

Stonydelph health Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stonydelph Medical Practice on 6 September 2017. Overall the practice is now rated as Good.

The practice was formerly known as Dr Yannamani and Dr John's Surgery, and had previously been inspected on 1 December 2015. Following this comprehensive inspection the overall rating for the practice was Requires Improvement. A breach of the legal requirements was found and a requirement notice was served. The practice provided us with an action plan detailing how they were going to make the required

improvements in relation to:

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

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

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was a formal system in place to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care and access to services as a result of complaints and concerns.

Summary of findings

- Data from the national GP patient survey published July 2017 showed patient satisfaction was the same as or above local Clinical Commissioning Group (CCG) and national averages for most areas measured.
- There was a clear leadership structure in place and staff felt supported by the management team. The practice responded positively to feedback from staff and patients.
- The practice had effective procedures for the storage of emergency medicines and regular checks were undertaken to ensure medicines were fit for use.
- Effective systems were in place for identifying and assessing the risks to the health and safety of patients and staff.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Patients found it easy to make an appointment, with urgent appointments available the same day.
- Governance arrangements had improved to include the formalisation of practice staff meetings and a better understanding of practice performance.
- The practice was well equipped to treat patients and meet their needs.

- A programme of clinical audits had been implemented and repeated cycles were planned to monitor quality improvement in patient outcomes. However findings had not always been actioned in a timely manner.

The areas where the provider should make improvements are:

- Identify on the clinical system those patients who are housebound.
- Record that consent has been obtained from the patients when appropriate.
- Implement a call/recall system for those patients with learning disabilities to have annual health checks.
- Review the findings from quality improvement audits to ensure appropriate action is taken.
- Formalise the arrangements for providing pre-booked appointments for male patients to see a male clinician.

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.

Good



- 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.
- The practice had clearly defined and embedded safeguarding procedures in place. Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions were in place to ensure that patients and staff were protected from the risk of harm at all times.
- The practice system for prescribing high risk medicines on a shared care basis ensured patients had received the recommended monitoring before prescriptions were issued.
- There was a formal system in place to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- The practice had systems to help manage unplanned emergency events. We found suitable and well maintained equipment and a range of medicines. However these did not include an anticonvulsant. The practice ordered this immediately after the inspection.

Are services effective?

The practice is rated as Good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were slightly below average when compared to the local and national averages for most clinical indicators (91% compared to the CCG average of 96% and national average of 95%). However this represented a significant improvement from the 1 December 2015 inspection when the overall achievement was 61%. The overall clinical exception reporting continued to be lower than the local and national averages. (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).
- Staff were aware of and worked in line with current evidence based guidance.

Summary of findings

- A clinical audit programme had been implemented and second cycles were planned to monitor the quality improvement in patient outcomes. However, we found that improvements identified by audit had not always been actioned in a timely manner.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of completed appraisals for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2017 showed patients rated the practice the same as or higher than others for most aspects of care.
- CQC comment cards and discussions held with patients showed 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 accessible.
- Staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had 24 patients identified as carers (2% of the practice list) and offered free flu vaccines and annual health checks. There was no recall system in place but the practice planned to implement one to invite each carer for annual flu vaccines and health checks.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



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

Summary of findings

- The practice was well equipped to treat patients and meet their needs.
- There was a designated person responsible for handling complaints. Information about how to complain was available and evidence reviewed showed the practice responded to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure. The GP and practice manager encouraged a culture of openness and honesty and staff felt supported by the management team.
- The practice had policies and procedures to govern activity. Regular staff meetings that included all members of the practice team were now formalised and meetings held were recorded.
- Effective systems were in place for managing risk to ensure that patients and staff were protected from the risk of harm.
- The provider was aware of the requirements of the duty of candour.
- Staff had received induction, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care plans and priority access for patients on a frailty register.
- The practice held a register of housebound patients and their needs were coordinated and communicated to the community healthcare team, but they were not identified on the system.
- The practice followed up on older patients on the hospital admission avoidance register when discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Patients aged 75 years or over had a named GP.

