

Chadsmoor Medical Practice

Quality Report

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Date of inspection visit: 28 October 2016

Date of publication: 12/12/2016

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Chadsmoor Medical Practice on 11 March 2016. A total of two breaches of legal requirements were found. After the comprehensive inspection, the practice was rated as requires improvement overall.

We issued requirement notices in relation to:

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chadsmoor Medical Practice on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection on 27 October 2016 to check that the practice now met legal requirements.

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us that they were able to get appointments when they needed them, with urgent appointments available the same day.
- The practice had made improvements to the process for recording, investigating and learning from incidents that may affect patient safety. An effective system had been introduced for reporting and recording significant events.
- The practice had introduced a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Processes had been introduced to monitor the performance of the practice. This included significant events and complaints. Performance was discussed at the monthly practice meetings.
- Improvements had been made to the system for handling complaints and concerns. We saw that all complaints, both written and verbal, were recorded, investigated and responded to. Learning from complaints was shared with staff.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed although the management in some areas needed to be improved. For example, servicing of the fire alarm and emergency lighting and addressing the recommendations in the legionella risk assessment.

There areas where the provider should make improvements are:

- Review all members of staff's understanding of the role of a chaperone and where they should stand whilst the examination was taking place, to ensure they are following the practice policy.
- Move the cleaning mops to a more suitable storage area.

- Address the recommendations made in the legionella risk assessment.
- Carry out a fire drill which includes the evacuation of patients.
- Ensure the fire alarm and emergency lighting are serviced in line with the manufacturer's guidance / current legislation.
- Provide fire marshal training for the designated member of staff.
- Provide information to patients about the availability of the translation service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had made improvements to the process for recording, investigating and learning from incidents that may affect patient safety. An effective system had been introduced for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed although the management in some areas needed to be improved. For example, servicing of the fire alarm outlet and emergency lighting and addressing the recommendations in the legionella risk assessment.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had improved its performance in data relating to patient outcomes. Although the data showed patient outcomes were still below average compared to the national average, an improvement of eight percentage points had been made. The most recent published results showed the practice achieved 91.7% of the total number of points available, which was 5.1% below the national average.
- The practice had implemented an effective system for the management of patients with long term conditions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice engaged with the local Clinical Commissioning Group (CCG) and had been involved in shaping local services.
- Patients told us that they were able to get appointments when they needed them, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- The practice had made improvements to the system for handling complaints and concerns. We saw that all complaints, both written and verbal, were recorded, investigated and responded to. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had developed a mission statement, which was on display around the practice. This included core values and had been shared with all staff. The GP Partners had developed a business plan with was on display in the waiting room.
- The practice had made improvements to the governance processes. The practice had introduced a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Processes had been introduced to monitor the performance of the practice. This included significant events and complaints. Performance was discussed at the monthly practice meetings.
- 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 to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the hospital admission avoidance scheme. The care of these patients was proactively managed using care plans and there was a follow up procedure in place for discharge from hospital.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management.
- The practice maintained registers of patients with long term conditions.
- Patients were offered a structured annual review to check their health and medicines needs were being met. The practice had introduced a structured system for inviting patients for their review or identifying patients who did not attend.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the GPs 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 who were at risk, for example families with children in need or on children protection plans.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.

Good



Summary of findings

- There were screening and vaccination programmes in place and the practice's immunisation rates were below the Clinical Commissioning Group averages. However, these had improved from the previous year's rates.
- Data from the Quality and Outcomes Framework (QOF) for 2015/16 showed that 73% of women aged 25-64 had received a cervical screening test in the preceding five years. Although this was lower than the national average, it had improved from the previous year.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice offered extended hours with the GPs on Tuesday evenings.
- The practice could book patients into the Cannock Network Project for appointments outside of normal opening hours.
- The practice was proactive in offering online services.
- The practice offered all patients aged 40 to 75 years old a health check with the nursing team.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated 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.
- The practice offered longer appointments for patients with a learning disability.
- The staff knew how to recognise signs of abuse in vulnerable adults and children. The 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice maintained registers of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- There were 32 patients identified on the register for patients experiencing poor mental health and 29 of these had a care plan in place. These patients were offered an annual health check.
- The practice had identified 21 patients living with dementia and 19 of these had a care plan in place.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

Results from the national GP patient survey published in July 2016 showed patient satisfaction rates for consultations with GPs and nurses were comparable to the Clinical Commissioning Group (CCG) and national averages. Two hundred and ninety seven survey forms were distributed and 110 were returned. This gave a return rate of 40%.

