

# The Nile Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Nile Practice on 1 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was shared with staff and reported to external agencies when required.
- Required recruitment checks had been made before a member of staff was employed to work at the practice. However, the physical and mental health of newly appointed staff had not been considered.
- Fully effective systems were not in place to mitigate risks to patients who took high risk medicines.
- An overarching training matrix and policy was in place to monitor that all staff were up to date with their training needs and received regular appraisals.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Feedback from patients about their care was consistently positive and was reflected in the national patient survey published in July 2016.
- The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a vision which was to provide holistic personal care to their practice population.

# Summary of findings

- The practice had visible clinical and managerial leadership but governance and audit arrangements were not always effective. However the provider was aware of the gaps in governance and had made plans to address them.

The areas where the provider must make improvement are:

- Implement a formal system to log, review, discuss and act on alerts received that may affect patient safety.
- Review the list of emergency medicines kept to ensure that risks associated with emergency situations are mitigated. Implement effective systems to mitigate risks to patients who take high risk medicines.
- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Put a system in for the effective management and monitoring of patients on repeat medication.

The areas where the provider should make improvement are:

- Implement an effective system to collate information on children attending local A&E departments.
- Implement a system to identify vulnerable adults on their electronic notes.
- Put systems in place to demonstrate that clinical guidelines are implemented
- Explore how the number of carers identified could be increased and how information for carers could be better displayed.
- Include information about the patient participation group on the practice website.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice's system to log, review, discuss and act on alerts received that may affect patient safety was not effective. Some alerts were seen to have not been acted on.
- Effective systems to mitigate risks to patients who took high risk medicines were not in place.
- The practice had processes and practices in place to keep patients safeguarded from the risk of abuse.
- Required recruitment checks had been made before a member of staff was employed to work at the practice, but this did not include an assessment of their physical or mental health.
- The practice had processes in place to respond to medical emergencies and major incidents but we found gaps in the practice's arrangements that had not been risk assessed.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above the national average. The most recently published results showed the practice had achieved 100% of the total number of points available.
- Childhood immunisation rates for the vaccinations given were above the national average.
- Practice staff were unable to describe a structured approach to how National Institute for Health and Care Excellence (NICE) best practice guidelines and standards were disseminated, audited and actioned in a comprehensive manner.
- Clinical audits had been completed in relation to some NICE guidelines, and minutes of clinical meetings evidenced that new guidelines had been discussed. However, there was no structured approach to the implementation of clinical guidelines.

# Summary of findings

- Staff worked with health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had shared information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- An overarching training matrix and policy had been put in place to monitor that all staff were up to date with their training needs and received regular appraisals.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 36 patients as carers (0.6% of the practice list) and offered them annual flu immunisations and health checks. There was information available for carers but this was not clearly displayed.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice hosted an ultrasound service and the Cannock site hosted a hearing aid service for patients.
- 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. This was supported by the results of the national patient survey published in July 2016.
- Patient feedback was positive about the appointment system. Data from the National Patient Survey published in July 2016 showed that 83% of respondents described their experience of making an appointment as good.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.

## Are services well-led?

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

- The practice had a vision to provide holistic, evidence based care to their practice population in a family centric environment. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular team meetings.
- The practice had some systems and processes in place to support an overarching governance framework that improved the quality and safety of their service. We identified several areas which required ongoing review. The provider was aware of these and had planned improvements.
- 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 practice had a supporting business plan to ensure the future direction and challenges to the practice were assessed, monitored and evaluated.

**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.
- Longer appointments were offered to older patients to enable clinicians to treat multiple problems when requested.
- Older patients received regular health and medication reviews and those at an increased risk of hospital admission had care plans documented on their records.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients were supported to attend consultations at the practice by a free taxi service run by a local charity.
- Flu, pneumococcal and shingles vaccinations were offered to older patients both at the practice and in patients' homes when they were housebound.
- Older patients could be referred into local services that included a falls clinic, hearing/hearing aid service and a community eye service.