People with long term conditions

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

Good



- There was a system to recall patients for ongoing monitoring or annual reviews to check their health and medicines needs were being met. This was coordinated so that patients with multiple long term conditions were reviewed at a single, longer appointment. Non-attendors were followed up.
- The practice provided care plans and priority access for patients on the admissions avoidance register.
- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 74% compared with the CCG average of 79% and the national average of 78%. The practice exception reporting rate of 14.6% was similar to the CCG average of 10.9% and the national average of 12.5%.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care and held .

Summary of findings

- Longer appointments and home visits were available when needed.
- The provider used the gold standards framework to coordinate care for patients nearing end of life.

Families, children and young people

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

- There was a dedicated safeguarding lead and all staff had received safeguarding training. For example, the nurse and GP had been trained to level three for safeguarding children.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and children who were at risk, for example, children with protection plans. There was a system to identify young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates for the vaccinations given were above standard for childhood vaccinations for children aged two and higher than the Clinical Commissioning Group (CCG) for children aged five. Dedicated baby clinics were held weekly on either a Tuesday or a Friday morning.
- Same day appointments were available for children with urgent medical need.
- Education booklets and leaflets regarding childhood illnesses were available for patients.
- Appointments were available outside school hours and the premises were suitable for children and babies.
- Family planning services was available in addition to lifestyle advice on healthy living.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, clinics were provided daily until 7.30pm on a Thursday evening.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

- Lifestyle advice regarding healthy eating and smoking cessation were available.
- New patient health checks in addition to NHS Health checks for patients aged 40 to 74 years were available.
- The practice allowed the temporary registration of students whilst home on holiday leave.

People whose circumstances may make them vulnerable

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

Good



- The practice offered longer appointments for patients with a learning disability and for patients with complex needs.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. A flexible appointment system was used to reduce distress by providing ease of access when attending the practice.
- The practice had 12 patients recorded with a learning disability. None of these patients had received an annual health assessment since 1 July 2016. There were plans to start reviews shortly following the completion of training in September 2017.
- The practice had information available for patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- Performance for mental health related indicators was mixed when compared to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 100% compared to the CCG and national averages of 89%. The practice clinical exception rate of 0% which was lower than the local CCG average of 15.5% and the national average of 12.7%. However, the percentage of patients who had a record of their blood pressure in the preceding 12 months was 67% compared to the CCG and national averages of 89%. The practice clinical exception rate of 0% which was lower than the local CCG average of 11.1% and the national average of 9.3%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12

Summary of findings

months was 100%, which was higher than the CCG average of 88% and the national average of 84%. The practice clinical exception rate of 0% was lower than the CCG average of 4.2% and the national averages of 6.8%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available to signpost patients experiencing poor mental health and were able to refer patients or patients could self-refer to a consortium made up of specialist mental healthcare providers.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The survey invited 367

patients to submit their views on the practice and 120 surveys were returned. This gave a return rate of 33%, equivalent to 6.7% of the patient list. The results showed the practice was performing similar to or higher than local and national averages. Data showed:

- 83% of patients described the overall experience of this GP practice as good compared to the CCG and the national averages of 85%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 84%.
- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 71%.
- 98% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the CCG and the national averages of 95%.
- 82% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 78% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 44 completed comment cards. Comments were very positive about the standard of care received. Staff were cited as 'friendly', 'helpful' 'professional' and 'excellent'. All the cards contained positive comments in relation to the care, treatment and service received from the practice. However four of the cards mentioned difficulties when trying to secure an appointment. The practice had plans to introduce afternoon appointments with the nurse to improve the access.

We spoke with two patients during the inspection to include a representative of the Patient Participation Group (PPG). They told us they were very satisfied with the care they received they told us they felt listened to and were fully involved in their care and treatment. They thought staff were approachable, helpful and very caring.

