

High Street Surgery

Quality Report

High Street
Cheslyn Hay
Walsall
WS6 7AB

Tel: 01922 701280

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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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to High Street Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at High Street Surgery on 26 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example: Disclosure and Barring Service checks or risk assessments for staff who act as chaperones, checking of water temperatures, safe storage of cleaning products and sharps boxes and risk assessments to monitor the safety of the premises.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- We observed that patients could usually get an appointment when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there were also areas of practice where the provider needs to make improvements.

Summary of findings

Importantly, the provider must:

- When employing locum GPs, have systems in place to assure that all appropriate recruitment checks have been carried out, either by themselves or by the locum GP agency.
- Store cleaning products and used sharps boxes securely within the practice.
- Carry out a risk assessment regarding chaperones and Disclosure and Barring Service checks.
- Implement systems for assessing and monitoring risks.

In addition the provider should:

- Introduce a system to track national patient safety alerts and best practice guidelines through the practice.
- Clearly define the role of the infection control lead.

- Check and record water temperatures on a weekly basis as recommended in the legionella risk assessment.
- Request copies of the necessary recruitment and safety checks for locum GPs from the supplying agency.
- Complete the outstanding staff appraisals and continue to review annually.
- Continue to review and update the practice policies and procedures.
- Implement a system to ensure regular meetings are held within the practice and information discussed at meetings is shared with the appropriate staff members.

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 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example: Disclosure and Barring Service checks or risk assessments for staff who act as chaperones, checking of water temperatures, safe storage of cleaning products and sharps boxes and risk assessments to monitor the safety of the premises.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2015 showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services.
- The practice had reviewed the appointment system and appointed an advance nurse practitioner to increase the number and type of appointments available for patients. Urgent appointments were available the same day and appointments could be booked in advance.
- 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 good for being well-led.

- The practice had a clear vision to deliver high quality care by working together. Staff were aware of the vision and their responsibilities in relation to this even although it was not written down.
- 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 although some of these were overdue a review.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk although improvements were required in some areas.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in end of life care, dementia diagnosis and avoidance of unplanned admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Annual review visits were carried at home for older patients who were unable to visit the practice.
- All patients on the hospital admission avoidance register were reviewed on discharge following admission to hospital or accident and emergency.

People with long term conditions

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

Good



- The practice nurses had the lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 84.7% compared with the national average of 77.54%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were 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.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children on child protection plans.

Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 84.66%, which was above the national average of 75.35%.
- The practice's uptake for the cervical screening programme was 74.1%, which was slightly below the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered family planning and contraception services including implant/coil fitting.

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 with the GPs between 6.30pm and 7.45pm on Tuesdays and Thursdays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- Performance in the three of the four mental health related indicators were in line with 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 was 88.46% compared with the national average of 88.47%.
- The practice held registers of patients with poor mental health and dementia. Patients experiencing poor mental health were offered an annual physical health check.
- Patients with a suspected diagnosis of dementia could be referred to the Memory Clinic, which was held on site.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

We spoke with two patients during the inspection and collected 19 Care Quality Commission (CQC) comment cards. All of the comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey published in July 2015 from 120 responses showed that patients were happy with how they were treated and responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 89.9% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 88.6%.
- 92.3% said the GP gave them enough time (CCG average 81.7%, national average 86.6%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 92.9%, national average 95.2%)
- 90.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 78.3, national average 85.1%).
- 91.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.1% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 75.8%, national average 81.4%)
- 100% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.8%, national average 90.4%).
- 96.5% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.9%, national average 84.8%)

Areas for improvement

Action the service **MUST** take to improve

When employing locum GPs, have systems in place to assure that all appropriate recruitment checks have been carried out, either by themselves or by the locum GP agency.

Store cleaning products and used sharps boxes securely within the practice.

Carry out a risk assessment regarding chaperones and Disclosure and Barring Service checks.

Implement systems for assessing and monitoring risks.

Action the service **SHOULD** take to improve

Introduce a system to track national patient safety alerts and best practice guidelines through the practice.

Clearly define the role of the infection control lead.

Check and record water temperatures on a weekly basis as recommended in the legionella risk assessment.

Request copies of the necessary recruitment and safety checks for locum GPs from the supplying agency.

Complete the outstanding staff appraisals and continue to review annually.

Continue to review and update the practice policies and procedures.

Implement a system to ensure regular meetings are held within the practice and information discussed at meetings is shared with the appropriate staff members.

High Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to High Street Surgery

High Street Surgery is situated in Cheslyn Hay, near Walsall. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. At the time of our inspection there were 5441 patients on the patient list. The practice had a higher than average number of older patients, with 23.6% of patients aged 65 years and over (national average 16.7%) and 9.8% of patients aged 75 years and over (national average 7.6%).

We found there had been changes to the practice registration, as one partner had left and another had been appointed. In addition, the details relating to the registered manager were also incorrect. The provider had not amended their registration with the CQC to reflect these changes, although they had previously submitted the application forms but these had not been processed due to errors.

A team of two GP partners (two male), an Advanced Nurse Practitioner (ANP), two practice nurses and a phlebotomist provide care and treatment to the practice population. They are supported by a practice manager and a team of reception staff. The practice is open every week day from

8am until 6.30pm. Consultation times are between 9am and 11am and 4pm and 6pm every weekday. Extended hours appointments are available with the GPs between 6.30pm and 7.45pm on Tuesdays and Thursdays.

The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Staffordshire Doctors Urgent Care, the GP out-of-hours service provider. The practice has a General Medical Services (GMS) contract and also offers enhanced services for example: various immunisation schemes, hospital admission avoidance scheme and minor surgery.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Detailed findings

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

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

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 26 January 2016.

We spoke with a range of staff including the GPs, the advanced nurse practitioner, practice nurses and members of reception staff during our visit. We spoke with two members of the patient participation groups who were also patients, looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record and learning

There was an effective 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
- The practice investigated each significant event as they arose, identified any learning and shared this with staff.
- Significant events were discussed at practice meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the most recent event related to a patient who fell in the car park. As a consequence the practice purchased a wheelchair so they could transport patients and a space blanket so they could keep patients warm.

National patient safety alerts and National Institute for Health and Care Excellence (NICE) best practice guidelines were disseminated by the practice manager to practice staff. However the practice did not have a system in place to record details of the alerts / guidance and when they were forwarded to staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three. Staff knew where to find the contact details for external agencies.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record.
- A notice in the waiting room and on consultation and treatment room doors advised patients that chaperones

were available if required. Members of the nursing team and reception staff acted as chaperones if required and notices in the waiting room advised patients the service was available should they need it. All staff who acted as chaperones were trained for the role. However not all reception staff had received a Disclosure and Barring Service check (DBS check) and risk assessments had not been carried out to explain the rationale why DBS checks had not been completed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses acted as the infection control clinical lead, although this role had not been clearly defined. There was an infection control protocol in place and staff had received up to date training. The local Clinical Commissioning Group (CCG) had completed an infection control audit in 2013 and we saw evidence that action was taken to address any improvements identified as a result. For example installation of new sinks and taps, flooring and disposable curtains. An internal control audit had been completed in January 2016.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice was supported by the local CCG medicine management team and used an electronic software system to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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.

Are services safe?

- The practice occasionally employed locum GPs. The agency supplying the locum GPs provided details of the individual's registration with the General Medical Council and inclusion on the performers list but did not provide the practice with copies of the necessary recruitment and safety checks and the practice had not asked to see these.

Monitoring risks to patients

Risks to patients were assessed but not always 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 which identified the local health and safety representative. The practice had up to date fire risk assessments and had carried out a fire drill. 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). However the water temperature was not checked and recorded on a weekly basis as recommended in the legionella risk assessment.
- We saw that cleaning products and used sharps boxes were stored in an unlocked cupboard which could be accessed by patients. The practice had not carried out a risk assessment to identify the level of risk. The practice did not have any risk assessments in place to monitor safety of the premises, for example risk assessments for each room and communal areas of the building.

- 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 that enough staff were on duty. Staff provided cover for holidays and sickness.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 fit for use.
- 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. Arrangements were in place with a neighbouring practice to share facilities if they were unable to use the building.

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 peoples' needs. Staff told us the practice manager forwarded the NICE guidelines and any changes were also discussed at the protected learning time sessions organised by the Clinical Commissioning Group (CCG).
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 96.4% of the total number of points available (which was 2.6% above the local CCG and national average), with 6% clinical exception rate (which was 4.2% below the CCG average and 3.2% below the national average). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/2015 showed;

- Performance for the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 84.7% compared with the national average of 77.54%.

