

Care Quality Commission

Inspection Evidence Table

Hednesford Medical Practice (1-7126473596)

Inspection date: 2 February 2020

Date of data download: 29 January 2020

Overall rating: Good

At the previous comprehensive inspection on 18 January 2017, the practice was rated requires improvement overall. This was because:

- There was a lack of clinical input when managing and analysing significant events.
- There was no process to ensure the proper management of emergency equipment.
- The practice was registered incorrectly.
- The practice did not have a clear vision or values embedded.
- The practice did not act upon patient feedback provided in the GP patient survey.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

At the previous comprehensive inspection on 18 January 2017, the practice was rated requires improvement for providing safe services. This was because:

- There was a lack of clinical input when managing and analysing significant events.
- There was no process to ensure the proper management of emergency equipment.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were aware of the safeguarding lead and had access to safeguarding policies and procedures held on the practice shared drive. Staff were able to share examples of what would constitute a safeguarding concern and the action they would take and had received training appropriate for their role.</p> <p>There was a system to highlight vulnerable patients on the practice clinical system to ensure all staff were aware of these patients. We saw an example of a vulnerable patient who had been coded appropriately. The practice had safeguarding and frailty registers in place in addition to systems to monitor and follow up failed attendances for children's appointments. For example, if a child was not brought for their immunisations or a secondary care appointment. These were coded on the clinical system, followed up and reviewed quarterly to identify any common trends and patterns. A system was also in place to monitor children attending out of hours services. We saw an example of the action taken when the practice had received correspondence via the local ambulance service. Potential concerns were identified by administrative staff and escalated to a GP for review and the patient was invited to attend for review.</p> <p>The practice told us they were able to speak with health visitors if they had any child safeguarding concerns, but no formal meetings were held due to difficulties locally. Following this inspection, the practice provided evidence that they had requested a representative from children's services to attend a safeguarding meeting and this had been declined. The practice had been advised that the team were in discussion with the local medical committee (LMC) and the local authority regarding the requests from primary care practices for attendance at their safeguarding meetings.</p> <p>Safeguarding was a standing agenda item at practice meetings held to formally share and discuss new cases and any safeguarding matters. Multi-disciplinary team meetings were held monthly with primary care teams and the local hospice to discuss palliative care and end of life patients and these meetings were documented.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed the personnel files for five staff employed, including locum staff, and found that the required pre-recruitment checks had been carried out. We spoke with a new member of staff and they confirmed they had not been able to commence working at the practice until all the required checks had been completed.</p> <p>A full history of immunisations was available on the four clinicians' files we reviewed in addition to a Hepatitis B risk assessment for an Administrator. We saw that the practice had updated all staffs' immunisation status with a dedicated questionnaire.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: June 2019	Yes
There was a record of equipment calibration. Date of last calibration: February 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: July 2019	Yes
There was a log of fire drills. Date of last drill: 27 March 2019	Yes
There was a record of fire alarm checks. Date of last check: tested weekly on a Tuesday at 10.30am	Yes
There was a record of fire training for staff. Date of last training: Yes	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 12 September 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes

Explanation of any answers and additional evidence:

On the first Tuesday of each month the practice manager met with the facilities manager from NHS Properties and reported any issues relating to the practice premise.

Fire alarms were tested weekly by NHS Properties Services. During a tour of the practice we were made aware of the fire evacuation procedure, which was also displayed on posters situated around the practice. The practice had a designated fire marshal in place and most staff had received fire safety training. The practice manager advised that NHS Properties were due to undertake a fire drill in the future.

Other safety checks included a legionella risk assessment undertaken by an external company in December 2019, in addition to regular water checks and sampling carried out by NHS Property Services.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: June 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 2019	Yes

Explanation of any answers and additional evidence:

Health and safety risk assessments were held in a designated health and safety folder in the practice manager's office. These were risk rated red, amber and green and included identified risks, required actions, planned action date, responsible person, action taken and level of new risk.

Health and safety related policies were located on the shared drive in the non-clinical folder that staff were able to access. Posters were displayed in the reception office advising staff of this information.

Staff we spoke with expressed no concerns in relation to health and safety matters. Training records showed some staff had completed training in the principals of health and safety.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 30 August 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Explanation of any answers and additional evidence:

There were arrangements in place to manage infection, prevention and control (IPC). The premises were visibly clean and tidy on the day of the inspection. Feedback we gained from patients suggested they were satisfied with the cleanliness of the practice and the hygiene arrangements in place.

The practice had a designated IPC nurse lead. Cleaning audits were undertaken to ensure appropriate standards of cleanliness was maintained. Cleaning charts were displayed in all clinical rooms and completed daily. Staff had access to the infection, prevention and control policy and we saw personal protective equipment (PPE) was readily available. Training records showed all but one member of staff had received training in infection, prevention and control.

An external cleaning company were responsible for cleaning the premises and attended each evening.