The practice took part in the NHS Friends and Families test (FFT). This is a feedback tool that provides patients the opportunity to give feedback on their experience and asks would they recommend the services they have used. We reviewed the feedback the practice had received in August 2017. Feedback gathered indicated that 100% of patients were likely or extremely likely to recommend the practice. Additional comments made indicated patients were very happy with their experience of the service provided by the practice, in particular the helpfulness of the staff and access to appointments.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Identify on the clinical system those patients who are housebound.
- Record that consent has been obtained from the patients when appropriate.
- Implement a call/recall system for those patients with learning disabilities to have annual health checks.
- Review the findings from quality improvement audits to ensure appropriate action is taken.
- Formalise the arrangements for providing pre-booked appointments for male patients to see a male clinician.

Stonydelph health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist advisor.

Background to Stonydelph health Centre

Stonydelph Health Centre is located in Ellerbeck, Tamworth, and is registered with the CQC as a single handed provider. The provider holds a General Medical Services contract with NHS England and is a member of the NHS South East Staffs and Seisdon Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The premises is a single storey purpose built health centre shared with two other GP practices and various community nurse services. There is a car park with designated disabled parking spaces. The practice is owned and managed by a female GP who works full time. The GP is assisted by a practice nurse, a physician's associate, a practice manager, a senior receptionist and team of two reception/ administrative staff. There is a reciprocal agreement with another GP in the building to provide cover for GP absence.

The practice had 1,980 registered patients. A small increase of 15 patients since the last inspection. The practice age distribution is higher than CCG and national averages for patients aged 50-65 years and lower for patients aged 65 and over (11% compared to the CCG average of 20% and national average of 17%). The practice has a higher percentage (6%) of unemployed patients compared to the

CCG average (3%). The percentage of patients with a long-standing health condition is 61%, which is slightly higher than the CCG average of 55% and the national average of 54%.

The practice is open between 8.30am and 6.30pm Monday to Friday and the telephone lines are open from 8am to 6.30pm. The phone is switched to answering machine between 1pm and 2pm during which time a message instructs patients of an emergency line that can be used to contact the practice. Extended opening hours are provided on a Tuesday evening with a GP from 6.15pm to 7.30pm. There is no telephone access after 6.30pm, however patients can ring prior to this time and book an appointment for late surgery. Routine appointments can be booked in person, by telephone or on-line. Home visits are assessed by a GP to determine whether a home visit is clinically necessary and the urgency of the need for medical attention.

The practice does not provide an out-of-hours service but patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice is closed. The practice is approximately 10 miles away from Good Hope Hospital, Sutton Coldfield.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Yannamani and Dr John's Surgery on 1 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Requires Improvement overall. The full comprehensive report following the inspection on 10 August 2016 can be found by selecting the 'all reports' link for Dr Yannamani and Dr John's Surgery on our website at www.cqc.org.uk.

Detailed findings

Following the retirement of Dr Yannamani in August 2016, the provider re-registered as Stonydelph Health Centre, a single handed GP practice.

We undertook a comprehensive follow up inspection of Stonydelph Health Centre on 6 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a comprehensive inspection of Stonydelph Health Centre on 6 September 2017. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed information the practice provided us in preparation for the inspection. During our visit we:

- Spoke with a range of staff including the GP, the practice nurse, the practice manager and two receptionists.
- Spoke with two patients who used the service and were members of the Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 1 December 2015, we rated the practice as good for providing safe services. When we undertook a follow up inspection on 6 September 2017 we continued to rate the practice as good for providing safe services.

Safe track record and learning

There was an effective system for reporting, recording and learning significant events.

- A system was in place to record significant events. Staff told us they would inform the practice manager of any incidents and these were logged by the practice manager on a standard significant event recording form and discussed at practice meetings (or sooner if required), investigated and any actions or changes in practice completed and shared with the appropriate staff.
- Since the last inspection there had been seven significant events. We saw that improvements had been made for managing, accessing and reviewing significant events for themes or trends. A review of significant events had been carried out in July 2017 and the analysis identified a number of prescription errors due to incorrectly completing a template. We saw each significant event had been discussed in detail in a practice meeting.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had introduced a formalised system in to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). A MHRA policy had been developed and implemented and a spreadsheet detailed alerts received and the action taken. We looked at the action taken following recent medicine alerts and found that the practice had taken appropriate action, for example carried out searches,

identified patients and invited patients to attend reviews. We saw MHRA alerts were discussed and communicated to relevant staff, and there were plans to make a standing agenda item at clinical meetings.

Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details were clearly displayed in the reception staff office, consulting and treatment rooms. There was a lead GP for safeguarding. The policy was due to be updated to include definitions such as modern day slavery.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurses were trained to child safeguarding level three and non-clinical staff trained to level one or two. Plans were in place to train all staff to at least level two.
- The practice used computerised alerts on patient records to make staff aware of both children and vulnerable adults with safeguarding concerns. The practice planned to discuss adults with safeguarding concerns and those children on the protection register at the monthly meeting held with the health visitor, the community healthcare team and social services.
- Notices were clearly displayed advising patients that chaperones were available if required. Discussions with patients showed they were aware and had been offered this service. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Clinical rooms were well

Are services safe?

equipped and staff had access to personal protective equipment such as disposable gloves and aprons. The property was a serviced building and the cleaning was subcontracted by the landlord to an external contractor.

- The practice nurse was the infection prevention and control (IPC) clinical lead and had received appropriate training to support them in this role. They attended regular workshops organised through the Clinical Commissioning Group. Discussions with them demonstrated they were aware of their responsibilities and had mitigated risks effectively. There was an infection control policy in place and staff had received training. An infection control audit had been carried out in August 2017 and there was evidence action was taken to address any improvements as a result.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). Regular checks were undertaken to ensure medicines were fit for use. Processes were in place for handling repeat prescriptions that patients had not collected. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The nurse practitioner had recently qualified as an independent prescriber, and could therefore prescribe medicines for clinical conditions within their expertise. However she had not started to do this yet. Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer immunisation and vaccines in line with legislative requirements.
- We saw that patients who took high-risk medicines that required close monitoring for possible side effects had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. A shared care protocol was in place and we saw the practice now ensured prescriptions were only issued after they had checked patients had received the appropriate monitoring.
- We reviewed the files for the most recently employed member of staff and for locum GPs and nurses. We found pre-recruitment checks had been obtained. These included photographic evidence and information relating to the physical and mental fitness of staff to carry out their work.

Monitoring risks to patients

Procedures for assessing, monitoring and managing risks to patient and staff safety were effective.

- There was a health and safety policy available and staff had access to this on the computer system. A fire risk assessment had been completed and there were appointed fire marshals who had received role specific training. Weekly fire alarm testing was carried out and a written log of these checks was maintained. A fire evacuation policy was in place and a fire evacuation walk through had been carried out in January 2017. A full evacuation of the building was planned to be carried out the week after the inspection. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Following the last inspection the practice had obtained copies of fixed wire testing, an asbestos survey and a gas appliance safety report.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control. For example, a Legionella risk assessment had been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice kept a log of all identified risks and had carried out or planned risk assessments for each.
- There were arrangements in place to cover for staff sickness and leave to ensure appropriate staffing levels were maintained. Staff covered for one another in the event of sickness and leave. A locum GP or locum nurse was to cover a short period of annual leave and there was a reciprocal agreement with another GP surgery with in the building to provide GP cover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training. The practice had reviewed the storage arrangements and the emergency medicines held to treat a range of sudden illness that may occur within a general practice.

Are services safe?

Medicines were stored securely, were in date and staff knew of their location. However there was no anticonvulsant (medication used in the treatment of epileptic seizures). The practice told us that this would be added to the emergency medicines immediately after the inspection.

- The practice had a shared Automated External Defibrillator AED (which provides an electric shock to stabilise a life threatening heart rhythm) within the building and staff had received training to use it. Oxygen with adult and children's masks was also available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and hard copies were kept off site.
- A first aid kit and accident book were available.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice on 1 December 2015 we identified a number of issues affecting the delivery of effective services to patients. At that time we rated the practice as requires improvement.

This was because:

- The provider was significantly below the Clinical Commissioning Group (CCG) and national averages for Quality Outcomes Framework (QOF) achievement.
- Clinical audits in relation to patients' care and treatment did not demonstrate improvements in the safety and quality of services provided.

We issued a requirement notice in respect of these issues.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 6 September 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results for 2015/16 showed the practice performance had improved significantly:

- Achieved 91% of the total number of points available compared to 61% for 2014/15. This was higher than the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%.