Good



### People with long term conditions

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

- Nursing staff were supported by the GP in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes in all five related indicators was above the Clinical Commissioning Group (CCG) and national averages.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice achieved high uptake rates of flu vaccinations for those patients with chronic conditions.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. However there was no system that collated information from nearby accident and emergency departments.
- The practice's uptake for the cervical screening programme was 85%, which was higher than the CCG average of 81% and the national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- It was practice policy to offer pregnant women same day appointments when concerned about their health.
- New mothers were offered post-natal checks and development checks for their babies.
- Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were above the national average.
- The practice offered easy access for young patients to discuss sexual health issues.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available normally on a Monday evening. Telephone consultations were also available.
- 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. These included smoking cessation and weight management services.
- All patients between the age of 40 and 74 years of age were offered NHS health checks.

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.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and patients with drug related problems who received medication to help them in the management of their addiction.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- The GP was trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- The practice had shared information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

## People experiencing poor mental health (including people with dementia)

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

- Ninety-three per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the Clinical Commissioning Group (CCG) average of 83% and the national averages of 84%.
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91%. This was above the CCG average and the national average of 89%. The exception reporting rate was 12.5% which was lower than the CCG average of 15% and the national average of 13% meaning more patients had been included.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was in the process of becoming a dementia friendly practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Two hundred and fifty four survey forms were distributed and 129 were returned. This represented a 51% return rate (2% of the practice population).

- 94% of respondents found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average the national average of 73%.
- 91% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average the national average of 85%.
- 83% of respondents described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

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

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 42 comment cards all of which were positive about the standard of care received. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to. Three patients stated that they were satisfied with the service but had experienced difficulties securing an appointment, but 16 of the comment cards complimented the practice on the prompt availability of appointments. The comment cards were universally positive on care and helpfulness shown by the GPs and staff employed at the practice.

## Areas for improvement

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

- Implement a formal system to log, review, discuss and act on alerts received that may affect patient safety.
- Review the list of emergency medicines kept to ensure that risks associated with emergency situations are mitigated. Implement effective systems to mitigate risks to patients who take high risk medicines.
- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Put a system in for the effective management and monitoring of patients on repeat medication.

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

- Implement an effective system to collate information on children attending local A&E departments.
- Implement a system to identify vulnerable adults on their electronic notes.
- Put systems in place to demonstrate that clinical guidelines are implemented
- Explore how the number of carers identified could be increased and how information for carers could be better displayed.
- Include information about the patient participation group on the practice website.

# The Nile Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

## Background to The Nile Practice

The Nile Practice is registered with the Care Quality Commission (CQC) as a two partner GP practice in Cheslyn Hay, Walsall and has a branch surgery in Cannock. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area is less deprived when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 6500 patients. The practice age distribution is in line with the national and CCG area. For example, the percentage of patients aged 65 and over is 19% compared to the CCG average of 19% and national averages of 17%. The percentage of patients with a long-standing health condition is 51% which is lower than the local CCG average of 58% and the national average of 54%.

The practice is open from 8am each week day and closes at 7.30pm on a Monday, 6.30pm on a Tuesday, Thursday and Friday and 1pm on a Wednesday. The Cannock branch surgery opening hours are the same except for a Wednesday when it closes at 6.30pm and a Thursday when it closes at 1pm. It provides pre-bookable appointments

between 9am and midday Monday to Friday mornings and between 4pm and 6pm on week day afternoons. Daily clinics are a mix of pre-booked, same day and urgent appointments. Appointments can be booked eight weeks in advance for GPs and 12 weeks in advance for nurses. Extended hours appointments are normally available on a Monday up until 7pm and some weeks the practice offers evening appointments on Tuesdays or Wednesdays as an alternative. The practice does not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, via the NHS 111 service when the practice is closed.

The practice team consisted of:

- Two full time GP partners (one male, one female)
- A salaried GP (male) working 0.5 whole time equivalent.
- GP Registrar
- Two practice nurses
- A health care assistant
- A practice manager
- Two senior receptionists
- Seven reception and administrative staff.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations, travel vaccinations and NHS health checks. The practice is an accredited training practice for final year medical students and GP Registrars.

