

The Colliery Practice

Quality Report

60 Hednesford Road
Cannock
Staffordshire
WS11 1 DJ

Tel: 01543 435390

Website: www.thecollierypractice.nhs.uk

Date of inspection visit: 17 May 2016

Date of publication: 20/06/2016

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?

Good 

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 The Colliery Medical Practice on 17 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients told us on the day of the inspection that they were able to get 'on the day' appointments when they needed them. They told us they could usually get a routine appointment within a week but it may take longer for an appointment with their GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- One of the GPs with a special interest in neurology ran a headache clinic, which was also open to patients registered at other local practices.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider should make improvements.

The provider should:

- Ask applicants about any physical or mental health conditions they may have as part of the recruitment process.

Summary of findings

- Improve the effectiveness in the use of the practice's long term condition templates and ensure staff are suitably trained in their use.

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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The GP partners had areas of special interest and patients could be referred internally to a GP specialist colleague for condition specific advice.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice in line with other practices.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice promoted the role of carers and provided information on the service available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The partners had recognised the need to expand their service to meet the future demand due to new housing development in the Huntington area, and the practice's Huntington branch was being extended
- The practice offered a range of enhanced services including minor surgery, joint injections, spirometry (a test to see how well a patient can breathe and insulin initiation for patients with diabetes. Patients from other local GP practices could be referred to the practice for minor surgery, joint injections and spirometry.
- The practice co-hosted a number of services including a monthly epilepsy outreach clinic led by a specialist nurse, audiology and hearing aid provision and ultrasound scanning.
- Ninety-two percent of patients said they could get through easily to the surgery by phone compared to the Clinical Commissioning Group of 75% and the national average of 73%.
- Patients told us on the day of the inspection that they were able to get 'on the day' appointments when they needed them. They told us they could usually get a routine appointment within a week but it may take longer for an appointment with their GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. This included the development of the staff team skills and knowledge, and the development of the practice as a training practice for doctors who wished to train to become GPs.

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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice proactively invited older patients for an annual review if they had not been seen during the previous 12 months.

People with long term conditions

Good



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

- The nurse practitioners had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance in the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 83% compared with the national average of 77%.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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 who were at risk, for example families with children in need or on children protection plans.
- The practice proactively identified any children who may be at risk. When potential safeguarding concerns were

Summary of findings

identified an alert was placed on the electronic record. If three or more alerts were added, a full review of the notes was undertaken, and if any potential concerns, identified, the child was discussed at the practice multidisciplinary meeting and further actions agreed.

- The practice provided an in-house counselling service for patients aged 13 years and above.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- There were screening and vaccination programmes in place and the practice's immunisation rates
- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed that 81% of women aged 25-64 had received a cervical screening test in the preceding five years. This was comparable to the national average of 82%.
- The practice offered family planning and routine contraception services.
- We saw positive examples of joint working with midwives and health visitors. Midwife led clinics were held at the practice. Practice staff regularly liaised with the health visitors, who were based in the same building.

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 care.
- The practice offered on the day and pre-bookable appointments, as well as triage and telephone consultations. The practice also offered extended hours two mornings a week and on Saturdays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 or identified as vulnerable.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice engaged with a number of families from the travelling community who were based locally and registered at the practice.
- The staff knew how to recognise signs of abuse in vulnerable adults and children. The 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).

- Ninety-four percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- Performance for the mental health related indicators was comparable to the CCG and national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Counselling services were available at the practice as well as through the community based emotional wellbeing service.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with or above the local and national averages. Three hundred and twelve survey forms were distributed and 117 were returned. This gave a return rate of 37.5%:

- 81% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 89%.
- 81% of patients said the GP gave them enough time (CCG average 83%, national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 80% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90% and national average 91%).
- 92% of patients said they found the receptionists at the practice helpful (CCG average 86% and national averages 87%)

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 42 patient comment cards which were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients during the inspection, one of whom was a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the GPs and nurses always treated them as an individual. Two patients commented that sometimes they felt rushed during consultations depending on which GP they saw. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service **SHOULD** take to improve

Ask applicants about any physical or mental health conditions they may have as part of the recruitment process.