The overall exception reporting was 5.5%, which was similar to the CCG average of 5.3% and the national average of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 74% compared with the CCG average of 79% and the national average of 78%. The practice exception reporting rate of 14.6% was higher than the CCG average of 10.9% and the national average of 12.5%.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 100% compared to the CCG and national averages of 89%. The practice clinical exception rate of 0% was lower than the local CCG average of 15.5% and the national average of 12.7%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 100%, which was higher than the CCG average of 88% and the national average of 84%. The practice clinical exception rate of 0% was lower than the CCG average of 4.2% and the national average of 6.8%.
- Performance in the outcomes for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) were lower than the CCG and national average. For example, 82% of patients had received a review of their condition in the preceding 12 months compared with the CCG and national average of 91%. COPD is the collection of lung diseases. However the clinical exception reporting was better at 8.3% compared to the CCG average of 12.6% and the national average of 11.5%.

Are services effective?

(for example, treatment is effective)

- The practice had 12 patients recorded with a learning disability. Training had been arranged but none of these patients had received an annual health assessment.

The provider had implemented a programme of clinical audit that included repeated cycles to monitor if improvements had been made. There had been six audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored. However, we found that findings were not always used by the practice to improve services. For example, the results of an audit undertaken on the treatment for hypothyroidism (overactive thyroid gland) showed that two patients had not had a blood test for over two years. These patients had not been recalled for a blood test. The provider actioned this on the day of the inspection.

Effective staffing

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

- The practice had an induction checklist in place for all newly appointed staff. New staff usually worked alongside existing staff for around one week depending on their previous experience. Induction training covered core topics to include information governance, safeguarding, infection control, moving and handling, fire safety and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had attended accredited training in the management of asthma and the diploma in diagnosing Chronic Obstructive Pulmonary Disease (COPD) and asthma. Clinicians responsible for administering vaccines and taking samples for the cervical screening programme had received specific training and were able to demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The learning needs of staff were identified through a system of appraisal. Staff told us if they identified any training needs they were supported by the management team to attend training courses. Staff were able to access external training events organised through the Clinical

Commission Group (CCG), in-house training sessions and e-learning training modules. The practice nurse practitioner told us they had been supported to complete their independent prescribing qualification.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals usually on a monthly basis when care plans were reviewed and updated for patients with complex needs. There were arrangements in place to follow up patients with complex conditions that had been discharged from hospital.

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

Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance. Staff were due to receive on-line training in the Mental Capacity Act 2005 (MCA) shortly.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff we spoke with were able to share examples of how they sought and obtained patient consent. For example, written consent was obtained for immunisations.

Are services effective?

(for example, treatment is effective)

However in one example we reviewed for ear irrigation, consent was not included on the template and had not been recorded. The practice told us that consent was always obtained and would be added to the template for ear irrigation.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 73%, which was lower than the CCG and the national averages of 81%. The practice exception reporting was 2.4% (12 patients) which was lower than the CCG average of 3.5% and the national average of 6.5%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test to encourage them to attend for screening.

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

- 65% of female patients aged 50 to 70 years had attended screening to detect breast cancer in the last 3 years. This was slightly lower than the CCG average of 71% and the national average of 72%.
- 57% of eligible patients aged 60-69 had been screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was similar to the CCG average of 62% and the national average of 58%. We saw information about the bowel cancer screening programme was available on the practice website.

Non-attenders of screening appointments were followed up by letter or telephone.

The practice offered family planning advice including information leaflets and free condoms.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the 90% standard. For example, rates for the vaccines given to under two year olds ranged from 92% to 100%. The uptake rates of 95% for vaccines given to five year olds was similar to the national average and ranged from 88% to 94%.

Are services caring?

Our findings

At our previous inspection on 1 December 2015, we rated the practice as good for providing caring services. When we undertook a follow up inspection on 6 September 2017 we continued to rate the practice as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The provider told us that arrangement should be made for patients to be treated by a clinician of the same sex for appointments booked in advance. However there was no formal agreement in place. The provider evidenced that an agreement had been implemented after the day of the inspection.

