

Dr JS Chandra

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Chandra's surgery on 18 January 2017. Overall the practice is rated as requires improvement.

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

- There was not always an effective system in place for the management of significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they could make an appointment in advance with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs, however emergency equipment was not easily accessible.
- The practice was registered incorrectly. We have asked the practice to update this so that they are complying with the registration regulations.
- There was a clear leadership structure and staff felt supported by management, although the practice did not have clear visions and values embedded.
- The practice did not act upon patient feedback provided in the GP patient survey.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Review and consider processes to ensure the proper management of emergency equipment.

Summary of findings

- Improve the system for the management of significant events in relation to the identification of risks to patients.
- Review and consider GP patient survey results and ensure these are acted upon to make improvements to services for patients.

The areas where the provider should make improvement are:

- Review and consider the practice's visions and values and ensure all staff are aware of these.
- Continue to encourage patients to attend bowel cancer screening programmes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was not an effective system in place the system for the management of significant events in relation to the identification of risks to patients.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Oxygen was stored in another practice. We were not assured that this enabled the practice to manage a medical emergency.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2015 -16 (QOF) showed patient outcomes were in line with national averages.
- 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.
- However improvement was required regarding recording of staff training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice below others for several aspects of care.
- Action had not been taken as a result of patient comments in the most recent national GP patient survey.
- Information for patients about the services available was easy to understand and accessible.

Requires improvement



Summary of findings

- 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.

- Practice staff reviewed the needs of their local patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day, however patients' feedback said that they found it difficult to get through to the practice by the telephone at peak times.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice did not have a mission statement or any formal document to set out the vision for their service. We highlighted this during our inspection and the practice responded by immediately drafting a mission statement document. Staff we spoke with did however tell us that they prioritised patient care and quality of service.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 the Patient Participation Group (PPG).

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as Requires Improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- 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 kept up to date registers of patient's health conditions and data reported nationally was that outcomes were comparable to that of other practices for conditions commonly found in older people.

The practice provided regular ward rounds at a number of nearby nursing and residential care homes.

Requires improvement



People with long term conditions

The practice is rated as Requires Improvement for the care of people with long-term conditions. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than national averages. For example: The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 85% compared to the Clinical Commissioning Group (CCG) average of 82% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named (usual) GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as Requires Improvement for the care of families, children and young people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of female patients aged 25-64 attended cervical screening within the target period compared with the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was evidence of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as Requires Improvement for the care of working-age people (including those recently retired and students). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice, however services had not been adjusted to ensure these were accessible, flexible and offered continuity of care.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as Requires Improvement for the care of people whose circumstances may make them vulnerable. This is because

Requires improvement



Summary of findings

the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people who were encouraged to register using the practice as a home address and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as Requires Improvement for the care of people experiencing poor mental health (including people with dementia). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- The practice had reviewed the care for 91% clinical commissioning group of its patients diagnosed with dementia in a face to face meeting in the preceding 12 months, which was higher than the clinical commissioning group (CCG) average of 83% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing below some national averages in some of the areas the practice measured above national averages. 283 survey forms were distributed and 93 were returned. This represented 4% of the practice's patient list;

- 91% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.

- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were positive about the standard of care received.

We spoke with five patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Review and consider processes to ensure the proper management of emergency equipment.
- Improve the system for the management of significant events in relation to the identification of risks to patients.

- Review and consider GP patient survey results and ensure these are acted upon to make improvements to services for patients.

Action the service **SHOULD** take to improve

- Review and consider the practice's visions and values and ensure all staff are aware of these.
- Continue to encourage patients to attend bowel cancer screening programmes.

Dr JS Chandra

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr JS Chandra

Dr Chandra's surgery is situated and the inspection was conducted at Hednesford Valley Health Centre, Station Road, Cannock, Staffordshire. The provider is registered with the Care Quality Commission to provide primary care services. The practice has a Personal Medical Services (PMS) contract with a registered list size of 2462 patients (at the time of inspection). The practice is based in the fifth least deprived areas when compared to other practices nationally.