An infection control audit was undertaken on 30 August 2019 and an action plan had been developed. This included the replacement of carpets in consulting rooms to be replaced with wipeable flooring with a target date of 31 March 2020. A cold chain audit had been undertaken on 11 July 2019.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Partial
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a detailed induction pack to assist locum clinicians in their work at the practice.</p> <p>Not all staff were up to date with basic life support training. However, following the inspection, the practice provided evidence that training had been booked for 4 March 2020, with an external training provider.</p> <p>Information about sepsis was displayed in the waiting area and all clinical areas. Clinicians had access to the sepsis risk stratification tools provided by the National Institute for Health and Care Excellence (NICE), however we advised the practice to ensure these tools related to primary care and not hospitals.</p> <p>Due to the layout of the practice, receptionists did not have clear visibility of all patient waiting areas. Reception staff told us they always advised presenting patients that looked very unwell to sit opposite the reception desk area to ensure they could be seen. Managers told us the waiting area would be changed during the planned practice refurbishment.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed a selection of referral letters and saw these were managed effectively and there was a system to monitor delays in referrals. Patients who had not received a date to attend an appointment were advised to notify the practice, who then followed up on those referrals.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.87	1.02	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	5.6%	9.0%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules,	6.47	5.89	5.60	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	2.09	2.16	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial

Medicines management	Y/N/Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a process in place for monitoring patients' health in relation to the use of medicines including high risk medicines. We saw shared care arrangements were in place and patients prescribed these medicines were reviewed.</p> <p>The number of prescription items for co-amoxiclav, cephalosporins and quinolones (broad spectrum antibiotics) prescribed by the practice was lower than local and national averages. Posters were displayed in the waiting area advising patients about antibiotic resistance and what patients could do to help themselves. For example, only using antibiotics when prescribed by a certified health professional and were reminded to complete the full course of treatment prescribed.</p> <p>The practice had a policy in place for acute/repeat medication requests for example, hypnotics prescribing. Leaders told us since taking over the practice they had reviewed and addressed safe prescribing with patients and made changes as a result.</p> <p>On the day of the inspection we found that the practice did not stock all the suggested emergency medicines and a risk assessment had not been carried out to determine the range of medicines held. We were advised that medicines could be obtained from the chemist located within the premise, from a pharmacy within a local supermarket or from another GP practice on site. However, the chemist on site closed before the practice extended hours finished and there were no documented arrangements in place for sharing medicines from the other practice. Following the inspection, the practice provided evidence that they had since purchased the outstanding medicines.</p> <p>The practice now had all of the equipment available to deal with medical emergencies. However, we found the automated external defibrillator (AED), a portable device used to deliver a dose of electric current to the heart to help people having sudden cardiac arrest, was not available for immediate use. We found the batteries were not inside the defibrillator and were in a sealed pack within in a box with other items. Therefore, this could potentially delay a patient receiving immediate treatment. There was no record available to show the defibrillator had been regularly tested and one clinician we spoke with was not aware of where the AED was located in the practice. Following the inspection, the practice provided a picture of the manufacturers' instructions to confirm that the battery pack and pads were for single use and should only be installed into machine when needed. They advised this was a misunderstanding on the day of the inspection and confirmed that the adult cartridge would be inserted into the AED to ensure it was available for immediate use.</p> <p>We reviewed the record of fridge temperatures and found gaps in the manual checking of daily temperature checks. The practice advised that administrative staff were responsible for checking and recording fridge temperatures in the absence of the nursing team. However, the practice had a data logger in place and a review of the records showed that temperatures had remained within the recommended range. Following the inspection, the practice provided an action plan advising that they would undertake a monthly review of fridge temperature logs and any gaps would be brought to the attention of the practice manager and that staff were to be made aware of the requirement to complete</p>	

Medicines management	Y/N/Partial
daily fridge temperature checks in absence of the practice nurse.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded since September 2019:	Six
Number of events that required action:	Six
<p>Explanation of any answers and additional evidence:</p> <p>Examples of significant events were detailed in the updated significant event policy. Six significant events had been recorded since September 2019, which had been investigated, documented and shared. The practice used an overview spreadsheet to record significant events, however this did not include details of any learning outcomes and feedback. Significant events were shared and discussed in monthly practice meetings held. Some staff we spoke with were able to share examples of recent significant events.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
The practice was implementing a new vaccine log on 12/10/19. A stock check was undertaken to ensure that the log was correct. Whilst undertaking this task, an out of date vaccination was found. It was also noted that some vaccines were short dated and there were excessive amounts of one vaccination for pregnant woman	The vaccine was destroyed and vaccines with short dates were highlighted for staff to use first. We saw this system during the inspection. Vaccine stock checks were implemented and undertaken monthly and any concerns were escalated to the practice manager.
Incorrect dose of metformin (diabetic medication) prescribed.	A Patient saw a community pharmacist for a medicine review. The patient was advised that their metformin dose was too high. The dose was amended accordingly, and patient was advised of action to take if they felt unwell. Following this error an audit was undertaken on all patients prescribed this medicine to

