clearly displayed in the reception area. There was a lead member of staff for safeguarding. The practice used by computerised alerts on patient records to make staff aware of both children and vulnerable adults with safeguarding concerns.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP and Advanced Nurse Practitioner were trained to child safeguarding level three.
- Notices in the consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The

Are services safe?

chaperone policy was not specific on where staff should stand during the examination, although when questioned staff demonstrated a good knowledge of their responsibilities.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. Quarterly IPC audits were undertaken and we saw that no action was required following the last audit.

However we identified areas where the practice did not have systems in place to keep people safe. These included:

- We saw that the practice used a message / triage book to record queries from patients. The message / triage book was not an effective system as it did not provide a clear audit trail and could pose a risk to patient safety. We noted a message recorded on 15 May 2017 relating to a patient who said they had a chest infection. We looked at the electronic patient notes and saw that the ANP had prescribed antibiotics for this patient. There was no evidence that this patient had been seen or spoken to by a clinician and no further information had been recorded in the notes.
- We saw that not all blood results had been actioned in a timely manner. We found 31 unmatched blood results going back to 19 April 2017 and 97 results for the period 1 to 8 May 2017. The GP reviewed and actioned the results during the inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Patient Group Directions (PGD) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. Not all of the PGDs had been signed by the practice nurse.
- We looked at the way the practice stored vaccines and found that the necessary checks had been inconsistently applied. The medicines we looked at were required to be stored within a defined temperature range to ensure they remained effective for use. The

records seen demonstrated that the temperature of the refrigerator was not being checked and recorded on a daily basis. On the days where records were in place, the temperature had been within range.

- Recruitment procedures were not effective. We reviewed five personnel files, of which four of these members of staff had been recruited since 2015. We found appropriate recruitment checks had not been undertaken prior to employment. For example, satisfactory evidence of conduct in previous employment had not been obtained for the practice nurse or a record of information regarding any physical or mental health conditions that applicants may have.

However, improvements had been made in the following areas following our previous inspection:

- The practice had put in a process for ensuring high risk medicines were monitored and that patients had regular reviews and blood monitoring. However, we identified one patient where there was a discrepancy between the dose prescribed and the dosage outlined in the hospital letters.
- We saw in the notes of patients prescribed blood thinning medicines that their blood result had been recorded along with follow up by hospital. There was no reference as to whether the information had been checked against the record given to the patient by the hospital. The GP was responsible for prescribing the medicine, but not deciding on the dose to be taken.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice was located within a building owned by a local NHS trust, who were responsible for maintaining the building. The trust had procedures in place for monitoring and managing risk to patients and staff.
- The landlord had an up to date fire risk assessments and carried out regular fire drills.
- The practice was responsible for providing staff with fire training. Not all staff were up to date with their fire training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Are services safe?

- The landlord had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We saw that the practice had carried out their own risk assessments for the areas of the building that they used.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Reception staff commented that staffing was tight, particularly during the holiday period, when staff covered for each other. Two of the comments cards also mentioned about reception being short staffed.

Arrangements to deal with emergencies and major incidents

The majority of arrangements to respond to emergencies and major incidents at the practice were adequate.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room. However, we noted that the practice

did not stock any injectable medicines to treat nausea and vomiting or severe pain. A risk assessment had not been completed to explain the rationale for not stocking these medicines.

- The practice had purchased its own supply of oxygen which was stored securely. There were records to support that from the beginning of May 2017, the emergency medicines and the oxygen had been checked. However, these records did not cover checking the medicines used to treat symptoms of shock (anaphylaxis).
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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

- The practice had access to a defibrillator which was kept in an area of the building occupied by another GP practice. Notices around the practice notified staff where to access this equipment. The equipment was checked and maintained in good working order by staff employed at the other practice. There was no evidence to support that staff had assured themselves the equipment was in good working order.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GP had access to guidelines from NICE although it was not clear if the guidelines were used to deliver care and treatment that met patients' needs.

