

# Barton Family Practice

## Quality Report

Short Lane, Barton under Needwood,  
Burton on Trent, DE13 8LT  
Tel: 01283 249923  
Website: [www.bartonmedicalpractice.co.uk](http://www.bartonmedicalpractice.co.uk)

Date of inspection visit: 4 July, 2016  
Date of publication: 01/09/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 3    |
| The six population groups and what we found | 6    |
| What people who use the service say         | 9    |

### Detailed findings from this inspection

|                                      |    |
|--------------------------------------|----|
| Our inspection team                  | 10 |
| Background to Barton Family Practice | 10 |
| Why we carried out this inspection   | 10 |
| How we carried out this inspection   | 10 |
| Detailed findings                    | 12 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barton Family Practice on 4 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive and the practice scored higher than local and national averages in all questions included in the GP National Patient Survey.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Investigations were made to the quality of care as a result of complaints and concerns. Results including learning outcomes were documented and shared with all staff.
- Patients complimented the practice on access to appointments with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs. These included a dedicated minor surgery suite.
- There was a clear leadership structure and staff felt supported by management. There was positive comments from staff on teamwork and the practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Good



### Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above the locality and the national average. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice above local and national averages for all aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patients were encouraged to let the practice know whether they were a carer and were asked to complete information forms online or in paper format with their details. Patients could be referred by the practice or could self-refer to the Carers Hub. The Carers Hub delivered one to one sessions every two weeks in the practice to help support carers and their needs. This information helped to ensure that the carer received appropriate support, for example annual health checks and flu vaccinations were offered to

Good



# Summary of findings

all carers. Priority appointments were available for carers and patients who were cared for. The practice had arranged for a dedicated section on the school noticeboard to promote services available to young carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy. The use of family in the name of the practice related to deliver high quality care and develop strong connections with the patients. Staff were aware of the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on.

The patient participation group was established and actively involved in working with the practice to produce annual action plans that included a health awareness day and patient educational events. The practice had established an 800 strong virtual patient group and used this medium of communication to promote health

Good



# Summary of findings

initiatives, education and awareness. For example, the practice achieved high immunisation uptake rates and attributed this to the promotion done using the database of patients. There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and all patients aged 65 years and over had a named GP. The practice offered home visits at designated times and urgent appointments for those older patients who had difficulty attending the surgery. The practice had high levels of older patients who lived independently. Practice staff and members of the community team we spoke with on the day described good communication spoke of a close working relationship between the practice and the healthcare staff based in the community. Detailed medication reviews were carried out on discharge from hospital and the Clinical Commissioning Group (CCG) pharmacist linked to the practice assisted in the completion of medication reviews for patients aged over 65 years. The practice achieved high uptake rates on vaccinations offered to the elderly patient cohort, for example, 100% of patients had received or declined the shingles vaccination.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions (LTCs). The GPs and nursing staff had lead roles in chronic disease management. The practice used a risk stratification tool to identify two per cent of patients most at risk of hospital admission. A care plan had been completed for each of these patients and was reviewed at least annually. The practice was a consistent high achiever for the quality outcomes framework (QOF) indicators. The latest data from 2014/15 showed that patients with long term conditions received regular reviews. For example, 99% of patients on the diabetes register had received a foot check and a risk classification in the preceding 12 months (the national average is 88%). QOF is a system intended to improve the quality of general practice and reward good practice. The practice had a robust patient recall system and used health awareness days and education events specific to an LTC to support a patient centred, empowerment approach to chronic disease.

Good



Daily emergency appointments, longer appointments and home visits were available when needed for these patients. A structured annual review to check their health and medicines needs were being met was carried out and patients had a named GP. The practice had two dedicated chronic disease management nurses, one for asthma and chronic obstructive pulmonary disorder (COPD) and one for diabetes care. For those patients with the most complex needs, the

# Summary of findings

named GP and nursing staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice worked with the Adult Ability Team to reduce hospital admissions and provide respite to carers.

## Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people were coded after an A&E attendance so that reports could be produced to identify any patterns of regular attendance. All staff had received training in child safeguarding. Same day appointments were provided for children and were available outside of school hours. We saw positive examples of joint working with midwives and health visitors. Health visitor led baby clinics were held on the premises for child health surveillance and the practice provided postnatal checks for mother and six week baby checks. For convenience and whenever possible, the practice aimed to offer both mother and baby checks at convenient times on the same day. As part of the registration process, the practice established if a patient had parental responsibility. The practice supported mothers who wished to breastfeed their child by providing a private room and a dedicated baby changing room was available within the building. The practice worked with Changes to provide additional support to 16-25 year olds. Changes is a mental health charity that aims to promote recovery and mental wellbeing.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments could be booked up to two months in advance and patients told us of an effective telephone GP and nurse consultation service that provided a same day response. The practice was proactive in offering online services which included repeat prescription ordering and access to patient records. A full range of health promotion and screening that reflected the needs for this age group was also available.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients identified as vulnerable and all reception staff had received training in safeguarding and how to deal with

Good



# Summary of findings

vulnerable patients. A register of patients with a learning disability was held and there were seven patients on the register. All were offered an annual health check with the support of the local community learning disability team, three had attended. Longer appointments were offered to patients with a learning disability. Staff were aware of their responsibilities regarding confidentiality, information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients diagnosed with dementia were invited for annual face to face reviews and care plans were completed. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. The practice offered patients who experienced poor mental health continuity of care and appointments with the same GP and a GP partner was the lead in managing patients with complex mental health conditions. Staff had a good understanding of how to support people with mental health needs and dementia. All staff had received training in how to deal with mental health.

**Good**





# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above the local and national averages in most areas. A total of 218 surveys (3.2% of patient list) were sent out and 122 (56%) were returned, equivalent to 1.8% of the patient list. Results indicated the practice performance was higher than both local and national averages in all of the 23 questions asked in the survey. For example:

- 86% found it easy to get through to this surgery by phone compared to the local Clinical Commissioning Group (CCG) average of 72% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 98% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 94% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were universally positive. Patients said that the practice offered an excellent service, reception staff were friendly and approachable, patients said that the GPs and nurses listened, explained and provided printed information on their treatment and gave advice. We spoke with three patients who were members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received. The access to appointments was repeatedly mentioned as a strength of the practice, and when asked, patients could not identify any areas of improvement.

The practice monitored the results of the friends and family test monthly. The results for June 2016 showed that 91% of patients said they would be extremely likely to recommend the practice to family and friends.

# Barton Family Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Barton Family Practice

Barton Family Practice is registered with the Care Quality Commission (CQC) as a four GP partnership. The practice is located in the village of Barton under Needwood, just outside Burton upon Trent. The area is less deprived when compared to national averages and there are a higher proportion of elderly patients when compared to local and national averages. For example, the percentage of patients aged 65 and over registered at the practice is 24% which is higher than the local Clinical Commissioning Group (CCG) average of 19% and the national average of 17%.

The practice has good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. The practice is situated on the ground floor of a two storey building owned and managed by Shaw Healthcare. There is level access to the building and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice team consists of four GP partners (two male, two female) and a GP registrar. The clinical practice team include two nurse practitioners, a practice nurse and two healthcare assistants. Clinical staff are supported by a practice manager, an assistant practice manager and nine

administration / receptionist staff. In total there are 16 staff employed either full or part time hours to meet the needs of patients. The practice is a training and teaching practice for GP trainees and medical students.

The practice is open between 8am to 6pm Monday to Friday. Appointments are from 8.10am to 12.30pm each morning, and from 1.30pm to 6pm each afternoon. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out-of-hours service, the NHS 111 service and the local Walk-in Centres.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 6,800 patients. It provides Directed Enhanced Services, such as the childhood immunisations, minor surgery and asthma and diabetic clinics

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 4 July 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses, practice manager, clinic co-ordinator, receptionists and patients from the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. Staff completed an incident recording form which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, an apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events to ensure appropriate action was taken.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were reported and discussed. We saw evidence that lessons were shared and action taken to improve safety in the practice. We saw records of significant events that had occurred at the practice from 2003. We looked at 19 significant events both clinical and operational that had occurred over the past year. One of the events showed that a specimen sample bottle had been incorrectly labelled and the wrong information shared with professionals outside of the practice. The recording of the event evidenced that the correct patient was identified, medical records amended to correct the error and the patient contacted by the GP. Following a review of the incident, the practice recognised that this was a repeat of a previous recorded event and introduced a second check protocol. Clinicians were told to check the forms and specimen label with the patient, and when possible, ask the patient to sign the request form.