	ensure they were prescribed the correct dose based on eGFR levels.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A record of all safety alerts relevant to general practice was maintained on the practice shared drive. The practice manager forwarded all safety alerts to clinicians for actioning. The regular locum pharmacist was responsible for running searches and identifying any affected patients and worked with the practice manager in taking any appropriate action in response to alerts. We saw many examples of actions taken in relation to alerts received for example, including sodium valproate.</p> <p>We saw information displayed in the waiting area from Public Health England regarding the Coronavirus. The information included the symptoms of the virus and what patients were required to do if they felt unwell or developed any of the symptoms.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.82	0.81	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- The practice had 374 patients over the age of 70 registered and used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice had an automatic recall system and carried out structured annual reviews of these patients with chronic diseases, including a review of their medication.
- Staff had appropriate knowledge of treating older people including their psychological, mental and

communication needs.

- Health checks were offered to patients over 75 years of age with no long-term conditions.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review in their month of birth to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Two of the three quality indicators for diabetes were below the local and national averages and the practice exception rate reporting higher.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were referred to the local hospital for ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were referred for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	75.7%	81.2%	79.3%	No statistical variation
Exception rate (number of exceptions).	19.1% (36)	15.9%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) (QOF)	54.1%	81.9%	78.1%	Variation (negative)
Exception rate (number of exceptions).	22.3% (42)	8.6%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.0%	82.4%	81.3%	No statistical variation
Exception rate (number of exceptions).	18.6% (35)	13.8%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.0%	76.7%	75.9%	No statistical variation
Exception rate (number of exceptions).	3.8% (6)	6.7%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.6%	90.6%	89.6%	No statistical variation
Exception rate (number of exceptions).	12.5% (8)	10.3%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.8%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	20.6% (82)	3.6%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.9%	91.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	11.4% (5)	5.0%	5.9%	N/A

Any additional evidence or comments

Two of the three quality indicators for diabetes were below the local and national averages and the practice exception rate reporting was higher than these averages. The practice advised that they were still catching up with poor Quality Outcomes Framework (QOF) results from the previous provider and management team. We were informed that patients had not previously been invited to attend the practice for regular diabetic reviews. The quality indicators for the other long-term conditions were above the local and national averages.

We found records from two patients with high blood pressure that had not been managed correctly by practice nurses, despite a protocol being in place. We saw a significant event had been raised for one patient and as a result the patient was referred to the appropriate services. The practice had taken suitable steps to ensure that no harm had come to either affected patient. Following the inspection the practice arranged for the nurse facilitator from the Clinical Commissioning Group (CCG) to meet with the new practice nurses to provide support.

Families, children and young people

Population group rating: **Good**

Findings

- The practice had not met the minimum 90% target for one childhood immunisation uptake indicator where data was available. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of the childhood immunisation uptake indicators available.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	17	20	85.0%	Below 90% minimum
(to) (NHS England)				No Data
(to) (NHS England)				No Data

(to) (NHS England)				No Data
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice had not met the minimum 90% target for one childhood immunisation uptake indicator where data was available. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of the childhood immunisation uptake indicators available.

Information about the combined measles, mumps and rubella (MMR) vaccine and who should have the vaccine was available in the practice patient newsletter. A clinician we spoke with told us that at the last protected learning time (PLT) session a child immunisation officer had attended the meeting and discussed child immunisation rates across the County. The practice did not provide a dedicated child immunisation baby clinic; however, additional child immunisation appointments were made available at the end of each surgery to help improve uptake.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice had not met the national cervical cancer screening target for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)	71.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	71.0%	74.0%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	51.4%	57.0%	58.0%	N/A

The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) ^(PHE)	100.0%	72.3%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) ^(PHE)	25.0%	49.1%	53.8%	No statistical variation

Any additional evidence or comments

At the previous inspection in January 2017, we made a best practice recommendation that the practice should continue to encourage patients to attend bowel cancer screening programmes. At this inspection we saw the practice uptake continued to be below local and national averages.

The practice uptake for cervical cancer screening was 71.4%, which was below the 80% coverage target for the national screening programme. The practice was actively trying to improve uptake by sending reminder letters and text messages to eligible women to contact the practice and arrange an appointment for their screening. The practice had employed two new recently qualified nurses who had yet to complete training modules on cervical cancer screening.