We spoke with two patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 44 completed cards. Comment cards highlighted a very high level of patient satisfaction. Patients commented that the service they received was excellent, that staff were caring, helpful and their privacy and dignity was respected. We spoke with two patients who were also members of the Patient Participation Group (PPG). They also told us they were very satisfied with the care they and family members received from the practice. However, four of the comment cards mentioned that although they were happy with the care provided, they had experienced difficulty to obtain an appointment.

We reviewed the national GP patient survey results, which were published on 7 July 2017. The survey invited 367 patients to submit their views on the practice, 120 forms were returned giving a completion rate of 33% (6.7% of the patient list). Results showed patients felt they were treated with compassion, dignity and respect. The practice

generally scored higher than the Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs. Results were consistently higher for nurse consultations. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG and the national averages of 89%.
- 93% of patients said the GP gave them enough time, which was higher than the CCG average of 87% and the national averages of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 96% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 99% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG average of 94% and the national average of 92%.

The survey also showed that 83% of patients said they found the receptionists at the practice helpful which was slightly lower than the CCG average of 86% and the national average of 87%. The practice was aware of the survey results and highlighted that their own more recent survey highlighted a high level of patient satisfaction with the reception staff.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, published on 7 July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment particularly regarding their experience with GPs. For example:

Are services caring?

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and the national averages of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and the national averages of 90%.
- 91% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG and the national averages of 85%.

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

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

- Patients told us that GPs were good at explaining about their condition.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 24 patients as carers (2% of the practice list). This was an increase of 13 carers since our last inspection. We saw written information was available via reception staff and information was on the practice website to direct carers to the various avenues of support available to them. Carers were offered annual flu vaccinations and health checks.

Information in times of bereavement was available on the practice website in addition to leaflets in the waiting area signposting patients to support groups. There was a protocol to follow in the event of a death and a sympathy card was sent to the immediate family. The GP was informed and would offer a consultation at their discretion.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 1 December 2015, we rated the practice as good for providing responsive services. When we undertook a follow up inspection on 6 September 2017 we continued to rate the practice as good for providing responsive services.

Responding to and meeting people's needs

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

- Home visits were assessed by the GP to determine if a home visit was clinically necessary and the urgency of the need for medical attention.
- Routine appointments were available up to two months in advance.
- Same day appointments were released at 8.30am. The GP appointments were monitored and audited monthly to determine the number of same day appointments required. These appointments were available for children and those patients with medical problems that required urgent consultation.
- There were longer appointments available for those that needed them including patients with a learning disability and complex medical needs.
- Online services were available for booking appointments, ordering repeat prescriptions and requesting a summary of care records.
- Patients were able to receive travel advice and vaccinations available on the NHS.
- A variety of clinics and services were available for people to access. These included health screening, child health checks, diabetes and asthma.
- The practice offered extended hours until 7.30pm on a Thursday evening.
- There were accessible facilities. The practice provided a designated disabled car parking space. There was level access to the building and an automated front door. There was no hearing loop was provided for patients with impaired hearing but the practice told us that they had one patient with minor hearing difficulties who did not require any assistance.
- Translation services were available for patients who did not have English as a first language.

- The practice allowed the temporary registration of patients. This included students and forces personnel that maybe home on holiday leave, families visiting for a period of time as well as other temporary patients. The practice offered both short term and long term temporary registrations.
- The practice was aware and had acted on the requirements as detailed in the accessible information standard. For example, a note was added to the prescription forms to advise that large print, braille and British Sign Language was available and information was available on the practice website..

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. The practice offered extended hours on a Thursday evening with a GP until 7.30pm. Routine appointments could be booked up to two months weeks in advance in person, by telephone or on-line for those registered for this service. Home visits were triaged by a GP and were available to patients with complex needs or for those who were unable to attend the practice.

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

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

- 79% of patients were satisfied with the practice's opening hours compared with the CCG and the national averages of 76%.
- 82% of patients said they could get through easily to the practice by phone compared with the CCG average of 67% and the national average of 71%.
- 87% of patients said the last appointment they made was convenient compared to the CCG and the national averages of 81%.
- 80% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.
- 83% of patients said they found receptionists helpful compared to the CCG average of 86% and the national average of 87%.

