

Dr DO Yates' Practice

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		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 Dr DO Yates' Practice on 15 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available on the practice's website. Improvements were made to the quality of care as a result of complaints and concerns.

- Open access and urgent appointments were available Monday to Friday and patients could pre-book appointments five weeks in advance. Some patients said they found it difficult to make an appointment with a named GP and could wait up to three weeks to see their GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Ensure appropriate contact details are included in the policy for safeguarding vulnerable adults for staff to refer to.
- Formally audit the three monthly infection control information gathered to identify trends and ensure monitoring and improvement.

Summary of findings

- Ensure that the practice's repeat prescription and medication review protocol is fully adhered to and implement a system to track prescriptions through the practice.
- Implement a robust system to check that oxygen cylinders are in date and fit for purpose in the event of a medical emergency.

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.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed.
- Systems were in place to monitor infection prevention however the information gathered was not formally audited to identify trends and monitor ongoing improvements.
- Medicine review dates were not always adhered to. The practice was aware of this and had developed a medication review protocol for staff to implement.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was proactive in supporting patients to live healthier lives and carried out smoking cessation and weight management clinics to support patients to make lifestyle changes.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several 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.
- The practice had identified a high number of patients who were carers. A total of 2.8% of patients were identified as carers. The carer's lead provided a vital link between the practice and some of their most vulnerable patients to enhance the provision of support to these 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.
- To improve access to GP services in a rural area, the practice provided a branch practice and dispensary twice weekly in a nearby village. To combat loneliness & social isolation, the practice was in the process of establishing a monthly tea party for a small group of vulnerable and frail patients.
- Open access and urgent appointments were available Monday to Friday and patients could pre-book appointments five weeks in advance. Some patients said they found it difficult to make an appointment with a named GP and could wait up to three weeks to see their GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear 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.

Good



Summary of findings

- 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 a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. It was evident through conversations with the management team and minutes from clinical meetings that the practice had plans to adapt their practice to meet the future needs of the local population. However, an overarching business plan had not been developed.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. The practice gathered feedback from patients using new technology. A Facebook page had recently been set up to provide practice updates and health information via social media.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice aimed to bring diagnostic services closer to their rural community to reduce referrals on to secondary care and reduce the prescribing of antibiotics. The practice was able to demonstrate innovative ways of doing this and partly funded a pilot project to support this.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified the 4% most vulnerable of patients registered with the practice which included patients over 90 years old and the frail elderly. The care plan co-ordinator had visited this group of patients in their home or in the practice to carry out an initial assessment and care plans were put in place to help to meet patients' social and health needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The five Quality and Outcomes Framework (QOF) indicators for care of patients with diabetes were comparable with other practices. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation was 100% compared with the national average of 95%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children.

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.
- 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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. The practice's exception reporting was 2.6% which was lower than the Clinical Commissioning Group (CCG) rate of 5% and the national rate of 6% meaning more patients were included.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Screening for bowel cancer was above the CCG and national averages.
- The practice offered extended opening hours for working aged people between 7.30am and 8am and 6pm and 8pm on Wednesdays.

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 living in vulnerable circumstances including children with a child protection plan and those with a learning disability.
- Same day appointments were available for those patients living in a local women's refuge.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was in the process of establishing a monthly tea party for a small group of vulnerable and frail patients to combat loneliness & social isolation. With the support of the patient participation group patient volunteers were being sought to bake and/or provide lifts to this vulnerable group of patients.
- To improve access to GP services in a rural area, the practice provided a branch practice twice weekly in a nearby village and dispensed medicines were also taken there for collection.
- The practice held six weekly palliative care meetings to review and monitor the care of patients nearing the end of their lives.

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).