## 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

# Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also spoke with a member of the patient participation group following our inspection. We carried out an announced inspection on 1 November 2016. During our inspection we:

- Spoke with a range of staff including a GP, members of the practice nursing team, the practice manager and administrative staff.
- Observed how patients were cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff knew their individual responsibilities, and the process, for reporting significant events.
- The 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).
- The practice had recorded and carried out a thorough analysis of six significant events in 2016 (seven recorded in 2015). When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team in the quarterly practice meetings. Significant events were discussed at weekly clinical meetings, or sooner if required.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice was able to demonstrate how an event relating to a sample taken from a minor surgery procedure was sent to histology for testing was labelled incorrectly. The practice implemented a cross check so each sample taken was checked before being sent.

The practice had a system to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The alerts were sent to the GPs for action by the practice manager but one GP could not recall a recent alert. We saw evidence that some of these alerts had been acted upon but found gaps where the process had not been followed. For example, an MHRA alert issued in June 2016 highlighted that a brand of glucose test strips may give incorrect low blood glucose results. A computer search had been carried out to identify any patients who may have been receiving these strips but there was no record of any actions completed. We looked at five recent alerts and saw that searches had been run the day before the inspection and actions were planned but had not been completed. In the practice manager's absence some alerts were received by the GPs but other alerts such as patient alerts were not accessible to other staff.

### Overview of safety systems and processes

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

- All staff knew their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. All staff had received role appropriate training to nationally recognised standards. For example, the GP had attended level three training in safeguarding children. There was a lead member of staff for safeguarding. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Vulnerable children were highlighted on the provider's clinical computer system but vulnerable adults relied on being identified by staff knowledge of patients.
- Chaperones were available when needed. All staff who acted as chaperones had received training, a Disclosure and Barring Service (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and in clinical and treatment rooms.
- The practice was visibly clean and tidy. Clinical areas had appropriate facilities to promote current Infection Prevention and Control (IPC) guidance. IPC audits had been undertaken and an action plan put in place to mitigate any risks identified. Clinical staff had received immunisations to protect them from the risk of healthcare associated infections. There was an infection control protocol in place and staff had received up to date training.
- We looked at three staff files and found that most required recruitment checks for staff had been undertaken in line with current legislation prior to employment. The checks made were in accordance with the practice recruitment policy. These included Disclosure and Barring Service (DBS) checks when required, written references, photographic identification and professional registration when appropriate. However, there was no processes in place to demonstrate that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role.

# Are services safe?

- Arrangements for managing emergency medicines and vaccines were in place. Blank prescription forms and pads were securely stored and there were systems 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. A health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

The arrangements for managing medicines in the practice did not always ensure that patients were kept safe:

- We found that systems to monitor patients prescribed high risk medicines were not always effective. There were 15 patients on a disease-modifying antirheumatic medicine; six had not received a blood test in the last three months. We looked at three out of the six, one had seen a hospital consultant in the last three months who had written to say that the medication should be continued, two had not been seen at the practice or in secondary care in the last three months but had been prescribed medication in that time. A computer search of patients on high risk medicines was also performed. Out of 94 patients on a medicine used to prevent the formation of blood clots, two had not received recent monitoring but were no longer taking the medication. Of two patients on a medicine to treat bipolar disorder, both were regularly monitored.
- Medication review dates were overdue in the six patients we looked at. We looked at three in detail. All had been coded as having had a medication review within the last six months but the review date had not been updated. We found that 55% of patients on repeat medication had been reviewed since April 2016. However the review dates had not been updated correctly on the computer system which prevented effective management and monitoring of patients on repeat medication. The provider told us that a system and additional resources had been planned to complete patient medication reviews.
- An effective system for the management of uncollected repeat prescriptions was in place. The prescriptions were checked every two months and uncollected prescriptions removed, destroyed and recorded on the patient notes.

## Monitoring risks to patients

Environmental risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out regular fire drills. The most recent fire evacuation drill had been carried out in July 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as a risk assessment for the GP registrar and for staff who had returned from maternity leave.
- A legionella risk assessment had been carried for the presence of legionella and water samples had been sent for testing in June 2016. The results were negative for both sites (Legionella is a bacterium which can contaminate water systems in buildings).

## Arrangements to deal with emergencies and major incidents

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

- There was a panic button in all the consultation and treatment rooms which could be used alerted staff to any emergency.
- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). We saw that there were adult and children's masks to administer oxygen to patients.
- Some emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and staff knew their location. However there was no system to identify and mitigate foreseeable medical emergencies. For example, there were no medicines to treat bradycardia (a sudden decrease in heart rate),

## Are services safe?

meningitis, anaphylactic shock, severe asthma, nausea or vomiting, acute pain or an epileptic fit. The practice purchased these medications from a local pharmacy during the inspection.