The male life expectancy for the area is 78 years compared with the Clinical Commissioning Group (CCG) averages of 78 years and the national average of 79 years. The female life expectancy for the area is 83 years compared with the CCG averages of 82 years and the national average of 83 years.

There are four GPs, one is the lead GP whilst the remaining three are sessional Locum GPs and two practice nurses. Patients are able to see both male and female GPs. They are supported by a practice manager and administration staff.

The practice is located on one floor containing reception, waiting areas, consulting rooms, disabled toilet facilities, treatment rooms a training room and administration offices. There is step free access into the building and access for those in wheelchairs or with pushchairs.

The practice is open between 8am and 6.30pm Monday to Friday, the practice offers extended hours on Thursday until

7.45pm. GP appointments are available between 9.30am until 12.00pm and 4.30pm until 6.30pm. During extended hours appointments are available until 7.45pm. The practice is involved in the Cannock Network Project. A group of ten local GPs offer patients the service to book an on the day appointment through their own practice with a GP or nurse between 3.30pm and 8pm at the Network practice if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday mornings between 9am and 12 noon.

The practice employs the use of the Staffordshire Doctors Urgent Care to provide its out-of-hours service to patients. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2017. During our visit we:

Detailed findings

- Spoke with a range of staff, the GP, nurses, the practice manager and spoke with patients.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place 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 on the practice's computer system and were printed when required. These were completed and passed to the practice manager. 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 significant events were discussed during the practice meeting every two months. The practice would also have, if required, specific meetings to discuss an urgent significant event. We were told that clinical staff were present, as were senior administration staff. We also saw that learning was subsequently passed to other members of staff in individual team meetings and minutes were available on the shared IT system.
- 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.
- However, we reviewed the three most recent staff meeting minutes at which significant events had been discussed and found that no GP had attended the meeting. This meant that there was no clinical input into the discussions of significant events at these meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- 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. The GP attended safeguarding meetings when possible and had provided reports where necessary for other agencies, when they had been requested to do so. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff had received safeguarding training at a level relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the premises were clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice kept a stock of vaccines, these were kept in lockable refrigerators and the temperatures were monitored daily. Stock was rotated and there was a procedure in place for ordering stock. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and procedures in place to keep patients safe and safeguarded from abuse, which included:

Are services safe?

prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Within the building there were a number of other GP practices, they all shared the defibrillator and oxygen, this practice held the defibrillator which was stored within the treatment room. However, oxygen was stored in another practice and at the time of the inspection the practice did not have a system in place that assured us that oxygen was readily available available, had been checked and was accessible in case of emergency.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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.
- 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 data for 2015/16 showed that the practice had achieved 99% of the total number of points available. With overall exception reporting of 10% which was higher than the national average of 7%. (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).

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was better than the national average. For example: the percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (blood glucose levels) was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 80% compared to the Clinical Commissioning Group (CCG) average of 78% and the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average. The practice rate was 86% compared to the CCG average of 83% and the national average of 83%.

- Performance for mental health related indicators was above the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016). The practice rate was 100% compared to CCG average of 91% and the national average of 89%. With exception reporting of 9% which was below the CCG average of 15% and the national average of 13%.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. Two clinical audits had been completed in the last twelve months. One of these reviewed patients with atrial fibrillation to assess the risk of stroke, and the other reviewed patients prescribed an anticoagulant medicine warfarin to identify whether another medicine would be more suitable. 49 patients prescribed warfarin were eligible for alternative therapies. A reaudit was conducted which showed that 10 patients had their prescription changed.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. The needs of patients with more complex health or social care needs were discussed at multi professional meetings.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training. However, we found that some elements had only been recently introduced and as such records of completion of staff training was not always accurate. We were told that this was being addressed by the practice manager and did not present a risk to patients.

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.

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex 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. 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 monitored through patients' records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Referrals to dietician services were available on the premises and smoking cessation advice was available from a local support group.