- Eighty per cent of patients with a recognised mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was comparable with the CCG average of 87% and the national average of 88%. There was also a lower than average exception reporting rate of 5% compared with the CCG average of 12% and the national average of 13% meaning a higher than average rate of patients had been included.
- Eighty-five per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national averages of 84%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted twice weekly community psychiatric nurse sessions for patients experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or above national averages. Two hundred and twenty-seven survey forms were distributed and 115 were returned. This gave a response rate of 51%.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 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 48 comment cards which were all positive about the standard of care received. Patients told us the staff were caring, friendly, understanding and always gave patients enough time during consultations. They told us they were treated with dignity and respect. Many patients commented positively about the open access appointment system however some patients told us they had to wait for two to three weeks to be seen by their GP of choice.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, professional and caring. Results from the Family and Friends test from March 2015 – March 2016 showed that 92% of respondents who used the practice were likely or extremely likely to recommend the practice to friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure appropriate contact details are included in the policy for safeguarding vulnerable adults for staff to refer to.
- Formally audit the three monthly infection control information gathered to identify trends and ensure monitoring and improvement.
- Ensure that the practice's repeat prescription and medication review protocol is fully adhered to and implement a system to track prescriptions through the practice.
- Implement a robust system to check that oxygen cylinders are in date and fit for purpose in the event of a medical emergency.

Dr DO Yates' Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a member of the CQC medicines team and an Expert by Experience. Experts by experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Dr DO Yates' Practice

Dr DO Yates' Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Cheadle, North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. 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 practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 7521 patients. The practice age distribution is comparable with the national and CCG area except there is a greater percentage of patients aged 65 – 69 (22%) when compared to the national average (17%). The percentage of patients with a long-standing health condition is 51% which is comparable with the local CCG and national averages.

Dr DO Yates' Practice provides services from two separate sites and patients can attend either of these. Well Street Medical Centre is the main practice. The practice offers a dispensing service to eligible patients from a dispensary at the main site. To improve access to medicines in a rural

area, dispensed prescriptions are taken to the branch site twice a week for collection whilst a dispenser is present. The main practice is open between 8am and 6pm Monday to Friday. It is closed Thursday afternoons but provides extended opening hours 7.30am to 8am and 6pm until 8pm on Wednesdays. GP open access appointments are available Monday to Friday 8am to 9.30am. Pre-bookable appointments are available 11.30am to 1pm every weekday morning and 2.30pm to 6pm each weekday excluding Thursdays. Patients can book appointments up to five weeks in advance. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice is closed.

The branch practice is at Ipstones Memorial Hall. This provides open access appointments on Tuesdays and Fridays between 11.30am to 12.30pm. The dispensing service is available during this time.

The practice staffing comprises of:

- Two male GP partners
- Three female salaried GPs
- A GP Registrar
- Three female practice nurses
- A female health care assistant
- A practice manager
- An assistant practice manager
- A team of 10 administrative staff working a range of hours.
- Two dispensary staff

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also

Detailed findings

offers services for family planning, childhood immunisations, travel vaccinations and phlebotomy (the taking of blood from a vein for diagnostic purposes). The practice is a training practice for GP registrars and doctors who are undertaking the two year, general postgraduate medical training programme to gain knowledge, experience and higher qualifications in general practice and family medicine.

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.

How we carried out this inspection

Before our inspection 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 15 July 2016 and visited both the main and branch practice during our inspection. During our visit we:

- Spoke with a range of staff including GPs, nurses, dispensing and administrative staff. We also spoke with patients who used the service and prior to our inspection, a member of the patient participation group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of records of patients.
- 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 Care Quality Commission 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 informed the practice manager of any incidents and there was a recording form available to complete. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). All the staff we spoke with understood their responsibilities to report significant events and understood the importance of doing it.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We saw that learning from significant events was shared with staff at team meetings or individually if required.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient had attended the local hospital and a new medicine had been requested by their consultant. The practice had not provided the new prescription. Following analysis of the event it was identified that the change in medicine had not been clearly highlighted in the hospital letter. The practice shared their findings with the hospital advising of the need to include medicine changes in the correct place in the letter.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and staff knew where

to find them. The safeguarding policy for children clearly outlined who to contact for further guidance if staff had concerns about a child's welfare. The contact details for vulnerable adults were not included in the safeguarding vulnerable adults policy. The practice manager informed us that these details would be updated. There were two lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

- Notices in consultation and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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. A health care assistant was the infection control clinical lead. They carried out a rolling three monthly infection prevention programme. The practice manager reviewed the information gathered however there was no formal audit of the information to identify trends or to facilitate monitoring and improvement. There was an infection control protocol in place and staff had received up to date training. Appropriate staff had received the relevant immunisations and support to manage the risks of health care associated infections.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). One of the nurses we spoke with had qualified as an Independent Prescriber and could prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Blank prescription forms and pads were securely stored but there was no system in place for

Are services safe?

tracking prescriptions through the practice. Medicine review dates were not always adhered to and patients could receive their medicines many months past the review date on their prescription. We reviewed minutes from clinical meetings and saw that the practice were aware of this. We saw that a medication review protocol had been put in place for staff to implement. There was a system in place for the review of high risk medicines.