Improve the effectiveness in the use of the practice's long term condition templates and ensure staff are suitably trained in their use.

The Colliery Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

- Three female nurse practitioners, three female practice nurses, one female health care assistant and two female phlebotomists.
- A practice manager.
- An assistant practice manager.
- One secretary, four administrators, a senior receptionist, assistant senior receptionist and 10 receptionists.

The main practice is open between 8am and 6.30pm Monday, Wednesday and Friday, and 7.30am until 6.30pm on Tuesdays and Thursday. The branch practice at Huntington is currently open between 9am and 6pm Monday to Friday and 9am until 12 noon on a Saturday. Extended consultation hours are offered on Tuesdays and Thursdays between 7.30am and 8am at the main practice in Cannock and on Saturdays between 9am and 12 noon at the Huntington branch, and are by appointment only. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care Ltd.

Background to The Colliery Practice

The Colliery Medical Practice is registered with the Care Quality Commission (CQC) as a GP partnership provider in Cannock. The practice holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed contract between NHS England and the general practice and offers variation in the range of service which may be provided by the practice. At the time of our inspection the practice had 13,696 patients.

The main site is The Colliery Practice, with branch site in Huntington. The sites are as follows:

- The Colliery Practice, 60 Hednesford Street, Cannock, WS11 1DJ
- Huntington Branch, Colliers Way, Huntington, Cannock, WS12 4UD

We only visited The Colliery Practice as part of this inspection. The Huntington Branch is approximately ten minutes away by car.

The practice staffing comprises of:

- Five GP partners (four male and one female) and two female salaried GPs.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 17 May 2016.

We spoke with a range of staff including the GPs, the nurse practitioner, a practice nurse, a health care assistant, the practice manager and members of reception and administration staff during our inspection. We spoke with patients, one member of the patient participation group who was also a patient, looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were discussed at each practice meeting and reviewed annually. The meetings were minuted so the information could be shared with all staff. The records supported that learning had taken place and become embedded into practice.
- Soft intelligence involving secondary care, for example late information or missing results, was shared with the Clinical Commissioning Group (CCG) via the Datix system. Datix is an electronic system for reporting incidents and adverse events. The incidents were discussed at the CCG locality meeting every three months to identify any trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, reception staff had updated a prescription to include new medicines. This was not made clear to the GP and was not checked prior to signing. However, the error was identified, the prescription was not dispensed and the patient received an apology. As a consequence the protocol for adding new medicines to prescriptions was reviewed and reception staff informed that they were not to add new medicines to prescriptions. All new medicines were to be added by either the practice pharmacist or the GP.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Although GPs did not attend safeguarding meetings, they provided comprehensive reports prior to the meeting. The child in question would be discussed at the practice meeting and a lead GP appointed to co-ordinate the information gathering. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. All staff had received the appropriate level of safeguarding training for their role.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The practice proactively identified children who may be at risk. Correspondence from external agencies was reviewed by the clinicians and any potential safeguarding concerns highlighted and a discrete alert placed on the patient notes to alert all clinicians to the potential risk. If three or more alerts were added to the notes, a full review of the notes was undertaken by a GP and the child added to the practice register. If a potential concern was identified, the child was discussed at the practice multidisciplinary meeting and further actions agreed, usually an invitation for the child and parent/guardian to attend for a formal discussion.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurse practitioners was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in

Are services safe?