The practice percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within six months of the date of diagnosis was 100%, which was significantly higher than the local average of 72.3% and the national average of 68.1%. However, the number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) was lower than local and national averages. The practice manager told us that they would undertake an audit of new cancer cases treated.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- The practice had 24 registered patients with a learning disability. Thirty-three percent of these patients had received an annual health check in the current 2019/20 year. Sixty-seven percent had either declined or had not yet received a health check. The practice advised they were holding clinics over the next few weeks to invite all outstanding patients on the register to attend for a health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Requires improvement

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice had 22 patients on their dementia register.
- Some staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	36.0%	90.6%	89.4%	Significant Variation (negative)
Exception rate (number of exceptions).	3.8% (1)	12.9%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	52.0%	91.9%	90.2%	Significant Variation (negative)
Exception rate (number of exceptions).	3.8% (1)	9.9%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.8%	84.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.9%	6.7%	N/A

Any additional evidence or comments

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan and whose alcohol consumption had been recorded in the preceding 12 months was significantly lower than local and national averages. However, the practice exception reporting was lower.

Two of the three quality indicators for mental health were significantly lower than the local and national averages. However, the practice exception reporting rate was lower across all three indicators. The practice told us that they were still catching up with poor Quality Outcomes Framework (QOF) results from the previous provider and management team. The practice advised that they were proactive in educating these patients regarding the benefits of attending for reviews, having agreed care plans in place and were encouraging them to attend but several patients had failed to attend when invited.

Monitoring care and treatment

The practice had some evidence of quality improvement activity however, there was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	525.9	540.8	539.2
Overall QOF score (as a percentage of maximum)	94.1%	96.8%	96.7%
Overall QOF exception reporting (all domains)	9.4%	5.9%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Partial
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Partial
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

The practice shared a copy of the annual quality GP indicators for 2018/19 with us which were rated red (bottom), amber (middle), green (top) based on which quartile they sat within their clinical commission group (CCG). They were aware of their strengths and the areas for improvement, including cancer screening and immunisations. In addition to this they also received a membership data pack from the CCG. The October 2019 edition was shared with us and provided an update on 2019/20 National Measures, Quality requirements in the membership agreement and progress made on Primary Care Strategy projects. This enabled them to monitor their progress as an individual practice and CCG. Quality indicators were also reviewed during Quality and Engagement visits to understand the challenges, highlight support available and share good practice.

Although 25 prescribing audits had been undertaken in 2019/20 these were not always effective as they did not include formal action plans to identify quality improvement. However, outcomes of some audits undertaken were shared in clinical meetings held. Minutes of a recent clinical meeting held acknowledged that although audits had been undertaken, the practice was behind with audits due to increased patient demand and the pharmacist having to solve medication queries that are presented at reception. The minutes stated that the practice would be re-commencing audits in February 2020 and identified four key audits and re-audits of other areas would recommence from 21 January 2020. Following the inspection, the practice advised that they had amended the audit template to include an action plan.

Following a significant event raised the practice pharmacist had undertaken an audit of patients prescribed a specific medicine used to relieve severe pain in patients who required 24 hours pin control. The audit was undertaken to ensure all doses were correctly recorded and identified all patients were on the correct dosage. Immediate action included close monitoring and regular reviews of all controlled drugs (CD) by the clinical team.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Partial
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	
The practice supported staff in their learning and development. Two new recently qualified nurses had been employed and were currently undertaking the Fundamentals of Primary Care Nursing course to equip them with all the core skills required for the role in preparation for their career in general practice. Until they had completed modules, for example cervical cancer screening, they were unable to carry out	

these procedures.

Staff told us they were able to complete training during protected learning time (PLT) sessions held one afternoon a month. However, training records showed there were some gaps in staff training. Learning and development needs were discussed as part of staff appraisals. The Reception Manager had completed an assessor award for apprenticeships and work-based qualifications in addition to a counselling course and was studying for the level five diploma in primary care management and supervised staff training. The advanced nurse practitioner was an independent prescriber and had completed diplomas in diabetes care, asthma care and cardiovascular care. They were currently doing a master's degree in advanced clinical Practice and were a nurse mentor at a local university.

A monitoring form was in place to assess the competence of staff employed in advanced clinical practice, for example, the nurse and clinical pharmacist. Assessments were undertaken monthly with a random selection of ten consultation notes reviewed which also allowed discussion of best practice guidance and sharing of evidence-based practice. However, the template did not include an auditable record number. Following the inspection, the practice advised that they had amended the template to include the patient identification number on the clinical system.

We also identified a nurse had not followed the protocol for managing patients with a high blood pressure, as there was no evidence of the action taken or that patients had been followed up by a GP. Following the inspection, the practice advised that they planned to hold a nurse meeting to discuss the hypertensive protocol and that the practice would complete an audit of patients with a blood pressure of 150/90 in the last three months and recall patients for a blood pressure check. The practice had also arranged for the Clinical Commissioning Group nurse facilitator to visit the practice on 14 February 2020 to meet with the nurses to provide mentorship and support and develop an action plan going forward.

Non-clinical staff had completed training in care navigation (active signposting) and workflow optimisation to effectively complete clinical correspondence in a timely, safe and efficient way and identify any patient concerns. These processes help with meeting patient demand in addition to freeing up GP resources.