### Overview of safety systems and processes

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

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and

contact information was visible throughout the practice. One of the GPs was the appointed lead for safeguarding, but all staff we spoke with were able to recall a situation when a safeguarding concern was identified. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke with demonstrated that they understood their responsibilities and all staff had received training relevant to their role. Certificates of safeguard training at the appropriate level were seen. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. The practice shared examples of occasions when suspected safeguarding concerns were reported to the local authority safeguarding team. The safeguarding lead told us that a maximum of three attendances at the accident and emergency department would trigger a conversation with the health visitor or school nurse to determine if there was a potential safeguarding issue. Safeguarding was a standard agenda item at the clinical governance and partner's meetings.

Notices displayed in clinical rooms and in the waiting room advised patients that they could access a chaperone, if required. All staff who acted as chaperones were trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff who carried out chaperone duties. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A number of staff who acted as chaperones had not been DBS checked but had been risk assessed. The risk assessment recorded that staff who acted as chaperones would not be left alone with a patient. Staff told us that the current GP registrar had taken an interest in chaperone training and supported staff through educational sessions to gain a comprehensive understanding of their responsibilities.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and this was confirmed by the comments made by patients in the Care Quality Commission (CQC) comment cards sent to the practice. The practice had an infection control policy and supporting procedures were available for staff to refer to. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which

## Are services safe?

included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place, the disposal of sharps bins was contracted by the practice and the clinical waste was contracted by the Shaw Trust. The nurse practitioner was the clinical lead for infection control.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had processes in place for handling and reviewing repeat prescriptions which included the review of high risk medicines. The practice had arrangements in place for patient's identification to be checked or for their representative's identification to become verified to before prescriptions are released for controlled drugs and all other prescriptions that are collected from the surgery (CDs - medicines that require extra checks and special storage because of their potential misuse). There were no controlled drugs on the premises or in the GP bags. Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and appropriate systems were in place to track and monitor their use. The practice had two nurse practitioners who were qualified as independent prescribers. They could prescribe medicines for specific clinical conditions. The nurses received mentorship and support from the GPs for this extended role. The healthcare assistant had not undertaken any unsupervised administration of medicines and the practice were aware of the requirement for Patient Specific Directions PSDs should this change.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area and kitchen area. The practice had a comprehensive risk

assessment system in place to monitor and mitigate any risks to the safety of the premises. These included risk assessments for safe sharps practices, electrical wires under desks, control of substances hazardous to health and infection control.

The building where the practice was located was managed and maintained by Shaw Healthcare. They provided the practice with information to demonstrate that an up to date fire risk assessment had been carried out. The practice carried out annual fire drills and recorded the outcomes, the last fire drill had taken place in January 2016. All electrical equipment had been checked in September 2015 to ensure the equipment was safe. Clinical equipment had been calibrated in December 2015 to ensure it was working properly. The property services also had a policy for the management, testing and investigation of legionella (Legionella is a term for a particular bacterium that can contaminate water systems in buildings). The practice had evidence that a legionella risk assessment had been carried out in and regular monitoring checks were carried out.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty. The practice nurses and GPs covered each other's annual leave and had a policy that the full time GPs could not take annual leave at the same time.