place and staff had received up to date training. Annual infection control audits were undertaken at each site and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and systems were in place to monitor their use. The nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific direction from a prescriber.
- We reviewed five personnel files (four of which had been appointed since registration with the Care Quality Commission) and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Information regarding any physical or mental health conditions that applicants may have had not been recorded.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. A number of staff had been trained as fire marshalls. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had reviewed the needs of the practice following the retirement of a full time practice nurse, and identified that additional phlebotomy (blood taking) services were required. As a consequence a part time practice nurse and part time phlebotomist had been recruited.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- An accident/incident book was available at reception. Following a recent incident where a child had fallen from a small plastic chair in the play area, the incident book was reviewed. The review identified this was the second incident of this nature, and as a consequence the chairs had been removed from the play area.
- All staff received annual basic life support training. There were emergency medicines
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. The staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice had a protocol in place for the management of NICE guidance, which had recently been updated to reflect the appointment of a pharmacy advisor. This member of staff was responsible for the dissemination of new guidance and identifying any changes that may need to be made. Any changes were discussed at practice meetings.
- The practice had changed the electronic system used for recording patient information during the previous six months. The new system included templates to assist clinicians with the assessment of patients with long term conditions. However, the practice had recognised that staff were still becoming familiar with the system and were not always using the templates as effectively as they could be when assessing patients. Additional staff training was being organised.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 99.7% of the total number of points available (which was 6.2% above the local Clinical Commissioning Group (CCG) average and 5% above the national average), with 12.2% clinical exception rate (which was 2.1% above the CCG average and 3% above the national average). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance in the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 83% compared with the national average of 77%.
- Performance in the three mental health related indicators was comparable to the CCG and national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% compared with the national average of 84%. There was a practice exception reporting rate of 5.6% (this equated to one patient) which was below the national average of 8%. However, the clinical exception reporting for the indicators relating to schizophrenia, bipolar affective disorder and other psychoses was above the CCG and national averages. The practice told us this was partly due to a coding issue following the change in the computer system and partly due a number of these patients receiving care from secondary care service and not wishing to attend for reviews.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 93%, which was above the CCG average of 76% and national average of 75%. There was a practice exception reporting rate of 19.2% which was above the national average of 7.5% meaning a higher than average rate of patients had been excluded. The practice had identified this as an area for improvement, and were supporting one of the nursing team to undertake an asthma course.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits completed in the last 12 months, which demonstrated improvements had been implemented and monitored.
- Findings were used by the practice to improve services. One completed audit looked at patients with overactive bladder syndrome who were prescribed a particular medicine (mirabegron). Increased blood pressure was a known risk factor with this medicine. The first audit cycle identified 54 patients who were prescribed this medicine, of which 19 had not had their blood pressure checked in the previous nine months. An alert was placed on the electronic record and these patients were invited by letter to attend for a blood pressure check. The second audit cycle a reduction in risk.
- The practice used information from national and local benchmarking to improve performance. Historically the

Are services effective?

(for example, treatment is effective)

practice had high attendance rates at accident and emergency, and high emergency admission rates for patients with long term conditions. These rates had reduced over time due to the proactive management of patients. For example the practice had identified a number of patients who regularly attended accident and emergency over the weekend. These patients were now contacted on a Friday by the community nursing service to check on their wellbeing. As a consequence these patients no longer attended accident and emergency at the weekend.

The GP partners had areas of special interest, for example: neurology and headaches, dermatology and mental health. This enabled the GPs to refer patients internally to a colleague for advice, before they referred the patient to secondary care services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.
- The learning needs of the staff were identified through a system of appraisals, meetings and reviews of practice development needs. The staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and facilitation and support through the revalidation process for GPs and nurses. Staff had protected learning time, either in house or at training events organised by the CCG. All of the staff had had an appraisal within the last 12 months.
- The nurse practitioners were members of the locality nurse prescribers' forum and attended meetings every

three months. These meetings were partly educational, as outside speakers were invited and also provided peer support and an opportunity to present case studies and share knowledge.

- The practice supported clinical staff to extend their skills and knowledge in order to improve outcomes for patients. The GPs had lead roles for specialisms, for example neurology, mental health and dermatology. One of the practice nurses was due to attend a course in asthma care, and other had expressed an interest in training to become a nurse practitioner. The health care assistant had identified that they wished to extend their role to administer a greater range of vaccines, and this was being actioned by the practice.
- The staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had identified 216 patients on the hospital unplanned admission avoidance scheme. A nurse practitioner reviewed all patients on the hospital admission avoidance register following an admission to hospital and if required carried out a home visit or invited them for an appointment.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had 67 patients who had been identified with palliative care needs and held monthly meetings attended by the GP, community nursing team and the palliative care team.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- All staff received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. The practice provided twelve week smoking cessation support programme. The practice had provided smoking cessation support to 1435 patients. Patients could be referred to a local organisation for information and support with weight management, exercise and smoking cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. (Exception reporting for cervical screening was 2.1%, which was 3% below the CCG average and 4.2% below the national average). The practice offered family

planning and routine contraception services including implant/coil insertion. Patients registered at other local GP practices could also be referred to the practice for coil and implant insertion.