- An up to date business continuity plan detailed the practice's response to unplanned events such as loss of power or water system failure. Contact details for staff and contractors was included and up to date. Copies were kept at both sites as well as remotely.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff told us that they assessed patients' needs and delivered care in line with relevant and current based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, they were unable to describe a structured approach to how these guidelines and standards were disseminated, audited and actioned in a comprehensive manner. The practice showed us clinical audits they had carried out based on recommendations from NICE guidelines. These included the treatment of patients with osteoporosis and audits on minor surgery.

### 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 the practice had achieved 100% of the total number of points available.

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

- Performance for diabetes in all five related indicators was above the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recognised limits, was 84% which was higher than the CCG average of 79% and national average of 81%.
- Performance for mental health related indicators was above the CCG and national averages. For example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 94%. This was above the CCG average of 87% and the national average of 88%. The exception reporting rate was 23% (represented five patients), higher than the CCG average of 16% and the national average of 13% meaning fewer patients had been included. Exception

reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

- Ninety-one per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 85% and national averages of 84%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 96%. This was above the CCG and the national averages of 90%.

The practice's A&E attendance rate was comparable with the local and the national averages. The practice reviewed regular attenders to A&E and all attendances were reviewed by a GP.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- There was an overarching system in place to monitor that all staff were up to date with their training needs. We found that a training policy and matrix had been put in place. This provided the practice with an oversight of the training staff had completed and needed to complete. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses had recently attended refresher courses in immunisations and cervical cytology.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example formal training updates and discussion at practice meetings. The practice nurse had received training in taking samples for the cervical screening programme.
- All staff had received an appraisal in the previous 12 months. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to

# Are services effective?

## (for example, treatment is effective)

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 facilitation and support for revalidating GPs.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

### Consent to care and treatment

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

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant services.
- The practice nurses and health care assistant provided smoking cessation support within the practice. In 2014/15 they had provided support to 35 patients. Twenty-three of these patients (66%) had continued to stop smoking at four weeks.

The practice's uptake for the cervical screening programme was 85%, which was higher than the CCG average of 81% and national average of 82%. Patients who failed to attend their appointment were followed up by a telephone call. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were above national average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% (national rate was 73% - 95%) and from 88% to 100% for all five year old immunisation rates (national rate of 81% - 95%).

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. The practice had carried out 18 NHS health checks in the previous six months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. This service was being supported by an external provider and the practice told us that the associated administration had delayed letters being sent out to patients inviting them for a health check.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a sign at the reception desk to advise patients.
- Telephone conversations took place behind the reception area to maintain patient confidentiality.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to.

We spoke with a member of the patient participation group (PPG) following our inspection. They also told us the practice staff were very caring, the practice management were respectful of the views of the PPG and had listened and acted on their suggestions. 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 patients felt they were treated with compassion, dignity and respect. The practice was comparable to Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

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

- 81% 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%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG the national averages of 87%.

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

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

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

- 80% 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 at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

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

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.

## Are services caring?

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 36 patients as carers (0.6% of the practice list) and offered them annual flu immunisations and health checks. Written information was available to direct carers to the various avenues of support available to them however this was not clearly displayed.

Staff told us that if relatives had suffered bereavement, the GP called them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to access CRUSE, a local bereavement support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Extended hours appointments were available on Monday evening between 6.30pm and 7.30pm for working age patients or other patients who could not attend during normal opening hours. Telephone consultations were also available.
- The practice held a register of patients living in vulnerable circumstances. For example, those with a learning disability and patients with drug related problems who received medication to help them in the management of their substance misuse.
- There were longer appointments available for patients with a learning disability. For example, patients with learning disabilities are given between 30 minutes and 45 minutes depending on the severity of their disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice staff had joined the dementia friends scheme. The practice was in the process of becoming a dementia friendly practice.
- The practice regularly worked with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- New mothers were offered post-natal checks and development checks for their babies.
- The practice hosted an ultrasound service for patients in the local area.