### Arrangements to deal with emergencies and major incidents

There were panic buttons in all clinical rooms and an instant messaging system on the clinical computer system which alerted staff to any emergency. The practice had a business continuity plan (BCP) in place for major incidents such as power failure or loss of access to medical records. Copies were kept offsite by each partner and the practice manager. In addition, a copy had been sent to the local clinical commissioning group (CCG). The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks. A recent power cut in June 2016 was managed using the plan and a pack was distributed to all clinicians to allow consultations to be continued. The plan was amended as a learning

## Are services safe?

outcome, a label with contact details for the security company was added to the alarm panel. The practice has buddy arrangements with local practices to store vaccines and use facilities if required.

There were emergency procedures and equipment in place to keep people safe. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac

arrest, anaphylaxis (a severe allergic reaction) and low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date.

All staff had received annual basic life support training. The practice had a defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, a national diabetes audit for 2014/15 showed that 86% of type two diabetes patients had all eight of the NICE recommended care processes in place.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 99.6% in 2014/15. This was higher than the national average of 95%. The practice achieved 99% of the total number of points available for 2015/16. The practice clinical exception rate of 13.4% was higher than the local Clinical Commissioning Group (CCG) average of 10% and the national average of 9.2%. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Further practice QOF data from 2014/15 showed:

- Performance for the assessment and care of patients diagnosed with diabetes who had a foot examination and a risk classification in the preceding 12 months was higher than the local CCG and national average (91% compared to the CCG average of 83% and national average of 81%). The practice clinical exception rate was 14% for this clinical area. This was slightly higher than the local CCG and national average of 12%.

- Performance for mental health assessment and recorded care plan completed in the preceding 12 months was higher than the national average (100% compared to the national average of 88%). The practice clinical exception rate of 27% for this clinical area was higher than the local CCG average of 12% and national average of 13%.
- The percentage of patients diagnosed with dementia who had received a face to face review in the preceding 12 months was above the national average (89% compared to the national average of 84%). The practice clinical exception rate of 9.5% for this clinical area was higher than the local CCG and national average of 8.3%.

The practice was performing well when compared to the local average. We discussed the higher exception rates with the practice staff and mitigation was given for the areas where exception rates were high. For example, asthma patients were all contacted but were often non-compliant. Rheumatoid arthritis was discussed and the practice explained that many of these patients attended the consultant at the hospital.

The practice had a close working relationship with the community team. For example a patient with complex needs and social isolation was being managed in conjunction with the district nurse. Age UK attended the practice monthly and set up a desk in the waiting area to signpost their patient services.

Clinical audits were carried out to facilitate quality improvement. We looked at two audits carried out over the past year to review whether improvements had been made. The practice had completed an audit which looked at the prescribing of antibiotics. The audit looked at how appropriate the prescribing had been against NICE guidelines. The first audit in November 2014, 58% of antibiotics prescribed were found to be appropriate. A second cycle completed in January 2015 showed that 87% had been appropriately prescribed. A second audit looked at patients aged 75 years and over on steroids without a gastric protector. In 2013 the first data collection showed 15 out of 37 were prescribed a proton pump inhibitor (PPI), a group of medicines that reduced the production of acid in the stomach. In June 2016, a second cycle showed that 23 of 26 were taking a PPI.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. All staff received training that included safeguarding, fire safety, health and safety, confidentiality and infection prevention and control.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had had an appraisal within the last 12 months. Staff had access to specific and appropriate training to meet their learning needs and to cover the scope of their work. The practice could demonstrate how they ensured role-specific training and updating for relevant staff was completed. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

The nurse practitioners and practice nurse were fully trained to deliver a number of services and had received training specific to meeting the needs of patients with long-term conditions, such as diabetes, heart disease, asthma and high blood pressure. Staff had access to and made use of e-learning training modules, in-house training and attendance at external training sessions. The practice had discussed with the nurse practitioners the support needed for revalidation (A formal process requiring nurses and midwives to demonstrate that they practise safely). Information was available to confirm that GPs were up to date with revalidation requirements. Nurses were supported with additional training and given protected time to update their portfolios.

### Coordinating patient care and information sharing

Staff shared the premises with other health and social care professionals who offered patients ease of access to other health care services in the same building. Services and professionals available included the district nurses and health visitors. We spoke with community staff on the day and they were positive about engagement with the practice.