The practice provided sexual health advice for older teenagers, which included a condom service and chlamydia screening kits. Two percent of the target population had been screened for chlamydia in 2014-2015.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data 2014 - 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was comparable to below the local and national averages:

- 73% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was comparable to the CCG average of 73% and national average of 72%.
- 56% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was comparable to the CCG average of 57% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.2% to 100% and five year olds from 91.3% to 99.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice also offered well woman and well man health checks. The practice also proactively invited older patients for an annual review if they had not been seen during the previous 12 months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients during the inspection, one of whom was a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the GPs and nurses always treated them as an individual. Two patients commented that sometimes they felt rushed during consultations depending on which GP they saw. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 89%.
- 81% of patients said the GP gave them enough time (CCG average 83%, national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

- 80% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90% and national average 91%).
- 92% of patients said they found the receptionists at the practice helpful (CCG average 86% and national averages 87%)

Care planning and involvement in decisions about care and treatment

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

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans and regular communication with the community matron and district nursing team. Any unplanned admissions were also at the weekly management meetings to identify if any improvements could be made.

Results from the national GP patient survey we reviewed showed the data related to patients involvement in planning and making decisions about their care and treatment and results were in line with the local CCG and national average. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 82%)
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG and national averages 85%)

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. We saw notices in the reception areas informing patients this service was available.
- The GPs in the practice also spoke a number of different languages.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 212 patients as carers (1.5% of the practice list). All carers were offered the annual flu vaccination and health check. Written information was available to direct carers to the various avenues of support available to them.

The staff told us that if families had suffered bereavement the GP contacted them by telephone to offer support as required. Patients could be referred to for counselling or supported by the palliative care team if already known to the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The partners had recognised the need to expand their service to meet the future demand due to new housing development in the Huntingdon area. As a consequence the Huntingdon branch was being extended to provide three additional consulting rooms, a treatment room, sluice area, office, staff room, meeting room and additional car parking space. The practice was due to become part of the Cannock Network Project. The project provided an extended clinical hub, whereby patients could book an on the day appointment through their own practice with a GP or nurse between 3.30pm and 8pm if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday mornings between 9am and 12 noon. The GPs attended monthly CCG meetings as well as the quarterly locality meetings. Clinical staff attended the protected learning events organised by the CCG.

- Extended consultation hours were offered on Tuesdays and Thursdays between 7.30am and 8am at the main practice in Cannock and on Saturdays between 9am and 12 noon at the Huntingdon branch, and were by appointment only.
- Routine appointments were 10 minutes, with longer appointments available for patients attending for long term condition reviews, or patients who requested a longer appointment.
- Patients who needed an urgent home visit in the afternoon could be referred to the acute visiting service operated by the local federation of GP practices.
- The practice maintained a register of patients with a learning disability, and offered these patients an annual health check and longer appointments.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice provided sexual health advice for older teenagers, which included a condom service and chlamydia screening kits.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, including yellow fever. A travel clinic was held once a week at the Huntingdon branch.
- The practice engaged with a number of families from the travelling community who were based locally and registered at the practice.
- The practice provided an in-house counselling service for patients aged 13 years and above. The practice had referred 120 patients to this service during 2015, of which 24 were under the age of 20 years old.
- The practice offered a range of enhanced services including minor surgery, joint injections, spirometry (a test to see how well a patient can breathe and insulin initiation for patients with diabetes. Patients from other local GP practices could be referred to the practice for minor surgery, joint injections and spirometry.
- One of the GPs with a special interest in neurology ran a headache clinic, which was also open to patients registered at other local practices.
- The practice co-hosted a number of services including a monthly epilepsy outreach clinic led by a specialist nurse, audiology and hearing aid provision and ultrasound scanning.

Access to the service

The main practice was open between 8am and 6.30pm Monday, Wednesday and Friday, and 7.30am until 6.30pm on Tuesdays and Thursday. The telephones were answered from 8am. The branch practice at Huntingdon was currently open between 9am and 6pm Monday to Friday and 9am until 12 noon on a Saturday. Extended consultation hours were offered on Tuesdays and Thursdays between 7.30am and 8am at the main practice in Cannock and on Saturdays between 9am and 12 noon at the Huntingdon branch, and were by appointment only. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Staffordshire Doctors Urgent Care Ltd.

