Fulfen Practice

Quality Report

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Date of inspection visit: 2 November 2015
Date of publication: 07/01/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	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 at Fulfen Practice on 2 November 2015. 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Risks to patients were assessed and well managed, with the exception of those relating to infection prevention and control.
- The practice had regular meetings for all staff.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

The provider must:

- Ensure that an effective system is in place to protect patients from the risks of infection.

The provider should:

- Assess the emergency medications held at the practice to ensure they are age appropriate.

Summary of findings

- Ensure that an audit trail exists to record the status of action points from staff meetings.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. The system in place to implement the latest guidance on infection prevention and control was not robust. Infection prevention control audits had been carried, however risks identified had not been mitigated, for example; invasive procedures were carried out in rooms with a carpet. The practice accepted that the current format did not provide sufficient evidence that checks had been made. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safeguarding was recorded, monitored, appropriately reviewed and addressed.

Are services effective?

Good

The practice is rated as good for providing effective services. Practice records and some data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals for all staff. Staff worked with multidisciplinary teams and meetings were minuted.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for most 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 also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients were able to make appointments in person, by telephone or online if registered for this service. Appointments were able to be booked both in advance and on the same day. There were urgent appointments available on the

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same day, although some GPs had a three week wait for routine appointments. Extra appointments were released on a daily basis and patients could request a same day telephone consultation with a preferred GP. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. Staff were clear about their role and responsibilities. There was a clear leadership structure and staff felt supported by management. There was no written vision and values statement but all staff were able to explain the essence of their individual views and values and how they contributed to patient care. The management team demonstrated the capacity to accommodate the additional patients gained through the recent closures of nearby practices. The practice had a number of policies and procedures to govern activity and held various regular meetings which included elements of governance. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient engagement group (PEG) was active. Staff had received inductions and attended regular meetings.

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The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. 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, a chronic disease management (CDM) service was offered to patients annually. It was responsive to the needs of older people, and offered home visits and a carers' service providing monthly clinics to the patients.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and have set up a pre-diabetes register for at risk patients identified through diabetes screening. The healthcare assistant (HCA) organised an internal weight reduction clinic. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice had a high prevalence for hypertension and promoted evidence based self-care by lending blood pressure monitoring machines to patients.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to provide rapid access to treatment for children under five. Immunisation rates were similar to the CCG average for all standard childhood immunisations. The nurse practitioners demonstrated significant knowledge in family planning and contraceptive services. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

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care, for example, pre-bookable appointments are available to 7pm Monday to Friday. 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.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice participated in the delivery of an enhanced service for patients with learning difficulties.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). An annual care plan had been completed for 80% of patients experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages for some indicators but below in others. There were 105 responses and a response rate of 40.1%.

- 76.9% found it easy to get through to this surgery by phone compared with a CCG average of 71.1% and a national average of 73.3%.
- 81.7% found the receptionists at this surgery helpful compared with a CCG average of 88.1% and a national average of 86.8%.
- 86.9% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85.2%.
- 93% said the last appointment they got was convenient compared with a CCG average of 92.6% and a national average of 91.8%.
- 69.8% described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73.3%.
- 55% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67.8% and a national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were mainly positive about the standard of care received. Three patients commented that they had difficulty in getting an appointment and 14 talked about the practice in terms of being excellent, caring and helpful.

Areas for improvement

Action the service MUST take to improve

- Ensure that an effective system is in place to protect patients from the risks of infection.

Action the service SHOULD take to improve

- Assess the emergency medications held at the practice to ensure they are age appropriate.
- Ensure that an audit trail exists to record the status of action points from staff meetings.

Fulfen Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, GP and an Expert by Experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service

Background to Fulfen Practice

Fulfen Practice is located in Burntwood, a town that forms part of the Lichfield district and has a population of around 26,000. The practice is part of the NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group. The town is an ex-mining community and is now home to a mainly white British community including many that commute into the West Midlands. The town of Burntwood has low deprivation. The branch surgery at Chasetown is in a more deprived area. The local acute hospitals serving the community are in Walsall, New Cross and Burton upon Trent and there are minor injury units locally at hospitals in Lichfield and Cannock. The total practice patient population has increased significantly since 2013 with the merger of two single-handed practices. In 2015 a local branch practice closed and Fulfen Practice were allocated approximately five hundred of the patients. The list size has increased substantially from approximately 3,800 in April 2013 to 6,900 in November 2015.

