

Rawnsley Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rawnsley Surgery on 25 September 2017. Overall the practice is now rated as Good.

The practice had previously been inspected on 27 April 2015. Following this comprehensive inspection the overall rating for the practice was Requires Improvement. A total of four breaches of legal requirements were found and four requirement notices were served. The practice provided us with an action plan detailing how they were going to make the required improvements in relation to:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Safe care and treatment.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good Governance.

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Staffing.

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Fit and proper persons employed.

The practice has now registered as a new single handed GP having previously been a two partner GP practice.

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

Our key findings were as follows:

- There was an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- A formal system had been implemented to record, review, discuss and act on external alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The provider had implemented systems for identifying and assessing the risks to the health and safety of patients, staff and visitors. However further strengthening of these systems was required.
- The practice had appropriate procedures for the storage of emergency equipment and medicines. Regular checks were undertaken to ensure they were fit for use.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care and access to services as a result of complaints and concerns.
- Data from the national GP patient survey published in July 2017 showed patient satisfaction was comparable to local Clinical Commissioning Group (CCG) and national averages in most areas. Where results were below the national average, more recent feedback obtained highlighted improvements had been made.
- There was a clear leadership structure in place and staff felt supported by the management team. The practice responded positively to feedback from staff and patients.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Most patients found it easy to make an appointment, with urgent appointments available the same day.
- Governance arrangements had improved to include the formalisation of clinical and regular practice meetings that included the wider practice team.

- The practice was limited by the size of their facilities; however it was equipped to treat patients and meet their needs.
- A recently implemented programme of clinical audits demonstrated that a commitment to quality improvement in patient outcomes was in place.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients. In particular:
- Ensure patients have received the recommended monitoring before prescriptions for high risk medicines are issued.
- Implement an effective system to ensure that patients on repeat medications receive regular and appropriate medication reviews.

The areas where the provider should make improvements are:

- Strengthen the prescription tracking system to minimise the risk of fraud.
- Explore ways to increase the number of patients identified who also act as carers.
- Further improve the health and safety arrangements by documenting the fire risk assessment and completing a hard wire check for the building in line with statutory health and safety regulations.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a positive culture and an effective system in place for reporting and recording significant events. Lessons were shared with all practice staff and appropriate action was taken to improve safety in the practice.
- The practice had clearly defined and embedded safeguarding procedures in place. Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- A formal system had been implemented to record, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- The practice had the appropriate equipment and medicines to help manage unplanned emergency events.
- The practice system for prescribing high risk medicines on a shared care basis was not always effective in ensuring patients had received the recommended monitoring before prescriptions were issued.
- The practice did not have an effective system to ensure patients on repeat medication received regular and appropriate reviews.
- The provider's arrangements for managing the health and safety of patients, staff and visitors had improved but required further strengthening.
- Prescription forms and pads were securely stored and there was a system to monitor their use. However this system did not effectively identify the issuing of prescription forms by individual clinician.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national averages for most clinical indicators. The overall clinical exception reporting was lower than the local and national averages meaning more patients had been included. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Summary of findings

- Staff were aware of and worked in line with current evidence based guidance.
- A programme of clinical audit including repeat cycles was planned to drive quality improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of completed appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice lower than others for aspects of care provided by the nursing team. However this data collection was made before the current nursing staff had been appointed. Feedback from patients on comment cards completed in the two weeks prior to the inspection complimented the advanced nurse practitioner.
- CQC comment cards and surveys we reviewed showed patients 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 accessible.
- Staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had 39 patients identified as carers (just under 1% of the practice list) and offered free flu vaccines.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Home visits were triaged by a GP to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- Routine appointments were available with a clinician within 48 hours. Same day appointments were available for children and those patients with medical problems that required urgent consultation.