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

This included care and risk assessments, care plans, medical records, clinical investigations and test results. Information such as NHS patient information leaflets was

also available. The practice shared relevant information with other services in a timely way, for example when referring patient's to secondary care such as hospital or to the out of hours service.

Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis to monitor the care and treatment of patients requiring palliative care. The care plans for these patients and those with complex needs were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service. Patients had access to appropriate health assessments and checks. These included health checks for new patients and patients aged 40 to 74 years. The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance.

Data for the uptake of childhood immunisations collected by NHS England for the period April 2014 to March 2015 showed that the practice performance for all childhood immunisations was similar to or higher than the local CCG average. For example, immunisation rates for the



# Are services effective?

(for example, treatment is effective)

vaccination of children aged five year olds ranged from 94%% to 99% (local CCG 90% to 97%). Children who did not attend their appointment were proactively followed up by the nurse practitioner. A letter was sent to the parents following the first unattended appointment and a further appointment given. If the child failed to attend an appointment the health visitor was contacted.

The practice's uptake for the cervical screening programme was 88%, which was higher than the national average of 82%. There was a policy to follow up with patients who did not attend for their cervical screening test. The practice was proactive in following these patients up by telephone and

sent reminder letters. Public Health England national data showed that the practice was comparable with local and national averages for screening for cancers such as bowel and breast cancer. The practice were aware that breast screening data was just below the national average and explained that the screening service was arranged by public health and no data was provided to allow a proactive follow up from the practice. The practice achieved high uptake rates on vaccinations offered to the elderly patient cohort, for example, 100% of patients had received or declined the shingles vaccination.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Curtains were provided to maintain patients' privacy and dignity during examinations, investigations and treatments. Reception staff said that a side room was used for when patients wanted to discuss sensitive issues or appeared distressed.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 28 completed cards. All completed cards contained positive comments about the practice and staff. Patients commented that the service was excellent, they were treated with respect and dignity and that GPs and staff were professional, friendly, helpful, knowledgeable and caring.

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

- 96% said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 91% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 100% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 94% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We saw that care plans were personalised to reflect patients individual care needs. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 97% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. There were 39 carers on the practice carers register, which represented 0.6% of the practice population. The practice's computer system alerted GPs if a patient was also a carer. Patients were encouraged to let the practice know whether they were a carer and were given a choice to be referred to or self-refer to the Carer's hub. The Carer's hub provided one to one meetings at the practice to support carers. Information displayed in the waiting area helped to ensure that the carer received and was signposted to appropriate support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice offered carers health checks and a flu jab annually. A poster was displayed on a noticeboard, displayed on an electronic screen and on the practice

## Are services caring?

website. Priority appointments were available for carers and patients who were cared for. The patient participation group (PPG) had arranged for a dedicated section on the school noticeboard to promote services available and encourage young carers to identify themselves. The practice worked with the Adult Ability Team to reduce hospital admissions and provide respite to carers. Changes (a charity organisation to support young patients with mental health problems) run group sessions from the practice weekly. One to one sessions are also offered.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a

patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had received a number of donations from patients who had passed away. These monies had been used to purchase equipment for the practice, for example, a phlebotomy chair, spirometer (an instrument for measuring the air capacity of the lungs) and a wheelchair had been purchased with recent donations. There was a poster in the waiting area that signposted patients to a local bereavement support service in Burton upon Trent.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- Patients could be referred to a local service for support with substance misuse. The 'Together 4 Health' team held clinics at the health centre to support with alcohol, smoking and weight loss.
- The practice offered patients who experienced poor mental health continuity of care and one of the GP partners led on mental health.
- The practice offered extended clinic appointments as part of the winter pressure scheme.
- Facilities for patients with mobility difficulties included level access to the automatic front doors of the practice and adapted toilets for patients with a physical disability.
- Access to baby changing facilities was available. Mothers were supported to breast feed their baby in an area acceptable to them which could be within the waiting area or a private room.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for patients who were housebound and unable to attend the practice. The priority of the visit was based on the severity of their condition. The GP made a decision on the urgency of the patients need for care and treatment and the most suitable place for this to be received.
- Telephone consultations were available every day after morning and evening clinics. The practice offered a ring back service for non-urgent requests.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.10am to 12.30pm each morning and from 1.30pm to 6pm each afternoon. The practice did not provide an out-of-hours service to its

patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service, the NHS 111 service and the local walk-in centres.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above both local and national averages.