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our observations we saw patients were signposted and encouraged to purchase medicines available over-the-counter (OTC) from a pharmacy or supermarket for a range of minor health conditions, rather than being given a prescription for these medicines. Patients were also provided with a standard letter from the Clinical Commissioning Group (CCG) explaining the reasons for this.</p> <p>Patients were able to register for online consultations through a link on the practice website. This facility enabled patients to check their own health symptoms, receive medical advice through clinically approved articles and videos and submit a health request directly to the GP through an online portal at any time. Completed forms were then checked to determine if patients required a face-to-face appointment. If it was assessed that a face-to-face appointment was not required, patients were provided with further advice on what action to take next.</p> <p>The practice website provided patient information including health promotion and signposted patients to other local services for support, for example the 'Choose Well' campaign, a national NHS initiative which provided people with information about a common illness or ailment. Information about the campaign was also displayed in the practice waiting area.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.6%	95.5%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.3% (2)	0.7%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: Clinicians we spoke with were able to share examples of where they sought consent and understood the requirements of legislation and guidance when considering consent and decision making. However, several patients we spoke with told us they had not been offered a chaperone for example, during their cervical cancer screening. We saw posters were displayed in a range of areas advising a chaperone service was available.	

Caring

Rating: Good

At the previous comprehensive inspection on 18 January 2017, the practice was rated requires improvement for providing caring services. This was because:

- Data from the national GP patient survey showed patients rated the practice below others for several aspects of care.
- Action had not been taken as a result of patient comments in the most recent national GP patient survey.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards

Total comments cards received.	Six
Number of CQC comments received which were positive about the service.	Three
Number of comments cards received which were mixed about the service.	Two
Number of CQC comments received which were negative about the service.	One

Source	Feedback
Patient discussions	All seven patients we spoke with during the inspection considered they were treated with kindness, compassion and respect by both reception and clinical staff.
CQC comments cards	We received six comment cards from patients about their experiences of the service. Three were positive, two were mixed and one was negative. Positive comments included reception staff being professional, respectful, kind and helpful and doctors listened to patients and explained the plan of care and treatment, which included onward referral when appropriate. There were no negative or mixed comments in relation to the care provided.
Observations	During our observations we saw patients were treated with care and respect and many patients were known by their first name. The main receptionist had worked at the practice for several years and had clearly developed a positive working relationship with many patients that attended the practice on the day of the inspection.
Friends and Family	The practice had analysed results from feedback received in the FFT from July 2018

Test (FFT)	to July 2019. Seventy written responses had been received and staff members were commended for their caring, understanding, supportive and professional attitude.
NHS UK	We found there was no opportunity available to review this Practice on this website.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	78.0%	87.6%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	74.5%	85.3%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	87.6%	95.8%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	75.0%	82.5%	82.9%	No statistical variation

Any additional evidence or comments

Leaders were aware that the practice scored lower compared with local and national averages and had taken action to address the shortfalls. For example, they had developed their own patient survey during Summer 2019. Fifty questionnaires were given out to patients who attended for an appointment and compared with the patient satisfaction undertaken in May 2018. The responses were reviewed and found comparable to the national GP survey. The average wait times for routine appointments had increased, however 88% of patients were satisfied and 98% were satisfied with the services offered at the practice, which was an improvement from the previous year. The practice planned to repeat the survey later in 2020 to assess that improvements made had been sustained. A copy of the patient survey was available in the waiting area.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All but one member of staff had completed training in the Accessible Information Standard. A notice was displayed in the reception area advising patients that information leaflets in different languages and formats were available and asked patients to contact a member of the reception team for these.</p> <p>Reception staff had been trained in care navigation to help signpost patients to appropriate services.</p>	

Source	Feedback
Interviews with patients.	All seven patients we spoke with told us they felt involved in their care and treatment and clinicians took the time to listen to them and informed them about the risks and benefits of any treatment. Patients also told us they were provided with enough time during their consultations and did not feel rushed.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	86.6%	93.8%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff were able to access translation and interpreting services however, we were advised they had not yet had the need to use this service.</p>	

Posters were displayed advising patients information leaflets in different languages and formats were available from the reception team.

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 84 patients with caring responsibilities. This was just over 3% of the practice population.
How the practice supported carers (including young carers).	The practice had a Carers Policy in place dated November 2019 and had a question on the new patient registration form requesting patients advise the practice if they were a carer/cared for. Carers posters were also displayed in the waiting area. The practice signposted carers to local voluntary support groups and offered annual health checks and the flu vaccine.
How the practice supported recently bereaved patients.	Patients who required support were signposted to Starfish Health and Wellbeing who provided a range of services to support local people with their health and wellbeing, bereavement and loss.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A notice was displayed at reception which requested patients respected other people's privacy and confidentiality at the reception desk. Reception staff we spoke with shared examples of how they promoted confidentiality and privacy at the main reception desk. This included offering patients a private room to discuss sensitive issues.</p> <p>All staff had signed confidentiality agreements, this included locum clinicians.</p>	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on	Yes