- The percentage of patients with hypertension whose blood pressure was within the recommended range (81.59%) was comparable to other local practices and in line with the national average (83.65%).
- Performance in the three of the four mental health related indicators were in line with 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 was 88.46% when compared with the national average of 88.47%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 84.66%, which was above the national average of 75.35%.
- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- One audit looked at the use and dosage of a particular inhaler in asthmatic patients. The first audit identified 64 patients on two different doses of a particular type of inhaler. The patients were reviewed after three months and a second audit carried out after six months. The results demonstrated a reduction in the number of patients using the inhalers as well as a reduction in the dosage taken.
- The practice's performance was compared to other practices within the local CCG. For example, the practice had the fourth highest antibiotic prescribing rate in the CCG and was working towards reducing this rate. The practice had carried out the first cycle of an audit in January 2016 to look at the use of antibiotic prescribing for a particular medical condition. The audit had identified a number of areas for improvement, including increasing locum GPs awareness of the local prescribing guidelines and to avoid wherever possible the use of a particular type of antibiotic.

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. It covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could 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 clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs. Currently only one of the practice nurses was trained to carry out childhood immunisations and the practice had organised additional training for the other nurse so they would be able to undertake this role in the future. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Clinical staff attended the monthly protected learning time sessions organised by the CCG. Clinical staff had had an appraisal within the last 12 months.
- Not all non clinical staff had received an appraisal within a 12 month period. The appraisal process had been reviewed and there were plans in place for those staff that had not had an appraisal to be appraised over the next few months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, or with the out of hour's service for patients with complex care needs.
- The practice held clinical meetings every four to six weeks.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every two to three months and were attended by the palliative care team, the community matron and district nurses.

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 could be monitored through the practice's electronic records.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. Staff told us patients could be referred to Waistlines for support with weight loss and exercise programmes. The practice offered an in house smoking cessation programme. During the last 12 months 360 patients had received advice and 39% of these patients had stopped smoking.

The practice's uptake for the cervical screening programme was 74.1%, which was slightly below the national average of 81.83%. There was a policy to offer telephone reminders or letters for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Chlamydia screening kits were available in the practice.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 100% and five year olds from 86.8% to 100%.

Flu vaccination rates for the over 65s were 71.01% which was slightly below the national average of 73.24%. The vaccination rates for at risk groups was 49.91%, which was comparable to the national average of 47.28%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Staff told us that they had identified a number of patients with undiagnosed diabetes through the health checks.

Posters and leaflets relating to health promotion and support groups were available in the waiting room. This included support for patients with dementia and mental health needs.

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. Staff knew many patients by their first names and asked about their wellbeing when they presented at the desk.

- 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.

All of the 19 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89.9% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 88.6%.
- 92.3% said the GP gave them enough time (CCG average 81.7%, national average 86.6%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 92.9%, national average 95.2%)
- 90.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 78.3%, national average 85.1%).
- 100% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.8%, national average 90.4%).
- 87.9% said they found the receptionists at the practice helpful (CCG and national averages 86.8%)

Care planning and involvement in decisions about care and treatment

Feedback on the comment cards we received told us that patients 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. Patients commented that all staff were attentive and caring.

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

- 91.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.1% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 75.8%, national average 81.4%)
- 96.5% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.9%, national average 84.8%)

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients who were also carers, and these patients were offered an annual health check including a medicine review. Written information was available to direct carers to the various avenues of support available to them. There was an information folder for carers in the waiting room as well as information packs available from reception. Posters advertising the Carers Hub organised by the Carers Association Southern Staffordshire (CASS) were on display. CASS is a voluntary organisation which offers advice and support to people who have a caring role.

The practice worked closely with the care facilitator who was linked to the memory clinic. Patients and their families were referred to the care facilitator if they required additional support or services.

Are services caring?

The practice did not have a formal bereavement policy. The practice worked with the local hospice, who offered bereavement services. Information about a local bereavement support group was on display in the foyer.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. One of the GPs was the chair of the Great Wyrley and Cheslyn Hay GP network, and the other GP was the chair of the Cannock Medical Society. The patient participation group (PPG) also attended the locality PPG network meetings. The GPs and practice nurses also attended the monthly protected learning time events organised by the CCG.

The services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- Home visits were offered to patients who were unable to or too ill to visit the practice.
- Annual review visits were carried at home for patients who were unable to visit the practice
- Extended hours were offered with the GPs on Tuesday and Thursday evenings.
- Same day appointments were available for children as well as patients requesting an urgent appointment.
- There were longer appointments available for patients with a learning disability and other patients who needed them.
- Telephone consultations/advice were available to all patients but especially for working age patients and students.
- All patients on the hospital admission avoidance register were reviewed on discharge following admission to hospital or accident and emergency.
- The practice referred patients with memory loss to the care facilitator at the memory clinic.
- There were disabled facilities, a hearing loop and translation services available.
- The practice nurse had undertaken additional training to enable them to provide additional services, for example insulin initiation for diabetic patients.
- The practice offered an in house ultrasound service for patients, including patients registered with other GP practices in the locality. This service was provided by an external company.