- 88% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 82% of patients said the last GP they spoke to was good or very good at treating them with care and concern compared to CCG average of 82% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good or very good at treating them with care and concern compared to the CCG and national averages of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average and national averages of 87%.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 80% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 95% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All of the 20 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. All of the patients spoken with had been offered same day appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Review all members of staff's understanding of the role of a chaperone and where they should stand whilst the examination was taking place, to ensure they are following the practice policy.
- Move the cleaning mops to a suitable storage area.
- Address the recommendations made in the legionella risk assessment.

- Carry out a fire drill which includes the evacuation of patients.
- Ensure the fire alarm and emergency lighting are serviced in line with the manufacturer's guidance and current legislation.
- Provide fire marshal training for the designated member of staff.
- Provide information to patients about the availability of the translation service.

Chadsmoor Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Chadsmoor Medical Practice

Chadsmoor Medical Practice is registered with the Care Quality Commission (CQC) as a GP partnership provider in Chadsmoor, Cannock. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. The practice holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed contract between NHS England and the general practice and offers variation in the range of service which may be provided by the practice. The practice area is one of higher deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection there were 4,081 patients on the patient list.

The practice staffing comprises of:

- Two GP partners (one male and one female) and a female salaried GP.
- One part time nurse practitioner, two part time practice nurses and two part time phlebotomists (trained to take blood).
- A practice manager and reception staff.

The practice is open every weekday from 8.30am until 6.30pm, and the telephones are answered from 8am. Appointments are available every day except Thursday

afternoons. Consultation times vary depending which GP is working, the earliest at 8.40am and the latest at 5.10pm. Extended hours appointments are available with the GPs on Tuesday evenings.

The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Staffordshire Doctors Urgent Care Limited, the GP out-of-hours service provider.

Why we carried out this inspection

We carried out an announced inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 11 March 2016 had been made. We inspected the practice against all of the five questions we ask about services. This is because the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

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

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

Detailed findings

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

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

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

about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 28 October 2016.

We spoke with a range of staff including the GPs, the advanced nurse practitioner, a practice nurse, practice manager and members of reception staff during our inspection. We spoke with eight patients, including two representatives from the patient participation group, looked at comment cards and reviewed survey information. We also spoke with representatives from two local care homes who cared for patients who received a service from the practice.

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

Are services safe?

Our findings

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

- A clearly defined system for the handling and investigation of significant events was not in place.
- The risk to reception staff and the cleaner from handling samples or clinical waste had not been assessed or their immunisation status recorded.
- Systems were not in place to monitor the use of prescription stationery.

This resulted in the practice being rated as requires improvement for providing safe services.

Safe track record and learning

Following our previous inspection, improvements had been made to the process for recording, investigating and learning from incidents that may affect patient safety. The practice had developed and introduced an effective system for reporting and recording significant events.

- A significant event policy and procedure was available to staff. There was evidence to support that staff had read and understood this policy.
- A system was in place for staff to record their significant events, which included both positive and negative occurrences. Staff told us they would inform the practice manager of any incidents.
- 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were discussed at the monthly practice meeting. The meetings were minuted so the information could be shared with all staff.
- The practice carried out a thorough analysis of the significant events. Each significant event had a post event review date to monitor for similar situations.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw evidence that these had been actioned appropriately by the clinicians.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. All staff had received the appropriate level of safeguarding training for their role.
- The practice held registers for children considered at increased risk, and children with protection plans were identified on the electronic patient record. The practice did not meet regularly with the health visitor but told us they had a good relationship and could contact them at any time.
- A notice in the waiting room 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).
- However there was confusion amongst the staff team as to the role of a chaperone and where they should stand whilst the examination was taking place. The policy and training clearly stated that the chaperone will be able to

Are services safe?

witness the examination process and not be obscured by the couch curtain. Several members of staff including a clinician told us that the chaperone could stand outside the curtain.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses supported by the nurse practitioner was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. All staff had been offered Hepatitis B vaccinations. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we found that infection control was being compromised by the storage of the cleaning mops in the patient toilet.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice used an electronic system to support clinicians to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and systems were in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files of recently employed members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Evidence of indemnity insurance was seen for the practice nurse and phlebotomists.