video and voice call services.	
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday to Friday	8am – 6.30pm
Appointments available:	
Monday to Friday	At various times according to the clinician. No appointments were available on a Wednesday afternoon. On call arrangements were in place.
Extended hours:	
	Tuesday evening until 7.30pm with a practice nurse and a pharmacist. Patients were able to access additional extended hours GP appointments through the Cannock Practices Network based at Cannock Hospital and these could be booked in advance by calling the practice during usual opening hours. Appointments were available Monday to Friday 6.30pm to 8pm and on a Saturday and Sunday from 9am and 1pm.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	93.1%	94.7%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed annually in their birthday month in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7.30pm on a Tuesday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Combined baby and postnatal checks were available with a visiting midwife.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group 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 was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were provided on a Tuesday evening until 7.30pm with a practice nurse and a clinical pharmacist.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of the local GP federation.
- Telephone consultations were available in addition to Online Consult.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, flexibility of and double appointments were available. Support was also available from the community learning disability nurse.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff were aware of support groups and how to seek help from the mental health crisis team and worked closely with local dementia services and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patients were able to book appointments in person, by telephone and some appointments could be booked on-line.</p> <p>Patients requiring an urgent same day appointment were advised to telephone the practice at 8am.</p> <p>Telephone consultations were available, and patients were able to register for online consultations through a link of the practice website to check their symptoms, receive medical advice and submit a health request directly to the GP through an online portal at any time of day or night to determine if patients required a face-to-face appointment.</p> <p>Staff were trained in care navigation therefore when a patient called the practice, they were asked about their presenting problems to ensure they were seen by the appropriate clinician or signposted to access other services directly, for example a local pharmacy.</p> <p>The practice provided a self-check in service and a poster was displayed in the waiting area advising patients to use this service. Patients were also requested to call the practice after 2pm for test results.</p> <p>Home visits were primarily available for housebound patients or those too ill to attend the practice and these requests were triaged by GPs. Patients requiring a home visit were requested to telephone the practice before 10.30am. Patients who were unable to wait until the next day for a visit from their GP and potentially at risk of being admitted to A&E could access the Acute Visiting Service (AVS) via GP First, which helped reduce hospital admissions and A&E attendances.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	70.0%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to	57.0%	64.9%	67.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
the overall experience of making an appointment (01/01/2019 to 31/03/2019)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	58.9%	64.1%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	64.9%	72.7%	73.6%	No statistical variation

Any additional evidence or comments

Leaders told us they were aware of the challenge's patients had highlighted to them, including patients' overall experiences of making an appointment, and had implemented changes. For example, to improve telephone access for patients, the practice had upgraded their telephone system which made it easier to contact the practice. They considered patient feedback would improve in future surveys undertaken.

The practice was actively promoting patients to register for online booking of appointments, gain access to their medical records and request medication. Information about this facility was detailed in patient newsletter and within the practice. However, most patients we spoke with were not aware of this facility.

The practice had developed its own patient satisfaction survey and the results for Summer 2019 were displayed in the waiting area. Results showed 94% of patients said they were either very satisfied or satisfied with the arrangements for making their appointment. Sixty-six per cent of respondents to the survey said they had booked their appointment by telephone, 32% in person and just 2% on line.

The practice also displayed a Did Not Attend (DNA) report. This showed 49 clinician and nurse appointments were wasted due to patients failing to attend in December 2019. Patients were therefore asked to be considerate and cancel appointments if they were unable to attend as a measure to reduce the appointment waiting times.

Source	Feedback
Patient discussions	<p>Five of the seven patients we spoke with told us they were able to get a routine appointment when they needed one.</p> <p>Six patients told us they were able to get an urgent same day appointment and one patient told us they had not required an urgent appointment.</p> <p>Parents with babies and young children confirmed their children were prioritised and seen the same day.</p>
CQC comment cards	Two of the six completed comment cards referred to the difficulty obtaining a routine appointment. One patient expressed their satisfaction with having to telephone the practice at 8am to get a same day urgent appointment.
Care home	A representative of a local care home for older people told us the practice

	generally provided a responsive service to their residents registered at the practice and requests for home visits were accommodated.
Friends and Family Test (FFT)	The practice had analysed results from feedback received in the FFT from July 2018 to July 2019. They had received 70 responses: Overall 69% of patients felt that they were extremely likely to recommend the service, 26% felt likely, 3% neither likely or unlikely, 1% unlikely and 1% felt extremely unlikely. 58 patient's comments were extremely positive about the practice. Clinical and non-clinical staff members were commended for their caring, understanding, supportive and professional attitude. The practice had identified that significant changes had been made since April 2018, which included the recruitment of both clinical and non-clinical staff.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined.	11
Number of complaints we examined that were satisfactorily handled in a timely way.	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Leaflets which detailed the practice complaints procedure were readily available near the reception desk. These explained how to make a complaint, the complaint manager, complaining on behalf of someone else and the escalation process should a person not be satisfied with the outcome of their complaint. Patients we spoke with were not aware of how to complain, however they told us they had not had cause to complain.</p> <p>The practice had recorded 11 complaints in the previous 12 months, nine written and one verbal. We saw complaints had been acknowledged, investigated and complainants advised how to escalate their complaint should they not be happy with the outcome or the management of their complaint. Emerging patterns were issues with the new telephone systems and access to appointments. The practice had taken action to address these concerns and had advertised for a salaried GP to join the team to provide additional appointments.</p> <p>The practice newsletter encouraged patients to share any comments or criticism of the service with the practice.</p>	

Examples of learning from complaints.