There are five male GPs and one female GP who provide services which equate to four and a half whole time equivalent GPs. The practice team includes three management staff, two nurse practitioners, two practice nurses, one healthcare assistant (HCA) and a phlebotomist.

There were 11 practice support staff including secretaries, receptionists and administrators. In total there are 3 GP partners and 25 staff employed either full or part time hours. A second healthcare assistant was also employed as part of the organisation structure. At the time of the inspection this role was vacant and recruitment was underway.

The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations, minor surgery and travel vaccinations.

The practice has a Personal Medical Services (PMS) contract with NHS England. This is a contract for the practice to deliver locally agreed contracts with NHS England services to the local community or communities. They also provide some enhanced services, for example they offer minor surgery and have Directed Enhanced Services, such as the childhood vaccination and immunisation scheme, minor surgery, risk profiling and case management, rotavirus and shingles immunisation and extended hours.

Fulfen practice opening times are 8am to 7pm Monday to Friday. Phone lines are closed at 6.30pm but GP pre-bookable appointments continue until 7pm each day. The Chasetown branch opening hours are 8am to 6.30pm Monday to Friday. 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 (SDUC) their out-of-hours service provider. The practice telephones switch to the out of hours service at 6.30pm each weekday evening and at weekends and bank holidays

The practice is a member of a local GP Federation which had recently been formed. The practice reported that no

collaborative work of note had been started at the time of inspection. The building is owned by NHS Properties and the partners were in discussion to relocate to new premises.

Why we carried out this inspection

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

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

How we carried out this inspection

Prior to our inspection we reviewed a range of information that we hold about the practice and asked other

organisations to share what they knew. This included Healthwatch and the NHS England Area Team.

None of the organisations we contacted raised any concerns with us prior to the inspection. We carried out an announced inspection on 2 November 2015.

During our inspection we spoke with a range of staff including GPs, practice nurses, practice manager, data quality manager, reception and administration staff. We observed how patients were communicated with and how the practice supported patients with health promotion literature. We reviewed 17 Care Quality Commission (CQC) comment cards where patients and members of the public were invited to share their views and experiences of the service. The CQC comment cards had been made available to patients at Fulfen Practice prior to the 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

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia).

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to learning and a system was in place for reporting and recording significant events. Staff told us they would inform the partners and or practice manager of any incidents to ensure appropriate action was taken. We reviewed records which confirmed that significant events had been analysed and addressed appropriately. These included meeting minutes to evidence that safety records and incident reports had been discussed. Lessons were shared to make sure action was taken to improve safety in the practice and that relevant protocols were updated to reflect best practice. For example, seven significant events had been recorded between April 2014 and March 2015 and where appropriate these had been shared with external stakeholders. For example:

- The wrong medication was found to be printed on the reverse side of a prescription. The practice resolved the problem with the system and completed an audit to ensure that no patients were given the wrong medication.
- The oxygen ran out after 30 minutes when treating a patent and before the paramedics arrived. The practice used the oxygen from the adjoining surgery to manage the situation and procured a second tank after the event.

Patients affected by significant events received an apology and were told about actions taken to improve care.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. Reported incidents and national patient safety alerts were used as well as comments and complaints received from patients to collate risk information.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and local safeguarding contact details were on the desktop computers for all staff. One of the GP partners was the lead for both adult and child safeguarding. Children on the vulnerable list were clearly flagged on the system. Vulnerable adults were flagged using clinical alerts. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. The practice reported that safeguarding training at the appropriate level had been completed by all staff.

The clinical team attended internal monthly meetings and bi-monthly multi-disciplinary team (MDT) meetings with the district nurses, community matron, health visitor, midwife and social services. Safeguarding concerns were discussed at these meetings and we saw minutes to evidence this. Clinicians we spoke with told us this was an effective way of ensuring patients were kept safe.

Our review of records showed appropriate follow-up action was taken where alleged abuse occurred to ensure vulnerable children and adults were safeguarded.

A notice was displayed in the waiting room, advising patients they could access a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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.