Appointments at the main practice and branch practice could be booked in person, over the telephone and on line. The practice provided a range of appointments. The nurse practitioners provided a telephone triage service between 8 am and 10.30am every day, and either booked patients an appointment with a GP, a member of the nursing team or provided telephone advice. Pre-bookable appointments with clinical staff were also provided. We saw that urgent

Are services responsive to people's needs?

(for example, to feedback?)

appointments with a GP or member of the nursing team were available on the day of our visit and pre-bookable appointments with GPs and member of the nursing team were available the following day.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 78%.
- 92% of patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 39% of patients said they always or almost always see or speak to the GP they prefer (CCG average 37% and national average 36%).
- 81% of patients said that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment (CCG average 73% and national average of 76%).
- 64% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.

Patients told us on the day of the inspection that they were able to get 'on the day' appointments when they needed them. They told us they could usually get an routine appointment within a week but it may take longer for an appointment with their GP of choice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was included in the practice pack on the website and leaflets were available at reception.

We looked at the summary of 25 complaints received in the last 12 months and found they had been satisfactorily handled and demonstrated openness and transparency. The practice carried out a thorough analysis of complaints. Complaints were discussed at each practice meeting and reviewed annually. The meetings were minuted so the information could be shared with all staff. The records supported that learning had taken place and become embedded into practice. A number of themes had been identified from the complaints, including the attitude of GPs during consultations. The results of the national patient survey showed lower than average scores for the GPs in relation to listening, explaining and involving patients. Several patients also commented that sometimes they felt rushed during consultations depending on which GP they saw. As a consequence the practice planned to carry out patient satisfaction surveys for each GP, to identify strengths and weaknesses.

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 healthcare and to respond to patient needs and expectations.

- The practice had a mission statement which was included in the statement of purpose and available to staff on the shared drive.
- The GP partners clearly described their plans for the future and how they hoped to achieve these. The partners had identified areas, both clinical and business focused, where improvements were required. For example, management of long term conditions, development of staff skills and knowledge for the electronic patient record system and GP trainee induction programme.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP partners had designated clinical and managerial lead roles, as well as areas of special interest.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice performance was discussed at the practice meeting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice had notified the Care Quality Commission of changes to their registration. Two GPs had left the partnership, one of whom was also the registered manager, and two new GPs had joined the partnership. One of the existing GP partners had taken over the responsibility of the registered manager. The practice had also identified that they needed to add a regulated activity to their registration.

On the day of inspection the partners in the practice 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 partners were approachable and always took the time to listen to all members of staff.

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

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

There was a clear leadership structure in place and staff felt supported by management, both professionally and personally.

- Staff told us the practice held regular team meetings, although the practice recognised that it would be beneficial to increase the frequency of reception / administration meetings to monthly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys, NHS Friends and Family Test and complaints received. The practice had an active PPG, which met regularly, carried out patient surveys and took forward

Are services well-led?

Good 

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

suggestions and improvements identified through the patient survey. The PPG had been involved in discussions regarding the extension at the Huntington branch practice and had made suggestions about what was required, for example additional consulting rooms. The PPG had also suggested increased car parking at the branch practice and this had been implemented.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example: members of the nursing team expanding their skills and knowledge to enable the practice to meet the needs of the patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice invested in the staff team to develop their skills and

knowledge to improve outcome for patients. For example: one of the practice nurses was due to attend a course in asthma care, and the health care assistant had expressed an interest in administering a greater range of vaccines, and this was being actioned by the practice.

The practice had been accepted as a training practice for doctors who wished to train to become GPs. The first trainee was due to start their training at the practice in February 2017. The practice had also applied to become a teaching practice for fourth and fifth year medical students.

The practice was also part of the Community Education Provider Network, looking a medium to long term work force planning. The network had looked at how to up skill nurses, student nurse training, physician associates and apprentices. One of the nurse practitioners had completed a mentor course, and the practice was working with the University of Wolverhampton to become a training placement for student nurses.