Complaint	Specific action taken
A patient had made a complaint about the new telephone system.	The practice manager contacted the complainant and explained the new telephone system. The complainant was happy with the response and did not wish to receive a written response to their complaint.
A patient had made a complaint about their request for a sick note.	The practice carried out a chronological review of all contact with the complainant (patient). An apology was sent to the patient giving a full account of recent contacts with the practice since they registered with the practice and a copy of their consultation notes. The practice apologised to the patient for the upset caused as a result of miscommunication and the patient was offered a meeting with the practice to discuss the situation further. They were also provided with information on how to escalate their complaint in addition to advocacy services.

Well-led

Rating: Good

At the previous comprehensive inspection on 18 January 2017, the practice was rated requires improvement for providing caring services. This was because:

- The practice did not have a mission statement or any formal document to set out the vision for their service.
- The practice was registered incorrectly and therefore were not complying with the registration regulations.
- There was no process to ensure patient feedback was acted upon to make improvements to services for patients.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Leaders understood the challenges to providing good quality care and the action they had taken to address them. For example, since the service was last inspected, under the previous registered provider, there had been significant changes in leadership across the workforce and changes in legal entity. Following the retirement of one GP the practice became a single-handed practice known and registered as Dr Chandra's Surgery on 8 July 2017. Due to the GP being off work long-term, Dr Geeranavar oversaw the practice and became registered as an individual with CQC following the retirement of Dr Chandra. A new practice manager and a reception manager had also appointed providing a clear and approachable leadership structure. The NHSE Supporting Change in General Practice Team (SCGPT) became involved with the practice in July 2017 after CQC identified the need for improvement and have continued to support the practice through the transition with the change of provider. Leaders advised their patient list size had increased by 200, with an influx of new local housing projects impacting on practice workload and workforce. This was in addition to working in a challenging external climate with the recently developed primary care networks and limited resources. They advised they were working hard to educate patients of the changes in primary care and communicating the primary care vision. Leaders had identified the practice strengths and areas for improvement and these were shared with us in addition to their business development plan which included consolidating the stable, experienced workforce and a plan to expand the multi-disciplinary team based on patients' needs. The business development plan for 2020 – 2023 was accessible to patients in the waiting area. A summary of goals and objectives for 2020 onwards had also been developed.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice now had a documented mission statement in place, which was displayed throughout the practice and was included in the practice information leaflet. Their aim was to:</p> <ul style="list-style-type: none"> - Improve the health and wellbeing of their patient population and were committed to providing a high standard of care within a safe environment. <p>The practice had developed a set of values. These were to:</p> <ul style="list-style-type: none"> - Maintain high quality of care through continuous learning and training. - Involve their patients in decisions regarding their treatment. - Encourage patients to get involved in the practice and feedback on the care they receive. - Involve allied healthcare professionals in the care of patients, where it is in patients' best interests. <p>Staff we spoke with were aware of the mission statement and practice vision and values.</p>	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Leaders told us they had worked hard since taking over the practice to encourage a team approach and operated an open-door policy for all staff to approach them at any time.</p> <p>The practice had a duty of candour policy in place and leaders told us they promoted an open and honest culture where staff were encouraged to raise any concerns, they had about incidents directly to them. This was reflected in discussions held with staff we spoke with.</p> <p>Training records showed not all staff had completed training in equality and diversity.</p>	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff discussions	<p>Staff we spoke with during the inspection told us they enjoyed working at the practice and felt very supported in their work. Staff considered the team functioned well and told us both the leadership and governance arrangements had improved with and a clear management structure had been introduced. Staff told us they were encouraged to provide feedback and leaders promoted a proactive approach and included staff in change. One member of staff told us there had been significant changes made under the new provider and leadership team and the practice was absolutely moving in the right direction. A member of staff shared an example of how the lead GP and practice manager had supported them personally and the level of support they had provided.</p> <p>Staff were encouraged to attend social events. Two events had been held in 2019 and one was planned for April 2020. The practice advised staff were also partaking in a team Race for Life event.</p>

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A range of internal meetings were held each month to discuss and share information with staff. These included clinical meetings, practice meetings, reception meetings and nurse meetings for mentorship. In addition to these meetings informal clinical meetings were also scheduled within the appointments schedule for support purposes but not recorded. The practice was looking to implement structured nurse meetings shortly. A nurse we spoke with told us although they had regular opportunity to liaise with one another they would welcome structured meetings given they are a new nursing team.</p> <p>Standing agenda items for discussion at practice meetings included safeguarding, significant events,</p>	

complaints, infection control and information governance. Reception meetings included training, care navigation, quality outcomes framework (QOF), team work and any new information.