Access to the service

The practice was open every week day from 8am until 6.30pm. Consultation times were between 9am and 11am and 4pm and 6pm every weekday. Extended hours appointments were available with the GPs between 6.30pm and 7.45pm on Tuesdays and Thursdays.

The practice had listened to comments made by patients regarding difficulties making appointments and recognised that it was unable to meet patient demand. Consequently the practice had recently employed an advanced nurse practitioner (ANP), who provided an additional 168 patient contacts per week. The ANP provided a triage service between 8 am and 9.30am; carried out consultations and administrative tasks between 9.30am and 12.50pm, and provided a minor illness / general nursing service between 13.30pm and 15.30pm.

The practice offered a number of appointments each day with the GPs, ANP and practice nurses for patients who needed to be seen urgently, as well as pre-bookable appointments. We saw that appointments were still available on the day of our visit and for the following day with all clinical staff.

We did not receive any feedback on the comment cards regarding appointments. We observed patients making appointments with reception staff at a time and date that suited them.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment were comparable to the local and national averages. For example:

- 89.5% of patients said they could get through easily to the practice by phone compared to the CCG average of 75.5% and national average of 73.3%.
- 83.6% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 85.3% and national average of 85.2%.
- 66.9% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.5% and national average of 64.8%.
- 56.3% of patients felt they didn't normally have to wait too long to be seen time compared to the CCG average of 61.9% and national average of 57.7%.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. Information was displayed in the waiting room and a complaint leaflet was available.

We looked at five complaints received in the last 12 months and found that these had been satisfactorily handled and demonstrated openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, staff attended customer service training following a number of complaints about staff attitude.

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 clear vision to deliver high quality care by working together. Staff were aware of the practice vision although it was not written down.

Although the practice had not developed a written business plan, the GP partners clearly described their plans for the future and how they hoped to achieve these. The partners had identified areas, both clinical and business focused, where improvements were required. For example, antibiotic prescribing, review of the appointment system, expansion of the premises.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, although improvements were required in some areas.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities, although the infection control lead role needed to be more clearly defined.
- Practice specific policies were implemented and were available to all staff. Staff told us systems were in place to inform them when policies were updated. The practice manager was aware that a number of policies needed to be reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained and the practice was a high Quality and Outcomes Framework (QOF) achiever. The GP partners shared the responsibility for monitoring QOF outcomes.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Improvements were required to the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example: checking of water temperatures, safe storage of cleaning products and sharps boxes and risk assessments to monitor the safety of the premises.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

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

- Staff told us the practice held regular team meetings. The management team recognised that they needed to increase the number and range of meetings that were held, and ensure that all meetings were minuted.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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, the NHS Friends and Family Test and complaints received. There was an active PPG which met regularly, supported the practice with patient surveys and submitted proposals for improvements to the practice management team. For example, discussions around the proposed changes to the appointment system and improvements to the building. A dedicated notice board in the waiting room informed patients about the PPG and information was also available on the website.
- The practice had taken action as a result of comments made in the Friends and Family Test and displayed this

Are services well-led?

Good 

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

information in the waiting room as 'You said – We did'.

Action taken included redecorating the reception area, customer care training for reception staff and employing an advanced nurse practitioner.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run: for example addition training for the practice nurses and changes to appointment times for long term condition reviews and baby immunisations.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had employed an external consultant to review systems within the practice relating to the patient check in process, work flow, staff rotas, staff training and storage of information. The practice was considering the findings of the report and looking to implement changes, for example self-check in for patients and caller display and greater use of the computer system.

The practice also had plans to become a teaching / training practice in the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Cleaning products and used sharps boxes were not stored securely within the practice. A risk assessment had not been completed regarding chaperones and Disclosure and Barring Service checks. The practice did not have any risk assessments in place to monitor safety of the premises. Regulation 12(1)(2)(a)(b)(h)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People using the service were not protected against the risks of inappropriate or unsafe care and treatment because the required information as outlined Regulation 19 and Schedule 3 (Information Required in Respect of Persons Seeking to Carry On, Manage Or Work For The Purposes of Carrying On, A Regulated Activity) was not recorded. The practice was not able to assure themselves that when employing locum GPs all of the appropriate recruitment checks had been carried out. Regulation 19(3)(a)