Monitoring risks to patients

Although risks to patients were assessed, the management in some areas needed to be improved.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified the local health and

safety representative. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had only actioned one of the recommendations made in the legionella risk assessment. The practice manager made arrangements for a contactor to visit and quote for the work during the inspection.
- The practice had up to date fire risk assessments and the last fire drill was carried out in October 2016. However, the fire drill did not include the evacuation of patients. Staff received regular fire training. One member of staff was the designated fire marshal but had not received any specific training for this role. This member of staff told us they tested the fire alarm on a weekly basis but the information was last recorded in June 2016. The fire alarm outlet and emergency lighting had not been serviced on a regular basis. A five yearly electrical wiring installation check had not been completed. The practice manager made arrangements for contractors to service the alarm during the inspection and to obtain quotes for the emergency lighting and wiring installation check.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Reception staff worked set hours and covered for each other for sickness and holidays. The GPs were moving towards a more formalised system for authorising holidays due to the increase in number of GPs.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training. There were emergency medicines which were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

During our previous inspection in March 2016, we found that the practice was not providing effective services for patients. This was because:

- The practice did not have a structured system in place to invite patients for a review of any long term conditions, nor identify patients who did not attend for reviews or screening tests.

This resulted in the practice being rated as requires improvement for providing effective services.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff told us that new guidelines were discussed at the practice meetings.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment of patients with long term conditions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed an improvement from the previous figures and the practice achieved 91.7% of the total number of points available (which was 5.1% below the local Clinical Commissioning Group (CCG) and the national averages), with 8.5% clinical exception rate (which was 3% below the CCG average and 1.3% below the national average). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We saw that the practice had implemented an effective system for the management of patients with long term conditions. The nurse practitioner was responsible for identifying patients with long term conditions and invited them to attend the practice for their review. Patients received three invitations to attend for their review, with each invitation at least four weeks apart. The first two invitations were usually by telephone and recorded on the electronic patient record. The third invitation was by letter and included a disclaimer for patients to complete and return if they wished to decline attending for their review. We saw that QOF performance was discussed at the monthly clinical meetings. The figures provided by the practice during the inspection indicated they were on target for attendance at long term condition reviews.

There was evidence of quality improvement including clinical audit.

- The practice provided us with evidence of 10 clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. One of these audits looked at whether patients with a particular heart condition which increased the risk having a stroke were receiving anticoagulation therapy (to prevent the clotting of blood). The first cycle identified 14 out of 52 patients who were not receiving anticoagulation therapy. The second audit cycle completed four months after the first identified seven out of 54 patients who were not receiving anticoagulation therapy. This demonstrated an increase in the number of patients with this particular heart condition receiving appropriate medicines.
- An audit of the insertion of intrauterine devices for contraception had also been undertaken. This audit highlighted the number of procedures performed in a 12 month period was smaller than the recommended guidance figure. Evidence of the GPs' certification to carry out these procedures was not available during the inspection. The GPs confirmed in writing following the inspection that they would stop offering the insertion of intrauterine devices for contraception.

Effective staffing

Staff had the skills, knowledge and experience 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 practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The nursing team had attended six training sessions with the diabetic specialist nurses during their protected learning time.
- The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.
- The learning needs of the staff were identified through a system of appraisals, meetings and reviews of practice development needs. The staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and facilitation and support through the revalidation process for GPs and nurses. Staff had protected learning time, either in house or at training events organised by the CCG. All of the staff had had an appraisal within the last 12 months.
- The nurse practitioner was developing their skills and studying towards a masters degree in advanced nursing practice.
- The staff received training that included: safeguarding, fire procedures, basic life support, information governance awareness, health and safety, infection control and equality and diversity. The 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 and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice participated in the hospital admission avoidance scheme and had identified 67 patients who were at high risk of hospital admission. The care of these patients was managed using care plans. The GPs contacted patients on the hospital admission avoidance scheme following any discharge from hospital and carried out a review of their care if required. The practice told us they were due to start meeting the community matron and community nursing team to discuss the care of these patients.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had 10 patients who had been identified with palliative care needs and held six weekly meetings attended by the GPs, palliative care nurse and community nurses.

We spoke with representatives from two local care homes. They told us they enjoyed a good working relationship with the practice, and the GPs visited when requested and were responsive to the needs of the patients.

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.
- Staff received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The representatives from two local care homes told us the GPs were fully involved in advance care planning for patients with dementia, end of life care or complex care needs. They told us they spent time speaking with patients and families to support informed decision making.