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 telephoned patients who did not attend for their cervical screening test to remind them of its importance and conducted opportunistic testing.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and we found that these were in line with local and national averages. For example, the practice's uptake for persons, 60-69, screened for bowel cancer in the last 30 months (2.5 year coverage, %) was 50% compared with the CCG and national average of 58%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, practice data for Childhood Vaccinations up to Age 2 showed that the practice achieved 10 out of 10 compared to the national average of 9.1 out of 10.

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

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The four 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 members of the patient participation group (PPG). 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 patients needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, gave some positive responses from patients when asked if they felt they were treated with compassion, dignity and respect by nurses or reception staff. However, questions relating to GPs were below Clinical Commissioning Group (CCG) and national averages. For example:

- 71% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern which was in line with the CCG and national average.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

We discussed these results with the practice and were told that they had been highlighted as areas for improvement by the practice manager, however no further action had been taken.

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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients rated the practice below others about their involvement in planning and making decisions about their care and treatment by the GPs. But comments regarding nurses were in line with local and national averages. For example:

- 64% 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%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Are services caring?

We discussed these results with the practice and were told that they had been highlighted as areas for improvement by the practice manager, however no further action had been taken.

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. We saw notices in the reception areas informing patients this service was available.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers including young carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

The services were planned and delivered to take into account the needs of different patient groups.

- The practice routinely offered extended hours.
- 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 offered both well woman and well man clinics.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for the disabled, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, the practice offered extended hours on Thursday until 7.45pm. GP appointments were available between 9.30am until 12.00pm and 4.30pm until 6.30pm. During extended hours appointments were available until 7.45pm.

Appointments could be booked up to four weeks in advance and there were urgent appointments available on the day, once same day appointments had been taken patients were referred to the Cannock Network Project.

Results from the national GP patient survey published in July 2016, showed that patient's satisfaction with how they could access care and treatment were in line or above when compared with local and national averages. For example:

- 72% of patients were satisfied with the practice's opening hours compared with the CCG average of 76% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared with the CCG average of 73% and the national average of 73%.
- 73% of patients described their experience of making an appointment as good, which was in line with CCG and the national average.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 75% and the national average of 78%.

The practice were aware of these results and although we were told discussions amongst senior management had taken place there was no action plan present.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- 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

We looked at the three complaints that had been resolved and ongoing complaints received in the last 12 months and found these had been handled in an open and transparent way.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice did not have a mission statement or any formal document to set out the vision for their service. We highlighted this during our inspection and the practice responded by immediately drafting a mission statement document. Staff we spoke with did however tell us that they prioritised patient care and quality of service. The practice is registered with the Care Quality Commission as a partnership to provide primary medical services to patients. Following registration in April 2013 one of the partners retired from the practice and there was no registered manager in place. This meant that the practice was not meeting the registration regulations and has been advised to deal with this issue.

Governance arrangements

The practice governance framework which supported the delivery of the strategy and good quality care required strengthening in some areas. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The system in use for managing significant events required strengthening so that clinical oversight was achieved.
- There was a programme of clinical and internal audit to monitor quality and make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice had not managed the risks in relation to the provision of oxygen in the event of a medical emergency.

Leadership and culture

Staff told us the leadership team 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). This included support and training for all staff on communicating with patients about notifiable safety incidents. 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, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us and we saw that the practice held regular bi-monthly team meetings.
- 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 were aware of the low patient satisfaction rates as highlighted in the national GP patient survey published in July 2016. The practice had not responded to this feedback and there were no action plans for improvement.

The practice had gathered feedback from patients through the patient participation group (PPG). The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, waste bins outside the practice. The PPG had space on the notice board in reception to help advertise the PPG role.

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

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. How the regulation was not being met: There was a lack of clinical input when managing and analysing significant events.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance. How the regulation was not being met: There was no process to ensure the proper management of emergency equipment There was no process to ensure patient feedback was acted upon to make improvements to services for patients.