The practice did not have systems to keep all clinical staff up to date. We did not see any evidence to support that guidance was shared and discussed amongst the clinical staff team through clinical team meetings. In addition, there was no evidence to support that the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.8% and national average of 95.3%. The practice clinical exception rate of 10%, which was 1.5% below the CCG average and 0.2% above the national average. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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

- Performance for diabetes related indicators was similar to or above the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 87%

compared with the CCG and national average of 78%. The practice exception reporting rate of 32.4% was higher than the local average of 15% and the national average of 12.5%.

- Performance for the percentage of patients with who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 94%. This was comparable to the local CCG average of 92% and the England average of 90%. COPD is the collection of lung diseases. The practice exception reporting rate of 1.4% was lower than the local average of 14.5% and the national average of 11.5%.
- Performance for mental health related indicators was above the local CCG and national averages. For example, the percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 100% compared to the local CCG average of 90% and national average of 89%. The practice clinical exception rate of 0% for this clinical area which was lower than the local CCG average of 15% and the England average of 12.7%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was above the local CCG average and England averages (91% compared with the CCG average of 83% and England average of 84%). The practice clinical exception rate of 8.9% for this clinical area was slightly above the local CCG average and England average of 6.8%.

The practice had no overarching approach to quality assurance and clinical audits demonstrated limited quality improvement.

- We were sent two audits undertaken by the clinical advanced pharmacist during 2016. Both audits related to the prescribing of medicines, but were not linked to any clinical improvements. One audit related to prescribing of insulin and ensuring patients were only prescribed the amount they needed based on dosage. The other audit related to inhalers and switching brands.

Effective staffing

There was insufficient assurance in place to demonstrate that all staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The recently appointed practice nurse told us she had been well supported in her new role by the GP and the Clinical Commissioning Group (CCG) nurse advisor.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending an update session and discussion with the CCG nurse advisor.
- We identified a lack of clinical supervision for the Advanced Nurse Practitioner (ANP) and the Advanced Clinical Pharmacist during the inspection. There was no evidence to support that the provider had assured themselves that these members of staff had the necessary skills and competency to carry out their roles.
- The Advance Nurse Practitioner (ANP) had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They told us they were able to seek advice and support from the GP when required. However, there was no evidence to support that the GP provided any clinical supervision for the Advanced Nurse Practitioner or periodically review their consultations to ensure they had recorded an adequate history, considered differential diagnosis, safety netting or reviewed the appropriateness of their prescribing.
- Staff had received an appraisal within the last 12 months.
- 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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. When patients were seen at The Cannock Network Practice, information was shared the following day with the practice.

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

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.
- It was not clear if clinical staff had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The GP could not recall if they had attended this training and the training records for the practice nurse indicated that they had not.
- 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.
- The process for seeking consent was recorded in patient records.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 82% and the national average of 81%. (The practice exception reporting rate of 2.2% was lower than the local average of 5.5% and the national average of 6.5%). The practice also encouraged its patients to attend national

Are services effective?

(for example, treatment is effective)

screening programmes for bowel and breast cancer. Data from 2015/16 published by Public Health England, showed that the number of patients who engaged with national screening programmes was comparable to the local and national averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were all above

the national expected coverage of 90%, ranging from 90.4% to 100%. The uptake rates for vaccines given to five year olds were above the national average and ranged from 98.1% to 100%.

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Patients could be treated by a clinician of the same sex.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. Three of the patients said they were satisfied with the care they received. Two patients commented that some reception staff were not as helpful or polite as others.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The survey invited 285 patients to submit their views on the practice, a total 107 forms were returned. The practice was comparable with other practices for its satisfaction scores on consultations with the GP and nursing staff. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 85% 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 national average of 85%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.

- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

The survey showed that 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and usually had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, one patient commented during the inspection they felt they had not been given enough time during their appointment and had been told to book another appointment. Patient feedback from the comment cards we received was also positive and aligned with these views.