Are services effective?

(for example, treatment is effective)

- Written consent forms were used for minor surgery but not the insertion of intrauterine devices for contraception (known as COILs).

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet and smoking cessation. Staff told us patients could be referred to Together For Health for support with weight loss and One Recovery for support with addictions. Exercise on referral was also available. A smoking cessation advisor visited the practice weekly to see patients who wished to stop smoking. The nursing team described several examples where they were supporting families to make changes to their lifestyle.

The practice's uptake for the cervical screening programme was 73%, which was lower than the national average of 81%. (Exception reporting for cervical screening was 1%, which was 4% below the CCG average and 5% below the national average). There has been a slight improvement in the uptake for cervical screening although the practice recognised that further improvements were required. The practice had introduced a recall system and sent patients three invite letters in addition to those sent to patients by the screening service. The practice offered family planning and routine contraception services including implant and coil insertion. However, due to the low numbers of patients requesting this service, the GPs were carrying out fewer procedures per year than the recommended minimum. The GPs verbally agreed to stop providing this service at the practice.

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

- 72% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was comparable to the CCG average of 71% and national average of 72%.
- 57% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was comparable to the CCG average of 57% and national average of 58%.

Although there had been an increase in childhood immunisation rates, the percent of children under two year olds and five year olds receiving vaccinations was below the CCG average (2015/16). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 98% (CCG rate 94% to 98%) and for five year olds were comparable to the CCG averages. For example the practice rates ranged from 86% to 98% (CCG rate 91% to 98%). The nursing team were looking at ways to improve the immunisation rates, including introducing text message / telephone call reminders for appointments.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 20 completed comment cards and these 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 eight patients during our inspection, two of whom were members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patient satisfaction rates for consultations with GPs and nurses were comparable to the Clinical Commissioning Group (CCG) and national averages. Two hundred and ninety seven survey forms were distributed and 110 were returned. This gave a return rate of 40%. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.

- 82% of patients said the last GP they spoke to was good or very good at treating them with care and concern compared to CCG average of 82% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good or very good at treating them with care and concern compared to the CCG and national averages of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average and national averages of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 80% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 95% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However, the practice did not display information in the reception areas informing patients this service was available.
- Information leaflets were available around the practice.

Are services caring?

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. Two patients told us that the practice had supported them and their spouse through life changing illnesses.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 78 patients as carers (1.9% of the practice list). The practice encouraged patients to inform them if they were also a carer through notices displayed around the building and completion of a registration form. Information about local support

networks, including the carers centre was on display. Carers were offered an annual health check and flu vaccination. Carers could also be signposted to the care co-ordinator for advice regarding services in the community.

Patients had access to a number of local services to assist them with the management of their mental health. The practice worked closely with the dementia services to support patients and families through diagnosis and management. Patients could also be referred to a local counselling service.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local Clinical Commissioning Group (CCG) and was involved in shaping local services. One of the GP partners regularly attended the monthly CCG and locality meetings. The GPs and nursing team attended the monthly protected learning time events organised by the CCG.

- There were longer appointments available for patients with a learning disability or for patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A small number of home visits during the afternoons were carried through the Acute Visiting Service (AVS), rather than by the GP. This service was provided by local GPs for patients in the local CCG area.
- Extended hours were offered with the GPs on Tuesday evenings between 6.30pm and 7.30pm.
- The practice was part of the Cannock Network. The network provided an extended clinical hub, whereby patients could book an on the day appointment through their own practice with a GP or nurse between 3.30pm and 8pm if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday and Sunday mornings between 9am and 12 noon.
- The GPs cared for a number of patients who lived in three local care homes. The responsibility for visiting these patients was shared between the partners, to provide continuity of care.
- Same day appointments were available for children as well as patients requesting an urgent appointment.
- Telephone consultations and advice was available to all patients but especially for working age patients.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open every week day from 8.30am until 6.30pm, although the telephones were answered from 8am. Appointments were available every day except

Thursday afternoons. Consultation times varied depending which GP was working, the earliest at 8.40am and the latest at 5.10pm. Extended hours appointments were available with the GPs on Tuesday evenings.

Appointments could be booked in person, over the telephone and on line. The practice offered on the day and urgent appointments with the GPs and nurse practitioner. Small numbers of pre-bookable appointments were also available. Pre-bookable appointments were available with the practice nurses. The practice was part of a cluster containing three GP practices. The GPs provided cover for each other for home visits, emergency and occasionally routine appointments.