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

We noted that the power supply to the fridges was potentially at risk of being switched off by accident and brought this to the practice's attention during the inspection. The vaccines fridges had power supplied though an adaptor that was not marked as not to be switched off at the main wall socket. The fridges did have a thermometer that recorded the temperature and this was calibrated annually.

Prescription pads were securely stored and there were systems in place to monitor their use. No controlled drugs were kept on either premises. The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal

requirements and national guidance. The HCA used Patient Specific Directives (PSDs) to administer vaccines that had also been produced in line with legal requirements and national guidance

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. For example, the practice produced evidence of audits for polypharmacy, antibiotics, osteoporosis and aspirin prescribing, all of which had been carried out in the past twelve months.

Cleanliness and infection control

The practice had a lead for infection control and staff were aware of who the designated individual was. The system in place to implement the latest guidance on infection prevention and control was not robust. For example, although the treatment areas were clean some were carpeted. Risk assessments had ben performed annually but the recording of risks identified was not clear. Once identified in an assessment, risks were not recorded in subsequent years. For example, when changing wound dressings or where an increased risk of bodily fluid spillage could take place. This could lead to an increased risk of contamination on an absorbent surface.

Others examples included:

- A handwashing sink in a clinical room had screw tops taps. Nationally accepted guidance suggested to activate taps the action would be best performed by sensor or by using a person's elbows. This would help to avoid a person leaving bacterial or viral pathogens (germs) on the surface that would be touched by the next person who used the sink.
- Waste bins to dispose of domestic rubbish in clinical areas were open top or not pedal operated.

Risk assessments included infection prevention control but there had not been a dedicated infection control audit undertaken for three years. This would benchmark the practice procedures with current infection prevention control (IPC) guidance. The infection control policy had been reviewed annually but did not take account of the most up to date infection control guidance. The practice contacted us four working days after the inspection to inform us that an infection control audit had been arranged for December 2015.

We observed the premises to be visibly clean. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had contracted an external company to undertake Legionella testing and review its water systems to reduce the risk of infection to staff and patients. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment

Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Electrical equipment was checked annually to ensure it was safe to use and clinical equipment was calibrated annually to ensure it was working properly.

Staffing and recruitment

We reviewed four staff files and found that 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. Some of the files did not contain all the information required under current legislation such as evidence of conduct in previous employment.

The practice provided an audit of the number of staff and mix of staff needed to meet patients' needs. This had increased in line with the increased numbers of patients registered and was in line with NICE guidelines. There was a rota system in place for all the different staffing groups. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. We did observe that the reception was very busy, although staff dealt with patients and visitors effectively. At times one member of staff was

responsible for answering telephone calls and dealing with face to face enquires. Two members of staff felt supported, although felt it required two members of staff to be on duty at all times.

Monitoring safety and responding to risk

The practice had a lead for health and safety although no additional training had been completed by the individual. There were procedures in place for monitoring and managing risks to patient and staff safety. For example;

- Health and safety information was available to staff and some staff had completed training in health and safety awareness and manual handling.
- The practice had a fire risk assessment in place and a fire alarm that was tested weekly. Evidence was seen that the evacuation procedure was adequate. For example, the last evacuation was recorded as taking place on 18th November 2014.

The practice had an electronic system for storing the health and safety policies so that all staff could access them. The practice had a variety of other risk assessments in place to monitor the safety of the premises and risks to staff and patients.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, there were emergency processes in place for patients with long-term conditions; referrals made for patients whose health deteriorated suddenly and the practice monitored repeat prescribing for patients receiving medication for mental ill-health. Staff we spoke with told us that children under five years of age were always provided with an on the day appointment if required.

Arrangements to deal with 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 had received cardio pulmonary resuscitation training.

Robust systems were in place to ensure emergency equipment and medicines were regularly checked; these included checking the GP bags. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a resuscitation trolley, first aid kit and accident book 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 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 did not have some medicines in a formulation that would be readily suitable for small children. For example, the formulation of a medicine to help relieve the symptoms of worsening asthma was only suitable for children above the age of five. Also the formulation of a medicine used to treat convulsions (fitting) meant it could only be administered to children over four. The practice agreed that it would be better to have the correct formulation readily available to be used immediately in the case of an emergency.