The GP completed electronic care planning templates for patients living with a learning disability or dementia. However, these care plans were not shared with the patient and / or carer.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.

However, results for the nursing staff were above the local and national averages. For example:

Are services caring?

- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 86%

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

- Staff told us that the majority of patients at the practice had English as their first language. They told us about a patient who used sign language and that they booked a sign language interpreter to support this patient during consultations.
- The practice did not have a loop system to assist patients with a hearing impairment.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

We saw the practice had improved the number of carers they had identified. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (2.3% of the practice list). The practice asked patients if they were a carer on the application form to join the surgery, and information was included in the practice leaflet and newsletter. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement the 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

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing responsive services as improvements were required in respect of the quality of services provided for patients contacting the practice by telephone and access to appointments.

These arrangements had significantly improved when we undertook a follow up comprehensive inspection on 16 May 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice was engaged with the local Clinical Commissioning Group (CCG) and the NHS England local team.

- The practice offered extended hours with the Advance Nurse Practitioner (ANP) and practice nurse on a Monday and Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- The provider was part of the Cannock Practice Network Surgery, based in the GP Suite at Cannock Hospital. Reception staff offered patients appointments at the Cannock Practice Network Surgery after 1.30pm when no appointments were available at the practice. Appointments were available between 3.30pm and 7.40pm. Pre-bookable appointments at the Cannock Practice Network Surgery were available on Saturdays and Sundays between 9am and 1pm.
- Home visits could be carried out by the Acute Visiting Service (AVS). This service was provided by local GPs for patients in the local CCG area.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

Access to the service

The practice reception was open between 8am and 6.30pm Monday to Friday. There were no appointments offered on a Wednesday afternoon and the telephone was switched over to an answerphone message. During this time, GP cover was provided by another local GP practice and patients were advised they could ring and book an appointment there if available.

- GP appointments were available on Thursdays and Fridays as well as some Wednesday mornings.
- Advanced Nurse Practitioner (ANP) appointments were available on Mondays and Tuesdays.
- Advanced clinical pharmacist appointments were available Wednesday mornings and all day Fridays.
- Practice nurse appointments were available between 4pm and 7.30pm Monday and Tuesdays, 9am to 2pm on Wednesdays and 9.30am to 12.30pm on Thursdays.

The majority of appointments for the GP and ANP were book on the day, although a small number of pre-bookable appointments were available.

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 in the following areas.

- 69% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 73% and the national average of 76%.
- 98% of patients said their last appointment was convenient compared with the CCG and national averages of 92%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 78% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.
- 86% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national averages of 76%.
- The percentage of patients who said they could get through easily to the practice by phone was 66% compared to the CCG and national averages of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although two patients commented that it was more difficult to book an appointment with the GP. Four of the comment cards made reference to the difficulties of getting through to the practice on the telephone and getting an appointment with the GP. Not all patients were aware that pre-bookable appointments were available.

The practice had undertaken a number of audits in relation to telephone access and appointments. The results had been shared with the patient participation group. These showed that the telephone lines continue to be busy between 8am and 10am, although the volume of calls has reduced. Patients also commented that they were not in favour of all book on the day appointments and they would like to be able to book online. In response the practice had increased the number of pre-bookable appointments and continued to promote the online booking system. These audits were due to be repeated during 2017.

The practice had a system to assess:

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

Requests were recorded in the triage / message book and reviewed by the GP. Reception staff told us they would pass

any urgent requests directly to the GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was included in the practice leaflet, on the website and a poster displayed in the waiting room.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing well led services as there was a lack of evidence to support clear leadership within the practice.

We found a lack of sustained improvement in the clinical leadership within the practice. This was the third inspection since January 2106 where we have found a lack of clinical leadership. The provider had been responsive to improvements that needed to be made. However, they were not proactive in reviewing the quality of the care provided by clinical staff or identifying areas for improvement.