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

- 87% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the CCG and national averages of 79%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG and national averages of 73%.
- 83% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 78% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the CCG average of 74% and national average of 76%.
- 70% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. All of the patients spoken with had been offered same day appointments.

The practice had a system in place to assess:

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

Staff told us that requests for home visits were transferred through to the GPs. In cases where the urgency of need was so great that it would be inappropriate for the patient to

Are services responsive to people's needs?

(for example, to feedback?)

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

Following our previous inspection improvements had been made to the system for handling complaints and concerns. We saw that all complaints, both written and verbal, were recorded, investigated and responded to.

- The 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 information to help patients understand the complaints procedure was on the website and displayed in the waiting room.
- Patients spoken with during the inspection that although they had not needed to, they would raise concerns if they had any.

The practice had received eight complaints in the last 12 months. We looked at two complaints in detail and found they had been satisfactorily handled and demonstrated openness and transparency. All complaints were discussed at the annual complaints meeting held in September 2016 and attended by the GPs and the practice manager. The discussions and learning from the annual meeting had been shared with staff during a recent practice meeting.

Are services well-led?

Good 

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

Our findings

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

- The system for reporting significant events was not robust and did not support that learning from outcomes of analysis of significant events actively took place or was shared with staff.
- There was no overview of significant events to identify themes or trends, or to review whether any learning had been embedded into practice.
- A system was not in place to ensure that the practice nurses and phlebotomists had indemnity insurance in place.

This resulted in the practice being rated inadequate for being well led.

Vision and strategy

The practice had developed a mission statement, which was on display around the practice. This included core values and had been shared with all staff. The GP partners clearly described their plans for the future. They had developed a business plan, which was on display for patients to read in the waiting room. The GPs partners shared their succession planning during the inspection. The GP partners planned to reduce the number of sessions they worked each week. To facilitate this change an additional GP had been recruited to work six sessions a week.

Governance arrangements

Following our previous inspection there had been improvements in the governance processes within the practice. The practice had a governance framework which supported the delivery of the strategy and good quality care.

- Policies and procedures were place and available to all staff to support the safe running of services. The practice had developed a significant event policy and procedure following the last inspection, and this had been shared with staff. Policies and procedures were up to date with clear review dates.

- The practice had introduced an effective system for reporting and recording significant events, including a thorough analysis of all significant events. Staff told us they were informed of any learning and action points from significant events.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Systems had been introduced to monitor the use of prescription stationery, the risks associated with handling specimens or cleaning up spillages had been assessed and staff offered appropriate immunisations and evidence was support clinical staff had indemnity insurance cover.
- Processes had been introduced to monitor the performance of the practice. The nurse practitioner with support from the practice manager was responsible for monitoring Quality and Outcome Framework (QOF) data. An effective recall system for patients with long term conditions and patients requiring cervical screening had been introduced. QOF data was discussed at the monthly clinical meetings.
- The practice had improved how they handled complaints and concerns. We saw that all complaints, both written and verbal, were recorded, investigated and responded

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 partners encouraged a culture of openness and honesty. The practice had 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.

We saw that since our previous inspection, improvements had been made to the leadership and management

Are services well-led?

Good 

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

structures within the practice. Staff told us they felt supported by the management and this had been enhanced through the improved communication systems, which included the introduction of formal minuted meetings and the incident reporting system.

- We saw that regular meetings were held. These included monthly practice meetings, nurse meetings and clinical staff meetings. All meetings were minuted to enable staff that were not present to update themselves on discussions.
- 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys, NHS Friends and Family Test and

complaints received. The FFT is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

- The practice had a patient participation group (PPG). The PPG had a small number of members but met with the practice on a regular basis. We spoke with two members of the PPG, one of whom had recently joined the group. They told us the survey results had been shared with them, and the practice had listened to their suggestion of displaying the results in the waiting room. They told us the nurse practitioner had attended a meeting to explain their role.
- The practice carried out a patient satisfaction survey during August 2016. The results had been analysed and shared with the PPG. An action plan had been developed to address the issues identified. This included adding information to the website explaining why patients were asked about the reason for their visit and displaying the results in the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told they felt more involved in the running of the practice following the introduction of regular staff meetings. They told us they felt better informed as they had access to minutes of meetings and were able to keep themselves up to date even when they were unable to attend the meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.