Good



Summary of findings

- Most of the patient feedback was positive in telephone access and access to appointments. Patients commented that urgent appointments were available the same day. However two of the 30 comment cards received mentioned difficulties in trying to secure an appointment with a GP.
- The practice was limited by the size of their facilities; however it was equipped to treat patients and meet their needs.
- There was a designated person responsible for handling complaints. Information about how to complain was available and evidence reviewed showed the practice responded to issues raised. Learning from complaints was shared with staff.
- Patients could access care and treatment at weekends through a network of local practices that worked on a rota to provide appointments on Saturdays and Sundays.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure. The management encouraged a culture of openness and honesty and staff felt supported by the management team.
- The practice had policies and procedures to govern activity. Regular clinical and full staff meetings were formalised and meetings held were recorded.
- The provider was aware of the requirements of the duty of candour.
- Staff had received induction, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- Further improvements in the governance arrangements were planned following the recruitment of an additional advanced nurse practitioner. These included the areas identified during the inspection.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care plans and priority access for patients on the frail elderly register.
- The practice did not hold a register of housebound patients. However the practice told us that they were aware of all patients who were housebound and coordinated their care with the community healthcare team.
- The practice followed up older patients on the frail elderly register when discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Patients aged 75 years or over had a named GP.

People with long term conditions

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

Good



- There was a system to recall patients for ongoing monitoring and a structured annual review to check their health and medicines needs were being met.
- Performance for diabetes related indicators was comparable to the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 81% compared with the CCG and the national average of 78%. However the practice exception reporting rate of 4% was lower than the CCG average of 12% and the national average of 9%.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care and held .
- Longer appointments and home visits were available when needed.
- Appointments were coordinated to minimise the number of attendance from patients with multiple conditions.

Summary of findings

- A programme of clinical audit had been introduced to promote safety and drive quality improvement in the outcomes for patients.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates for the vaccinations given were slightly below the standard for childhood vaccinations for children aged two but higher than the CCG for children aged five.
- Same day appointments were available for children with urgent medical need.
- Educational leaflets regarding childhood illnesses were available for patients.
- Appointments were available outside school hours and the premises were suitable for children and babies.
- Family planning services was available in addition to lifestyle advice on healthy living.

Good



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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, clinics were provided daily until 6.30pm and until 8pm on two week day evenings each week.
- 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.
- Lifestyle advice regarding healthy eating and smoking cessation were available.
- New patient health checks in addition to NHS Health checks for patients aged 40 to 74 years were available.
- The practice allowed the temporary registration of students whilst home on holiday leave.

Good



People whose circumstances may make them vulnerable

Good



Summary of findings

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

- The practice offered longer appointments for patients with a learning disability and for patients with complex needs.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had 13 patients recorded with a learning disability. The practice evidenced that they had an effective recall system for these patients to be invited for annual health checks.
- The practice had information available for patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

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).

- Performance for mental health related indicators were higher than the CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 93% compared to the CCG and the national averages of 89%. The practice clinical exception rate of 0% was lower than the local CCG average of 15% and the national average of 13%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 94%, which was higher than the CCG average of 83% and the national average of 84%. The practice clinical exception rate of 6% was lower than the CCG and the national averages of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available to signpost patients experiencing poor mental health and were able to refer patients or patients could self-refer to a consortium made up of specialist mental healthcare providers.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The survey invited 250

patients to submit their views on the practice and 103 surveys were returned. This gave a return rate of 41%. The results showed the practice was performing in line with local and national averages. Data showed:

- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and the national averages of 84%.
- 95% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the CCG average of 94% and the national average of 95%.
- 70% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 73% and the national average of 77%.

Results for telephone access showed the practice was performing significantly higher than local and national averages:

- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 71%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 completed comment cards. These were very positive about the standard of care received. Staff were cited as 'friendly', 'helpful' 'professional' and 'excellent'. A number of cards contained positive comments in relation to the care, treatment and service received from the advanced nurse practitioner at the practice. Three patients commented that they had experienced difficulties when trying to get an appointment to see a GP.

The practice took part in the NHS Friends and Families test (FFT). This is a feedback tool that provides patients with the opportunity to give feedback on their experience and asks would they recommend the services they have used. We reviewed the feedback the practice had received for the last three months via the NHS FFT. Feedback gathered indicated that patients were likely or extremely likely to recommend the practice. There had been 35 returns from patients between June 2017 and August 2017; 14 had said they would be extremely likely and 21 likely to recommend this practice to friends and family.