We found that the practice list size was increasing steadily and was currently around 3,549 patients. The GP held clinics for four sessions a week, on Thursday and Fridays, and occasionally on a Wednesday morning. Clinical staff working in advanced roles covered the other sessions.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 16 May 2017. However, we also identified additional areas where improvements needed to be made. Consequently the practice remains rated as inadequate for providing well led services.

Vision and strategy

The practice had developed a mission statement and vision to improve the health, wellbeing and lives of the patients under the care of the practice through partnership working.

- The practice had a mission statement which was displayed in the waiting areas. However the mission statement and vision had not been shared with staff.
- As staff were unaware of the practice vision and a detailed plan to achieve the vision values was not in place, staff did not understand how their role contributed towards achieving the vision.
- The practice had developed a business development plan 2017 - 2020. The plan did not contain any clear actions or timescales for completion.

Governance arrangements

The practice had limited governance systems in place to support the delivery of good quality care, and the majority related to the administrative processes within the practice.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice policies were implemented and were available to all staff. These were updated and reviewed regularly. However, not all policies had been personalised to the practice.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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

- The practice had introduced a formal process to ensure that safety alerts had been acted upon appropriately.
- Risk assessments had been completed for each room and the communal areas of the building used by the practice.

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

- The practice had no overarching approach to quality assurance and any evidence we saw was of limited value.
- There was little evidence that clinical audit was driving improvements for patients. We did not see any two cycle audits that identified improvements that could be made.

Leadership and culture

Leaders did not have the necessary capacity and capability to lead effectively. Quality and safety were not the top priority for leadership. The approach to service delivery and improvement was reactive and focused on short term issues.

We found that since our previous inspection there had been an improvement to the administration within the practice. The reception/administrative staff spoken with told us they felt that their views and concerns were now being listened to and acted upon wherever possible. Staff attended regular staff meetings where they felt able to raise any concerns. Minutes of these meetings were made available to all staff, who had to sign to say they had read them.

There was no clinical oversight of the performance of other clinicians by the GP. We found there were no formalised

Are services well-led?

Inadequate 

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

systems in place to provide assurance that the Advanced Nurse Practitioner or the Advanced Clinical Pharmacist had the necessary skills and competency to carry out their advanced roles. The GP did not provide any clinical supervision for either member of staff or periodically review their consultations to ensure they had recorded an adequate history, considered differential diagnosis, safety netting or reviewed the appropriateness of their prescribing.

There was no oversight or auditing of the message / triage book to ensure that clinical staff were taking appropriate action or recording information in the patient records.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and discussed the results of the patient surveys and supported the practice with any suggestions.
- staff generally 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 had requested a set payday rather than the end of the month and this had been implemented.

Continuous improvement

There was little innovation or service development. There was minimal evidence of learning and reflective practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The practice had not ensured recruitment arrangements included all necessary legislative employment checks for all staff.</p> <p>There was no satisfactory evidence of conduct in previous employment for the recently recruited practice nurse or a record of information regarding any physical or mental health conditions for the practice nurse or apprentice.</p> <p>This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice had insufficient clinical leadership capacity and limited formal governance arrangements.</p> <p>There was a lack of systems and processes in place. For example:</p> <p>Not all of the Patient Group Directives has been signed by both the GP and the practice nurse.</p> <p>The practice could not demonstrate that vaccines were always stored in line with manufacturers' guidelines.</p> <p>Blood results were not always reviewed and actioned in a timely manner.</p> <p>The practice could not demonstrate that the medicines used to treat symptoms of shock were checked and ready for use.</p>

This section is primarily information for the provider

Requirement notices

The practice did not have a systematic approach for the receipt, sharing, monitoring and implementation of National Institute for Health and Care Excellence (NICE) best practice updates and guidelines.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider could not provide any evidence to support they had assured themselves that the clinical staff, especially those working in advanced roles had the necessary skills and competency to carry out the role.</p> <p>There was a lack of clinical oversight to ensure staff working in advanced roles were taking appropriate action or recording information accurately in patient notes.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>