Are services responsive to people's needs?

(for example, to feedback?)

The feedback we received about access to the service was positive. Patients we spoke with told us they were able to get appointments when they needed them. This was also reflected in the comment cards we received.

Listening and learning from concerns and complaints

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- An NHS feedback and complaint leaflet was available in the waiting room and information about how to make a complaint was now available on the practice website.

The practice told us they had received two formal written complaints since the last inspection. We were told any verbal concerns received were immediately actioned. We saw the practice documented verbal complaints. These were documented on the patient record and a form passed to the practice manager. We saw complaints had been discussed in practice meetings held every three months. An analysis of all concerns and complaints had been carried out to help identify common trends.

Are services well-led?

Good 

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

Our findings

When we inspected the practice on 1 December 2015 we identified a number of issues affecting the delivery of well-led services to patients. At that time we rated the practice as requires improvement.

This was because:

- The provider was significantly below the Clinical Commissioning Group (CCG) and national averages for Quality Outcomes Framework (QOF) achievement.
- A clinical audit programme in relation to patients' care and treatment did not demonstrate improvements in the safety and quality of services provided.

We issued a requirement notice in respect of these issues.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 6 September 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

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

- The practice had a mission statement and this had been shared with the staff team. Staff knew and understood the values and told us that patients always came first.
- The practice did not have a formal business plan in place but had identified what they did well and the areas for future development.

Governance arrangements

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

- The QOF performance had been significantly improved and we saw plans to further improve the performance, for example, through the coordination of patients with more than one long term condition
- A patient group had been established and patient feedback was seen to have been collated and used to influence decision making.

Additionally, there were positive governance arrangements that continued to be part of the governance framework:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

- The practice nurse spoke of regular informal meeting with the GP where any issues could be raised.
- Staff understood how to access specific policies and we saw these were available to all staff.
- Arrangements for assessing, monitoring and managing risks to patient and staff safety included a written log of fire safety checks maintained. A fire evacuation policy was in place and regular 'walk through' evacuation drills were performed. In addition, a full fire evacuation drill of the building had been planned for September 2017. A legionella risk assessment had been completed and the practice had clear process for acting on external alerts that may affect patient safety.
- We saw patient files were securely stored.
- The provider had obtained the required staff recruitment checks on staff employed which included locum GPs and nurses.
- Staff had received essential training.
- An understanding of the performance of the practice was maintained. Regular clinical and practice meetings were now being held which provided an opportunity for staff to learn about the performance of the practice. All meetings were minuted which enabled staff who were not in attendance to update themselves.

Leadership and culture

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

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

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

Are services well-led?

Good 

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

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

- Patient satisfaction was established by consideration of NHS Friends and Family test results, GP national patient and internal patient satisfaction survey results and complaints.
- The practice had an established group of patient representatives that formed the patient participation group (PPG). The PPG met every two months and meetings held were recorded. The group was supported by the practice manager who acted as the secretary. They said they were kept informed of any proposed changes within the practice and told us they continued to be happy with the services provided. The group shared an example of where the practice had acted on a suggestion for improvement by extending the nurse clinics to include afternoon appointments.
- We reviewed the feedback the practice had received for the last three months via the NHS Friends and Families test (FFT). Feedback gathered indicated that patients were likely or extremely likely to recommend the practice. Additional comments made indicated patients were very happy with their experience of the service provided by the practice.

- The whole practice staff met formally as a team quarterly. Staff spoken with told us they felt able to give their views to the management team. They also said that they were kept up to date by regular conversations within the team on a daily basis.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The

new practice manager told us that she had highlighted further improvements that could be made through better use of the clinical system. There was a programme of regular review for all policies and protocols. Through training, the practice planned to up skill the staff with information technology (IT) skills to further improve the QOF performance, e.g. coordinated consultations, templates and protocols to make it easier for staff to capture and enter the required patient data. There were plans to implement services to further improve patient care, for example, near patient testing (investigations taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care).