- There was a named GP responsible for the two dispensaries and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Dispensary staff recorded incidents in the supply of medicines to patients and near-miss errors. These were reviewed by the lead dispenser and then escalated through staff and clinical meetings if necessary. Staff described changes that had been made to processes in the dispensary in response to reviews of near-misses. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. As part of this work they had conducted a vaccine stock management audit. This had resulted in training being provided to reception staff who take receipt of vaccines, and monthly searches being done to identify short dated vaccines. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled medicines (medicines that require extra checks and special storage because of their potential misuse) and had in place standard procedures that set out how they were managed. These medicines were stored in a locked cabinet and keys were held securely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six personnel files and found The practice had medical indemnity insurance arrangements in place for all relevant staff.

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. The practice had carried out a fire risk assessment in December 2015 and carried out fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). We saw that there were three oxygen cylinders at the practice but two of them had expired. The practice's system for checking the oxygen had failed to identify this.
- Emergency medicines were held in the practice and all the staff we spoke with knew of their location. The stock held was aligned with the services provided by the practice and processes were in place to ensure medicines were replaced when used and expiry dates were checked.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep 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 monitored that these guidelines were followed through audits and random sample checks of patient records. For example, a GP had audited how many of the practice's diabetic patients over the age of 40 were taking a cholesterol reducing medicine in line with NICE guidelines. The first audit cycle identified 81% of patients in this population group were. A new practice diabetic policy was introduced and after two further audit cycles the practice were able to demonstrate that this percentage had increased to 92%.

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). Data from 2014/15 showed:

- The practice had achieved 97% of the total number of QOF points available which was higher than the national and Clinical Commissioning Group (CCG) averages of 95%.
- The five QOF indicators for care of patients with diabetes were comparable with other practices. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation was 100% compared with the CCG average of 94% and the national average of 95%. The practice's exception reporting rate for this group of patients was 27.3% which was above the CCG and national averages of 17.9%. 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.

- Eighty per cent of patients with a recognised mental health diagnosis had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was comparable with the CCG average of 87% and the national average of 88%. There was a lower than average exception reporting rate of 5% compared with the CCG average of 12% and the national average of 13% meaning a higher than average rate of patients had been included.
- Eighty-five per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national averages of 84%.
- There was an exception reporting rate of 34% for patients experiencing depression which was higher than the Clinical Commissioning Group (CCG) of 26% and the national average of 25%. Exception reporting rates were also high for patients with rheumatoid arthritis with a practice rate of 57% compared with a CCG rate of 10% and a national average of 7%. The practice told us this was because many of these patients were reviewed by the local hospital rather than by the practice.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had been awarded funding for one year to pilot the Telederm service. Telederm provides GPs with dermoscopy reports from a skin specialist to assist with skin lesion diagnosis within the practice as an alternative to a hospital referral. An audit of referrals to assess the impact of the introduction and then subsequent removal of telederm had been carried out by the practice. The audit demonstrated that the number of hospital referrals had increased by 60% following the removal of this service. The practice were in the process of trying to secure future funding for this service.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example annual immunisation update training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included regular contact with the district nursing team and routine contact with the community matron. Multi-disciplinary meetings were held

every six to eight weeks to review patients with palliative care needs and the most vulnerable of patients registered with the practice to actively reduce the number of unplanned admissions to hospital.

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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was clearly outlined in the practice's consent policy.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- 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 lifestyle. Patients were signposted to the relevant service.
- Smoking cessation advice and support was available at the practice. The practice showed us data from 2015/16 which demonstrated that 15.14% of their practice population smoked compared to the CCG average of 14.2%. Following smoking cessation advice the practice were able to demonstrate that 39.5% of patients who had received this support continued to quit smoking at 12 weeks compared with 28% within the surrounding area.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. The practice's exception reporting was 2.6% which was lower than the CCG rate of 5% and the national rate of 6% meaning more patients were included.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Screening for bowel cancer in 60-69 year olds in the last 30 months was 67% which was above the

Are services effective?