The practice had a documented organisation structure in place and staff we spoke with were aware of their roles and responsibilities.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
Although audits were undertaken there was no systematic programme of audit and those undertaken did not include an action plan to evidence improvements made.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's	Yes

Office.	
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence:	
The practice had access to an external Data Protection Officer via the Clinical Commissioning Group.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<p>Leaders told us they had developed a positive working relationship with the Patient Participation Group (PPG) and were proud of the part they played in the practice. Information about the PPG and their work was readily available.</p> <p>A detailed patient newsletter had been developed following the suggestion made by the PPG and copies were available in the waiting area. The Winter 2019 version included a range of patient information. This included information about the range of vaccines available, how to stay well during Winter, patient reminders, which included test results, prescription and fit note requests, online consultations, the new telephone system, patient access, staff changes, and information about the PPG.</p> <p>Leaders considered the practice staff had adapted well to change and implementation whilst still delivering high quality care.</p> <p>The practice worked collaboratively with a neighbouring practice and the wider primary care teams. Clinical, administrative and practical resources were shared to improve practice efficiency. Staff were working across the two practices and plans to further develop this joint working were shared with us. Leaders told us they had developed positive working relationships with local nursing homes and took a proactive approach in the care of patients and had signed up the CCG local enhanced service.</p>	

Feedback from Patient Participation Group.

Feedback
<p>During the inspection we met with two representatives of the PPG. They informed us that they had seven core members who met every two months with the practice manager and reception manager. The PPG had recently merged with another practice within the health centre, managed by the same team. The representatives told us the joint PPG were in the early stages of development and had lots of potential. They planned to become a patient led PPG in preference to a practice led group. They told us PPG meetings were now more structured and professional and that the PPG were critical friends that worked with the practice. Ground rules had been discussed and established in a PPG meeting held in September</p>

2019.

The PPG acknowledged the current membership did not represent the whole of the patient population and were aiming to improve uptake. Information about the PPG was displayed in the practice, including forthcoming meeting dates in addition to the purpose of the group which included patient care and services provided. The PPG told us any suggestions made by the group were welcomed by leaders who they considered were open and honest and kept the group fully informed of planned developments. One representative told us the lead GP had taken time to speak with the PPG and had shared the vision for the practice with them and was very empathetic.

Any additional evidence

The practice had set up a WhatsApp chat group to aid staff communication and teamworking in addition to a managers group.

Patients we spoke with during the inspection considered the service they received had improved under the new provider and leadership team. One patient told us the new practice manager was absolutely dedicated to the service and patients. Another patient told us the service had improved dramatically and there was no comparison to the previous provider, but still had a way to go.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

The practice had plans to locate to another area within the health centre which would enable better collaboration with another practice, which the leadership team also managed. Staff had already commenced working across the two practices and the separate PPG's had since merged.

The practice had recently gone live with Patient Online Consult, a service that provides access to 24 hours medical guidance, allowing patients to check their own symptoms, receive medical advice and contact the practice through the on-line portal. Patients were able to access a wealth of medical information including articles and videos. Leaders advised they were looking to provide video consultations shortly.

The practice advised they had recently been approved to be a Physician Associate (PA) Internship host practice. PAs are medically trained healthcare professionals. The internship provides structured placements and allows PAs to work across both primary and secondary care services to gain experience.

Leaders advised they had enrolled onto the Productive General Practice (PGP) Quick Start development programme in 2019. This was designed to help general practice deliver high quality care whilst meeting increasing levels of demand and diverse expectation. The PGP was an on-site, hands-on short-term support package which focused on fast, practical improvement to reduce pressures and release

efficiencies within general practices.

The practice had employed two new recently qualified nurses and were actively supporting them to complete the Fundamentals of Primary Care Nursing course for their career in general practice. Following the inspection additional support had been sourced from the local Clinical Commissioning Group to support them in their role.

The practice aimed to become a training practice and advised they had recently attended the GP trainer accreditation and were awaiting sign off.

The practice was looking to become a dementia and veteran friendly practice.

The practice were members of the local GP Federations GP First and Cannock Chase Clinical Alliance and the Cannock North Primary Care Network (PCN). PCN is a key part of the NHS Long Term Plan, with general practices being part of a network providing structure and funding for services to be delivered locally, in response to the needs of the patients they service. The lead GP of the practice was the Clinical Director of the PCN, the clinical lead for Cannock Clinical Commissioning Group (CCG) and a Clinical Entrepreneur Fellow with NHS England.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.