Rawnsley Surgery

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 GP specialist advisor and a second CQC Inspector.

Background to Rawnsley Surgery

Rawnsley Surgery is located within the village of Rawnsley in Cannock, Staffordshire. The area has strong and historical links to industry, in particular coal mining. The provider is registered with CQC

as a single handed provider having changed from being a partnership in September 2015. Following this change, the practice reregistered with the Care Quality Commission using the same name. The provider holds a General Medical Services (GMS) contract with NHS England and is a member of the NHS Cannock Chase Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The premises is a single storey purpose built building owned by the GP and has a car park with a designated disabled parking space. Part of the building is self-contained and let to a pharmacy. The practice is owned and managed by a GP (male) who works full time. The GP is assisted by a locum GP (female) two advanced nurse practitioners, one practice nurse, a healthcare assistant, a practice manager and a team of six reception and administrative staff.

The practice has 4,380 registered patients. An increase of 80 patients since the last inspection. The area has similar outcomes to the England averages in area profile data from Public Health England 2015-2016. The data compares outcomes living in the area including life expectancy and deprivation.

The practice is open between 8am and 6.30pm Monday to Friday. Extended opening hours are provided on a Tuesday and Wednesday evening from 6.30pm to 8pm. There is no telephone access after 6.30pm, however patients can ring prior to this time and book an appointment for the late surgery. Routine appointments can be booked in person, by telephone or on-line. Home visits are triaged by a GP or ANP to assess whether a home visit is clinically necessary and the urgency of the need for medical attention.

The practice does not provide an out-of-hours service but patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice is closed. The practice is approximately 10 miles away from New Cross Hospital, Wolverhampton. There is a minor injuries unit at Cannock Hospital.

Why we carried out this inspection

We undertook a comprehensive inspection of Rawnsley Surgery on 25 September 2017 following the registration change from a partnership to a single handed GP practice. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a comprehensive inspection of Rawnsley Surgery on 25 September 2017. Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also reviewed information the practice provided us in preparation for the inspection. During our visit we:

- Spoke with a range of staff including the GP, the advanced nurse practitioners, the practice nurse, the healthcare assistant, the practice manager and four receptionists.
- Spoke with one patient who used the service who was a member of the Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The provider had implemented a new system for reporting and recording significant events and we saw a positive culture for reporting and learning.

- Staff told us they would inform the practice manager of any incidents and these were recorded on a standard significant event recording form. The new system had the practice manager as the named responsible individual and written records demonstrated events were investigated and any actions or changes in practice completed and shared with the appropriate staff.
- Since the last inspection there had been 25 significant events. We saw that improvements had been made for managing and reviewing significant events for themes or trends. A review of significant events was carried out at clinical meetings, normally held every three weeks or sooner when required. We saw each significant event had been discussed in detail in a clinical meeting held. For example; the policy for prescribing contraception was changed so that it was never on repeat prescription and this was extended to patients on medication for hormone replacement therapy (HRT). A flow chart was issued for reception staff to follow, one month medication could be issued initially but the patient was required to come in for a check and medication review.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had introduced a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). An MHRA policy had been developed and implemented and a written record detailed alerts received and the action taken. We looked at the action taken following a

recent medicine alert and found that the practice had taken appropriate action. We saw MHRA alerts were discussed at clinical meetings held. Patient searches had been set up to ensure that checks were repeated.

Overview of safety systems and process

The practice had improved their systems, processes and practices to assess risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details were clearly displayed in a dedicated safeguarding folder in the practice manager's office and in the clinical rooms. The GP was the nominated lead for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurses were trained to child safeguarding level three and all other staff to level one or two.
- The practice used computerised alerts on patient records to make staff aware of both children and vulnerable adults with safeguarding concerns. The practice had developed a child protection register and invited the health visitor to monthly meetings.
- Notices were clearly displayed advising patients that chaperones were available if required. Discussions with patients showed they were aware and had been offered this service. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons.
- Improvements in the arrangements for infection prevention and control (IPC) had improved. A member of the nursing team was the IPC lead and had received appropriate training to support them in this role. They

Are services safe?

attended regular workshops organised through the Clinical Commissioning Group (CCG). Discussions with the IPC lead demonstrated they were aware of their responsibilities and had mitigated risks effectively. There was an infection control policy in place and staff had received training. An infection control audit had been carried out in July 2017 and there was evidence action was taken to address any improvements as a result.

- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). The practice had procedures for the storage of emergency medicines and regular checks were undertaken to ensure medicines were fit for use.
- Processes were in place for handling repeat prescriptions that patients had not collected. Blank prescription forms and pads were securely stored and systems had been put in place to monitor their use. The practice had implemented a prescription security protocol and prescription usage was monitored. However the tracking system did not record the issue of blank prescription forms to each clinician.
- The advanced nurse practitioners were independent prescribers, and could therefore prescribe medicines for clinical conditions within their expertise. Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer immunisation and vaccines in line with legislative requirements. Patient specific directives (PSDs) were in place for the healthcare assistant.
- We saw that patients who took high-risk medicines that required close monitoring for possible side effects had their care and treatment shared between the practice and hospital. We found that medication had been issued without the recommended monitoring having been completed. For example, 12 patients on a high risk medication used to treat rheumatoid arthritis, two were overdue a blood test, and of 41 patients on a high risk medication used to prevent blood clots, three were overdue a blood test. The practice responded to these findings immediately and provided evidence after the inspection to show that all those patients overdue a blood test had been recalled.
- The arrangements for managing patients on repeat medications were not effective. We found that some medication reviews on patients with depression had

been carried out without a face to face consultation and further prescriptions issued. Those patients who required a face to face medication review found on the inspection were recalled for a face to face consultation.

- At the inspection on 27 April 2015 we identified that not all of the required recruitment checks had been undertaken for some of the staff employed. On 25 September 2017 we reviewed the file for the two most recently employed members of staff and a staff file we had previously reviewed. We found pre-recruitment checks had been obtained. These included photographic evidence and information relating to the physical and mental fitness of staff to carry out their work. In addition there was evidence of checks undertaken on a locum GP. The checks included medical indemnity, references, a criminal record check through the Disclosure and Barring Service (DBS) and safeguarding level three training.

Monitoring risks to patients

Procedures for assessing, monitoring and managing risks to patient and staff safety had improved.

- The provider had made improvements to their health and safety arrangements. There was a health and safety policy available to all staff. A fire risk assessment checklist was used in addition to liaison with the local fire service; however this had not been documented. Weekly fire alarm testing was carried out and a written log of these checks was now being maintained. A fire evacuation policy was in place and evacuations had been carried out every six months, documented and reviewed. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The gas boiler had been serviced annually to check its safety. However there had not been any hard wire test carried out.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control. Annual Legionella risk assessments were completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Samples were sent for testing on an annual basis. The practice told us that ongoing monitoring took place but this was not documented or recorded on the Legionella Testing Protocol. The practice amended this on the day of the inspection.

Are services safe?

- There were arrangements in place to cover for staff sickness and leave to ensure appropriate staffing levels were maintained. Staff covered for one another in the event of sickness and leave. A locum GP had recently been used to cover a short period of annual leave.

Arrangements to deal with emergencies and major incidents

We saw that arrangements to deal with emergencies and major incidents had improved.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was a policy to ensure that no member of staff worked alone. Staff who undertook home visits made colleagues aware of their itinerary.
- All staff had received basic life support training. The practice had the appropriate equipment and held emergency medicines to treat a range of sudden illness that may occur within a general practice. Medicines were stored securely, were in date and staff knew of their location.
- The practice had an Automated External Defibrillator AED (which provides an electric shock to stabilise a life threatening heart rhythm). Oxygen with adult and children's masks was also available.
- 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 and service providers and copies were kept off site.
- A first aid kit and accident book were available.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had implemented systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective in reducing referrals.

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). QOF results for 2015/16 showed the practice:

- Achieved 97% of the total number of points available. This was the same as the Clinical Commissioning Group (CCG) average and slightly higher than the national average of 95%. The clinical exception reporting was 6%, which was below the CCG average of 12% and the national average of 10%. (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 2015/16 showed:

- Performance for diabetes related indicators were comparable to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 81%

compared with the CCG and the national average of 78%. However the practice exception reporting rate of 4% was lower than the CCG average of 12% and the national average of 9%.