The practice had a business continuity plan in place for major incidents such as power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks. Agreements were in place with another local practice to share rooms in the event that the building became inaccessible. An electronic copy was kept off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits, for example, an audit on patients with atrial fibrillation (AF) to check medication was consistent with NICE guidelines for patients at risk of stroke.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had a lower than average performance for QOF outcomes in 2013/14. The practice said that the results were low because of coding problems on the computer system, staff turnover and poor data quality received from the two practices that merged in 2013. The practice demonstrated their action plan had resulted in a return to the levels that were achieved in 2012/13. For example, improvements were seen in the following areas:

- Rheumatoid arthritis reviews performance had increased from 26% in 2013/14 to 100% in 2014/15.
- Depression reviews performance for the practice had increased from 34% in 2013/14 to 100% in 2014/15.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown a clinical audit started in September 2015 that reviewed the number of medication reviews performed in the previous year on patients with repeat prescriptions. Data shown evidenced that the percentage achieved increased from 75% on 1st September 2015 to 94% by 31 October 2015.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

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 people 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 on a regularly basis. For example every two months with health visitors and the social service. Informal meetings were reported as taking place weekly with district nurses and the midwife. The practice monitored and ensured that care plans were routinely reviewed and updated. The practice maintained regular contact with the local mental health teams and drug and alcohol liaison services.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was recorded on a consent form that was signed and dated to ensure it met the practice's responsibilities within legislation and followed relevant national guidance. Staff we spoke with had knowledge appropriate to their role within the practice of the Mental Capacity Act 2005 and of Deprivation of Liberty safeguards (DoLS) and they knew where to source information should it be required. Not all staff had completed formal MCA training.

Health promotion and prevention

Patients who may be 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice and discussed at the monthly clinical meetings.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.4% which was comparable to the national average of 81.8%. There was a policy to offer reminders 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 100% and five year olds from 91.3% to 98.6% in the period 01/09/2013 to 31/01/2014. Flu vaccination rates for the over 65s were 67.7%, and at risk groups 50.2%. These were comparable to the CCG average.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The healthcare assistant provided a weight loss clinic for patients. This service was additional to the annual checks done on patients included in the obesity register. The clinic had worked with twelve patients in 2015, for seven of whom the practice had reported weight loss of 5kg or more.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Confidentiality at the reception desk was hindered by the phones being close to the hatch but reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a room to discuss their needs. The practice had taken steps to improve the confidentiality at reception by moving the hatch and asked patients to stand back from reception when waiting to be seen at the desk.

We received 17 completed CQC comment cards and the majority were positive about the service experienced. Three of the comment cards had negative comments about it being difficult to get an appointment.

On the day of our inspection, we spoke with nine patients, three of whom were members of the patient engagement group (PEG). The PEG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. Most of the patients told us they were satisfied with the care provided and said their dignity and privacy was respected. Feedback received from professionals who manage residential and nursing care home services also confirmed that staff were, responsive, effective, professional and caring.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice had above average rates for the majority of its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national averages of 89%.
- 98.2% said the last nurse they saw was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 92.8% and national average of 90.4%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of97% and national average of 95%.
- 96% said the last nurse they saw or spoke to was good at giving them enough time compared to the clinical commissioning group (CCG) average of 94% and national average of 92%.

The questions in the GP survey published in 2015 where the satisfaction scores were below the average both locally and nationally were acknowledged by the practice and an improvement plan had been put in place. Questions where the practice score below the averages included:

- 81.7% said they find the receptionists helpful at the surgery compared to the clinical commissioning group (CCG) average of 88.1% and national average of 86.8%.
- 49.5% said they get to speak to their preferred GP compared to the clinical commissioning group (CCG) average of 60.9% and national average of 60%.

Care planning and involvement in decisions about care and treatment

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

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

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%.

Good

Are services caring?

- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

We saw evidence of care plans and patient involvement in agreeing these. For example, patients in palliative care had a named doctor. Patients diagnosed with complex and long term conditions also had individualised care plans and these were regularly reviewed to ensure they had appropriate support in place.

Patient and carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

Comment cards received also highlighted patients and carers were provided with the care and emotional support they required.

The practice's computer system alerted GPs if a patient was also a carer. The Carers Association had been working with the practice to support carers and train staff about the role of carers. Examples of work done included advice given on funding and respite available to carers, dedicated clinics to support carers and annual open days.