### Access to the service

The practice was open from 8am each week day and closed at 7.30pm on a Monday, 6.30pm on a Tuesday, Thursday and Friday and 1pm on a Wednesday. The Cannock branch surgery opening hours were the same except for a Wednesday when it closed at 6.30pm and a Thursday when it closed at 1pm. It provided pre-bookable appointments between 9am and midday, Monday to Friday mornings and between 4pm and 6pm on week day afternoons. Daily clinics were a mix of pre-booked, same day and urgent appointments. Appointments could be booked eight weeks in advance for GPs and 12 weeks in advance for nurses. Extended hours appointments were normally available on a Monday up until 7pm and some weeks the practice offered evening appointments on Tuesdays or Wednesdays as an alternative. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service via the NHS 111 service when the practice was closed.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG and the national averages of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG and the national averages of 73%.
- 83% of respondents described their experience of making an appointment as good compared to the CCG average of 84% and the national average of 85%.

Comments on the patient comment cards were mainly positive about the appointment system. They told us it enabled them to get appointments when they needed them. Three patients commented on difficulties securing an appointment but 16 of the comment cards complimented the practice on the prompt availability of appointments.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

## Are services responsive to people's needs? (for example, to feedback?)

- 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 on the practice's website and in the practice's complaints leaflet.

We looked at four complaints received in the last 12 months and found they were satisfactorily handled, dealt

with in a timely manner with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, following a patient complaint in January 2016 the practice created a significant event to conduct a full investigation and learning was shared.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a written set of values that included a core value to treat every patient as though they were a family member and provide evidence based holistic medical care to the practice population.

Staff we spoke with were aware of this vision. They told us that teamwork and knowledge of patients was a strength and a number of individuals described the working environment as being like one big family.

The practice had a written development plan that reflected this vision to ensure the future direction of the practice was monitored and evaluated. The management told us of some of the future challenges to the practice, such as the increasing demand for appointments and increased number of older patients with complex needs. There were planned improvements that included increased interaction with the patient reference group (PRG) and participation with a local network of practices to improve care offered in the community.

### Governance arrangements

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

The practice did not have embedded systems and processes in place to support an overarching governance framework that improved the quality and safety of their service.

Areas which required ongoing review were:

- The development of a programme of completed clinical audits to assess and monitor quality and to make improvements.
- The implementation of processes to assess, monitor and mitigate risks to patients such as the prescribing of high risk medicines and actioning of patient safety alerts.
- The development of a system to provide evidence that patients received care in line with current evidence based guidance and standards.
- The implementation of systems to identify and mitigate foreseeable medical emergencies.

### Leadership and culture

The GPs in the practice had the capability to run the practice but was not always able to demonstrate how they ensured high quality care was being provided by all staff. They aspired to provide safe, high quality care but limited governance procedures restricted their ability to monitor and evaluate this. Staff told us the management were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support and a verbal and written apology.
- 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 the management.

- Staff told us the practice held regular 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. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys such as the friends and family test and through complaints received. We looked at recent results from the friends and family test for a the month period (July 2016 to September 2016) and saw that out

# Are services well-led?

Good 

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

of 89 responses, 63 said that they were extremely likely to recommend the practice to friends and family and, 22 said likely, one patient said neither likely or unlikely, one patient unlikely and one patient extremely unlikely.

- The practice had an established patient participation group (PPG). We were told that they met regularly with the practice management and listened and acted on their suggestions. Annual patient questionnaires were compiled in conjunction with the PPG and a resultant action plan completed. For example, the practice had promoted the extended hours appointments to raise patient awareness. However there was no reference to the PPG or information on action plans displayed on the practice website.
- 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.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice was in the process of becoming a dementia friendly practice for this vulnerable group of patients. The practice had increased the phlebotomy service offered by training two members of the reception team to take blood samples. This had been extended to one of the reception staff taking blood pressure readings.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured an effective system was in place to log, review, discuss and act on alerts received that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).</p> <p>The provider had not consistently mitigated the risks to patients who took high risk medicines.</p> <p>The provider did not have an effective system to monitor and manage those patients on repeat medication.</p> <p>The provider had not mitigated risks identified in arrangements to take appropriate action if there is a medical emergency. A risk assessment had not been completed to assess what medication could be required in the event of a medical emergency.</p> <p>The provider did not have processes in place to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>