- Performance for mental health related indicators were higher than the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 93% compared to the CCG and the national averages of 89%. The practice clinical exception rate of 0% was lower than the local CCG average of 15% and the national average of 13%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 94%, which was higher than the CCG average of 83% and the national average of 84%. The practice clinical exception rate of 6% was lower than the CCG and the national averages of 7%.
- Performance in the outcomes for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) were better than the CCG and national average. For example, 88% of patients had received a review of their condition in the preceding 12 months compared with the CCG average of 88% and the national average of 89%. COPD is the collection of lung diseases. Clinical exception reporting was at 11% compared to the CCG average of 13% and the national average of 9%.
- The practice had 13 patients recorded with a learning disability. Since April 2017, six annual health reviews had been completed, three had been re-booked and there was an effective recall system that captured the remaining patients.

There was evidence of quality improvement including clinical audit. There had been a programme of eight audits commenced in the last year; these were all first cycle audits with second cycles planned.

Effective staffing

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

- The practice had an induction checklist in place for all newly appointed staff. New staff usually worked alongside existing staff depending on their previous experience. Induction training covered core topics to include information governance, safeguarding, infection control, moving and handling, fire safety and health and safety.

Are services effective?

(for example, treatment is effective)

- The practice had engaged with the national apprenticeship scheme and the first apprentice who started in 2014 had been given a substantive post in 2015. A second apprentice had started in 2017.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Clinicians responsible for administering vaccines and taking samples for the cervical screening programme had received specific training and were able to demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources. Clinicians told us informal meetings were held at the end of each day to discuss and share learning across the clinical team and gain general advice from GPs where required.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff were responsible for their own learning and development needs. The learning needs of staff were identified through a system of appraisal. Staff told us if they identified any training needs they were supported by the management team to attend training courses. Staff were able to access external training events organised through the Clinical Commissioning Group (CCG), in-house training sessions and e-learning training modules. All reception staff were part way through care navigator training to help signpost to appropriate healthcare services.

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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place

with other health care professionals usually on a monthly basis when care plans were reviewed and updated for patients with complex needs. There were arrangements in place to follow up patients with complex conditions that had been discharged from hospital.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance. Since the last inspection, all staff had received on-line training in the Mental Capacity Act 2005 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff we spoke with were able to share examples of how they sought and obtained patient consent. For example, written consent was obtained for minor surgery and procedures such as ear irrigation and immunisations.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients nearing the end of lives, carers, monitoring those at risk of developing a long-term condition and those requiring advice on smoking, diet and lifestyle. We saw patients had access to appropriate support, health screening and checks. These included new patient checks and NHS health checks. Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable. The practice offered travel advice and vaccinations available on the NHS.

The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 82% and the national average of 81%. The practice exception reporting was 2.4% (27 patients) which was lower than the CCG average of 5.5% and the national average of 6.5%; which meant that the practice had maximised, where possible, the number of patients screened. The practice demonstrated how they encouraged uptake of the

Are services effective?

(for example, treatment is effective)

screening programme and ensured a female sample taker was available. There was an unwritten policy to follow up patients who did not attend for their cervical screening test to encourage them to attend for screening.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 73% of female patients aged 50 to 70 years had attended screening to detect breast cancer in the last 3 years. This was in line with the CCG average of 71% and the national average of 73%.
- 61% of eligible patients aged 60-69 had been screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was higher than the CCG average of 57% and the national average of 58%.

The practice offered family planning advice and offered free condoms to patients.

Childhood immunisations were carried out in line with the national childhood vaccination programme. However, uptake rates for the vaccines given to children up to the age of two were below the 90% standard in three of the four indicators. Rates for the vaccines given to under two year olds ranged from 83% to 96%. The practice was aware and explained that there had been a period of time in 2015/16 where there had been no practice nurse to immunise children for a period of time when locum nurses were employed. A nurse had been recruited and uptake rates were expected to improve as a result.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection on 25 September 2017 we observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Patients could be treated by a clinician of the same sex for appointments booked in advance.