Practice staff worked together with care coordinators to work with vulnerable patients. Services offered included home visits, telephone follow up post discharge from secondary care and signposting patients to services available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice is rated as good for providing responsive services. It engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients were able to make appointments in person, by telephone or online if registered for this service. Appointments were able to be booked both in advance and on the same day. There were urgent appointments available on the same day, although some doctors had a three week wait for routine appointments. Staff told us that if appointments on a day were full and a patient requested one, they would book the patient a telephone appointment. A doctor would call the patient back and decide on the best course of action. This could include fitting the patient in to be seen if they needed this. Extra appointments were released on a daily basis and patients could request a same day telephone consultation with a preferred doctor. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

- The practice offered appointments up to 7pm on all weekdays at Burntwood.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children under 5 years of age and those with serious medical conditions.
- Pre bookable appointments were available to book in advance.
- Telephone appointments were available every day both in the morning and afternoon.
- There were disabled facilities, hearing loop and translation services available.
- Improved care for older patients who were vulnerable and socially isolated with access to the Community Care services.

Access to the service

The practice opening times were 8am to 6.30pm Monday to Friday at both Burntwood Health Centre and Chasetown Medical Centre. It provided extended GP appointment opening times at Burntwood Health Centre Monday to Friday between 6.30pm and 7pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages in some areas and For example:

- 89.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 74.9%.
- 76.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 71.1% and national average of 73.3%.

There were a number of areas where the GP patient survey showed that patients' satisfaction was below the local and national averages. For example:

- 69.8% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73.3%.
- 55% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67.8% and national average of 64.8%.

Patients we spoke to on the day said they were able to get appointments. Two patients said that they had experienced difficulties when making an appointment but the practice had improved this in recent months. Not all staff had received formal training in the Equality and Diversity but those spoken with during the inspection demonstrated an understanding to people's right to care and explained that nobody would be refused treatment.

Listening and learning from concerns and complaints

The practice had a 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system including a summary leaflet available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care, we reviewed the action plan and main areas of improvement that had been identified were:

- Reduce percentage of patients waiting more than 15 minutes to be seen.
- Increase percentage of patients seeing or speaking to their preferred doctor.
- Increase percentage of patents who find reception helpful.

The above actions were aligned with the areas for concern reported through the NHS England patient survey published on 2 July 2015.

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 did not have a written vision and values statement, although all staff were able to explain the essence of their individual views of the values and how they contributed to patient care. The management team demonstrated the skills required to cope with the intake of patients from the nearby practices that had closed since 2013. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions and attended regular meetings.

Governance arrangements

The practice had a number of policies and procedures to govern activity and held various regular meetings which included elements of governance.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and audits used to monitor quality and to make improvements
- The practice had a policy for infection control but it did not follow national guidance. For example, the practice had not completed an infection control audit for three years.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. As part of the inspection, minutes of meetings were reviewed and evidence gained on the day highlighted improvements that could be made in the follow up of outstanding action points. For example; a letter had not been sent despite an action point to do so in the September clinical meeting.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient engagement group (PEG) and through surveys and complaints received. There was an active PEG that had been in existence since December 2009. The group supported the practice to produce an annual patient survey. The PEG met on a monthly basis had 11 members and was an even mix of men and women all over 45 years old. To try and be more representative of the practice population the PEG had tried a number of recruitment initiatives, for example, posters placed in the waiting room, messages placed on the website and in the 3 monthly newsletter, advertisement added to the prescriptions, and a targeted face to face approach. Examples of actions resultant of PEG feedback included:

- Patient calling in system had been improved with the introduction of screens in the waiting room.
- The reception hatch was moved to improve confidentiality.
- A practice newsletter was produced every 3 months.

Staff were also regularly asked for their opinion of the practice and areas where improvements could be made. They said they felt comfortable making suggestions and felt listened to by the management team.

The practice had also 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.

Innovation

The practice had recently joined a federation group but it had not completed any collaborative projects at the time of the inspection.

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 **The provider had not mitigated the risks to patients, staff and visitors from infection, including those that are healthcare associated for at least three years. The practice infrastructure did not have a procedure or programme to regularly record risks or mitigate them. The practice infection control policy did not take account of nationally recognised guidance.** Regulation 12 (2) (h)