- 85% of patients were satisfied with the practice's opening hours (CCG average 77%, national average 76%).
- 86% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).

The practice regularly audited and reviewed the number of urgent appointments available and increased the number of same day appointments available to patients as required. The practice scored highly in the GP Patient Survey and comment cards and patients we spoke with on the day said they were able to get appointments when they needed them. There were a number of comments on the cards that commended the practice for access to appointments

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Non-clinical staff would refer any calls which caused concern or they were unsure of to a clinician for advice. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Information in the patient leaflet and on the practice website encouraged patients to contact the practice before 10.30am if they required a home visit. The practice said that home visits requested after this time would be offered at the discretion of the GP.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints at the practice. We saw that information available to help patients understand the complaints system included leaflets available in the reception area and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

## Are services responsive to people's needs? (for example, to feedback?)

We saw records for eight complaints received over the past 12 months and found that all had been responded to, satisfactorily handled and dealt with in a timely way. Four of the eight complaints had not been upheld after investigation (the complaint was seen to be not attributable to the practice). There was no trend of complaints and we noted that some examples evidenced that the practice recorded and responded to verbal complaints as well as those made in writing.

We also spoke with three patients on the day of our inspection who were members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments supported those made in the GP National Survey and on the comment cards we received.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide effective, quality and personalised care to meet the health needs of all patients and promote good outcomes. Staff and patients felt that they were involved in the future plans for the practice. For example the practice sought the views of patients and input of the patient participation group (PPG) on improvements that could be made at the practice. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and all staff were supported to address their professional development needs.
- We found that systems were supported by a strong management structure and clear leadership.
- A programme of clinical and internal audit had been implemented and was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice specific policies were implemented and were available to all staff.

### Leadership and culture

The GPs at the practice had the experience, capacity and capability to run the practice and ensure high quality care. The GPs were visible in the practice and staff told us they were approachable and valued input from all members of staff. The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff we spoke with were positive about the partners and practice manager's approach that supported a culture of openness and honesty and created a work

environment in which staff engagement was encouraged at all levels. There were support systems in place for all staff on how to communicate with patients about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, relevant information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by the management. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Regular practice, clinical and team meetings which involved all staff were held and staff felt confident to raise any issues or concerns at these meetings. Topics on the agenda included day to day operation of the practice, health and safety, audits, complaints, significant events and other governance arrangements. All staff were involved in discussions about how to run and develop the practice, and the GP partners and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had 15 members of the PPG and a further 800 members of a virtual PPG who were kept updated by email or hard copies of minutes and notices if not on email. The group formulated an annual action plan from both patient feedback and discussion with the practice on objectives and initiatives for the forthcoming 12 months. Recent examples of agreed actions included a planned increase in patient feedback through the friends and family test with the introduction of a text service that patients could use to respond to the service. These actions were published on the practice

# Are services well-led?

Good 

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

website. The practice was in its third year of staging a 'health awareness day' held on a Saturday each year. The most recent one had been supported by 15 service providers that included Pancreatic Cancer UK and Staffordshire Action for Blind People. The events were also used as an opportunity to perform basic health screening checks, one patient told us that they had been diagnosed as diabetic as a result of this screening. The PPG told us of another patient who had been identified as hypertensive following a blood pressure check. In addition to the health awareness day, the PPG worked with the practice to arrange evening educational sessions targeted at specific long term conditions. In 2015, a diabetes event was held by the DESMOND team (the DESMOND programme is a group

of self management education modules, toolkits and care pathways for people with, or at risk of, Type 2 diabetes. The event was attended by 40 patients. Future events were being planned for asthma and dementia. The practice worked with the group to trial new projects, for example, the online services were piloted using group members.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run and a full practice meeting was held bi-monthly.