We asked patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 30 completed cards. A total of 27 comment cards highlighted a very high level of patient satisfaction. Patients commented that the service they received was excellent, that staff were caring, helpful and their privacy and dignity was respected.

We reviewed the national GP patient survey results, which were published on 7 July 2017. The survey invited 250 patients to submit their views on the practice, 103 forms were returned giving a completion rate of 41%. Results showed patients generally felt they were treated with compassion, dignity and respect. The practice scored similar or slightly lower than the Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 82% of patients said the GP gave them enough time, which was slightly lower than the CCG average of 83% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 86% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.

- 86% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG average of 91% and the national averages of 92%.

The survey also showed that 87% of patients said they found the receptionists at the practice helpful which was in line with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients who completed the cards told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey, published on 7 July 2017, showed the practice generally performed below average for patient feedback on their involvement in planning and making decisions about their care and treatment particularly regarding their experience with GPs. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.
- 78% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice was aware of the feedback and highlighted that the two advanced nurse practitioners (ANPs) had been in post after the data collection. Comment cards highlighted an improvement in patient satisfaction and the practice staff had focussed on educating patients on the role of ANPs.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- The electronic referral service was used with patients as appropriate (the electronic referral service gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 39 patients as

carers (0.9% of the practice list). Carers were offered annual flu vaccinations and notices in the practice waiting room and information on the website signposted patients to a number of support groups and organisations.

Families who experienced bereavement were contacted where appropriate. Staff told us that based on the individual circumstances a GP would call the families if this was suitable. Information in times of bereavement leaflets in the waiting area signposted patients to support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Home visits were triaged by a GP or Advanced Nurse Practitioner to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- Routine appointments were available up to four weeks in advance.
- Same day appointments were released at 8am for the morning and at 11am for the afternoon. The GP had urgent appointment slots available in addition to appointments provided by the advanced nurse practitioner, who was an independent prescriber. These appointments were available for children and those patients with medical problems that required urgent consultation.
- There were longer appointments available for those that needed them including patients with a learning disability and complex medical needs.
- Online services were available for booking appointments, ordering repeat prescriptions and requesting a summary of care records.
- Patients were able to receive travel advice and vaccinations available on the NHS.
- A variety of clinics and services were available for people to access. These included health screening, child health checks, diabetes, asthma, contraception services and minor surgery.
- The practice offered extended hours from 6.30pm to 8pm on a Tuesday and Wednesday evenings.
- There were accessible facilities. The practice provided a designated disabled car parking space. There was level access to the building and automatic front doors for access the building.
- Translation services were available for patients who did not have English as a first language.
- The practice allowed the temporary registration of patients. This included students and forces personnel that maybe home on holiday leave, families visiting for a period of time as well as other temporary patients. The practice offered both short term and long term temporary registrations.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice offered extended hours on a Tuesday evening from 6.30pm to 8pm. Routine appointments could be booked up to four weeks in advance in person, by telephone or on-line for those registered for this service. Home visits were triaged by a GP and were available to patients with complex needs or for those who were unable to attend the practice. The practice was a member of 'Cannock Network Practices' a collection of local practices who worked together to provide weekend access to GPs and nurses.

The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed via Staffordshire Doctors Urgent Care Limited. The practice was located approximately 10 miles away from New Cross Hospital, Wolverhampton.

Results from the National GP Patient Survey published in July 2017 showed that patient satisfaction with how they could access care and treatment was the same or higher when compared to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared with the CCG average of 75% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared with the CCG average of 69% and the national average of 71%.
- 82% of patients said the last appointment they made was convenient compared to the CCG and the national averages of 81%.
- 77% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.
- 87% of patients said they found receptionists helpful compared to the CCG average of 86% and the national average of 87%.

The patient feedback we received from comment cards about access to the service was very positive. Patients stated that they could get appointments when they needed them.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- NHS feedback and complaint leaflets were available in the waiting room and information about how to make a complaint was now available on the practice website. There was a complaints, suggestions, compliments box in the waiting room. There had been three compliments posted in the last 12 months complimenting the practice on the overall service provided.
- A box was available in the waiting room for patients to make comments, complaints and compliments.

The practice had received nine formal written complaints since the last inspection. We reviewed a sample of the complaints and found they had been responded to in a timely and appropriate manner. We were told any verbal concerns received were immediately actioned, recorded on the patient notes and the practice manager informed. We saw complaints had been discussed in practice meetings. An analysis of all concerns and complaints had been carried out to help identify any common trends.

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 and promote good outcomes for patients.

- The practice had a mission statement and this had been shared with the staff team. Staff knew and understood the values and told us that patients always came first.
- The practice had a written business plan in place. This was reviewed annually.
- The practice had identified what they did well and the areas for future development.

Governance arrangements

There had been an improvement in governance arrangements at the practice since the last inspection.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Due to considerable difficulties recruiting a GP to the practice the provider had reviewed its skillset and had appointed two advanced nurse practitioners (ANPs) who were independent prescribers. This has helped by providing a multi-disciplinary skill mix and increased access to appointments. Staff told us that patients had responded positively to these appointments and this was supported by the feedback on the comment cards.
- Staff understood how to access specific policies and we saw these were available to all staff.
- Arrangements for assessing, monitoring and managing risks to patient and staff safety had improved. A formal process had been implemented to manage the recording, investigation and share the learning from significant events, and the 25 events recorded since the last inspection demonstrated a positive culture for reporting. Infection prevention control (IPC) arrangements were led by a nominated individual and regular audits carried out. The health and safety arrangements had improved and the practice car park had been resurfaced to mitigate an identified risk. The practice had implemented a clear process for acting on external alerts that may affect patient safety.
- We saw patient files were securely stored. Treatment and consultation rooms were locked when not in use.

- The provider had implemented an effective system to complete the required staff recruitment checks and the personnel files checked demonstrated that these checks had been completed.
- Staff had received essential training relevant to their role.
- An understanding of the performance of the practice was maintained. Regular clinical and reception meetings were now being held which provided an opportunity for staff to learn about the performance of the practice. All meetings were minuted which enabled staff who were not in attendance to update themselves.

There were a number of areas where the governance arrangements needed further strengthening:

- Further improve the arrangements for managing patients on repeat medication.
- Further improve the health and safety arrangements by documenting the fire risk assessment and completing a hard wire check for the building in line with statutory health and safety regulations.
- Implement an effective system to ensure that patients on repeat medications receive regular and appropriate medication reviews.

Leadership and culture

During the inspection the management team we met demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and practice manager were approachable and always took the time to listen to them. They felt valued and supported within their role and were able to make suggestions for improvement. Staff felt involved and were aware of what was happening within the practice and considered the practice had made improvements since the last inspection, notably in the formal governance arrangements.

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

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

Are services well-led?

Good 

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

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.

- Patient satisfaction was established by consideration of NHS Friends and Family test results, GP national patient survey results and complaints.
- The practice had a small evolving group of patient representatives that formed the patient participation group (PPG). The PPG met every eight to 12 weeks and meetings held were informal and recorded. Newly registering patients were given information about and were invited to join the PPG.
- We reviewed the feedback the practice had received for the last three months via the NHS Friends and Families test (FFT). Feedback gathered indicated that patients were likely or extremely likely to recommend the

practice. There had been 35 returns from patients between June 2017 and August 2017; 14 had said they would be extremely likely and 21 likely to recommend this practice to friends and family.

- The whole practice staff met quarterly as a team, minutes were recorded and shared with any staff member unable to attend.

Continuous improvement

There was a commitment to continuous learning and improvement at all levels within the practice. The practice participated in offering apprenticeships. The GP and practice manager attended regular membership events organised by the Clinical Commissioning Group to discuss strategic plans. The practice had identified areas for improvement and shared these with us. For example; a member of the nursing team had identified the need to do documented actions towards patient self-management for patients with asthma and chronic obstructive pulmonary disease (COPD).

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. In particular:</p> <p>They had failed to minimise the risks associated with the monitoring of high risk medicines and had not carried out regular reviews of medication.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	