(for example, treatment is effective)

CCG average of 63% and the national average of 58%. Data from 2013/14 showed that the uptake of breast cancer screening within six months of invitation was only 43% compared with the CCG average of 77% and the national average of 73%. The practice had reviewed this data and worked to support a local campaign to increase the uptake of this screening. Data from 2014/15 showed that the practice had increased their uptake to 82% which was higher than the CCG average of 79% and national average of 72%

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 94% to 100%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced although several patients commented they had to wait for two to three weeks to see their GP of choice. Patients said they felt the practice offered an excellent service and staff were caring, friendly, understanding and always gave patients enough time during consultations.

We spoke with a member of the patient participation group (PPG) prior to our inspection. They also told us they were satisfied with the care provided by the practice and said the staff were happy, smiling and always gave patients enough time. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national averages of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 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. Patient feedback from the comment cards we received was also positive and aligned with these views. Through a risk stratification tool, the practice had identified the 4% most vulnerable of patients registered with the practice. The care plan co-ordinator had visited this group of patients in their home or in the practice to carry out an initial assessment and care plans were put in place to meet patients' needs.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. All of the comments we received from patients were positive about their own involvement in their care and treatment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice was in the process of establishing a monthly tea party for a small group of vulnerable and frail patients to combat loneliness & social isolation. With the support of the PPG patient volunteers were being sought to bake and/or provide lifts to this vulnerable group of patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 210 patients as carers (2.8% of the practice list). The practice employed a dedicated carer's lead who provided a vital link between the practice and some of their most vulnerable patients to enhance the provision of support to their carers. Written information was available to direct carers to the various avenues of support available to them.

A dedicated member of the administrative staff worked with the carer's lead assistant to identify and sign post bereaved patients to appropriate support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours for working aged people between 7.30am and 8am and 6pm and 8pm on Wednesdays.
- The practice had taken action following patient and staff feedback about appointment waiting times. There were GP open access appointments that patients did not have to book into and pre-bookable appointments Monday to Friday. The nurse triage system helped to establish the priority of home visits.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients living in a local women's refuge.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, for example, Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosted twice weekly community psychiatric nurse sessions for patients experiencing poor mental health.
- To improve access to GP services in a rural area, the practice provided a branch practice twice weekly in a nearby village and dispensed medicines were also taken there for collection. The comments we received from patients were extremely positive and demonstrated that this service was valued by patients.
- GPs undertook a number of sessions outside the practice in addition to their daily home visits. These included weekly ward rounds three times per week at two local nursing homes.
- The practice provided a phlebotomy (the taking of blood for diagnostic purposes) service to reduce traveling for their patients. It also offered in-house blood testing for patients on a medicine used to prevent the formation of blood clots.

- The practice held six weekly palliative care meetings to review and monitor the care of patients nearing the end of their lives.
- To combat loneliness & social isolation, the practice was in the process of establishing a monthly tea party for a small group of vulnerable and frail patients. With the support of the patient participation group patient volunteers were being sought to bake and/or provide lifts to this vulnerable group of patients.

The practice had identified patients who were at a high risk of avoidable unplanned hospital admissions. A care plan co-ordinator had been appointed by the practice to review and improve the hospital discharge process for these patients and to co-ordinate the delivery of care following emergency admissions and Accident and Emergency (A&E) attendances. We looked at 2014/15 data from the Quality Improvement Framework (QIF) which is a local framework used by NHS North Staffordshire CCG to improve the health outcomes of local people. The data showed that the overall number of patients who attended A&E at any time was 25.7 per 1000 patients lower than the CCG average.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. It was closed Thursday afternoons but provided extended opening hours 7.30am to 8am and 6pm until 8pm on Wednesdays. GP open access appointments were available Monday to Friday 8am to 9.30am. Pre-bookable GP appointments were available 11.30am to 1pm every week day morning and 2.30pm to 6pm each afternoon excluding Thursdays. Patients could book appointments up to five weeks in advance. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice was closed.

There was also a branch practice at Ipstones Memorial Hall. This provided open access appointments on Tuesdays and Fridays between 11.30am to 12.30pm. A dispensing service was also available during this time.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages:

Are services responsive to people's needs?

(for example, to feedback?)

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

Data from the survey however showed that only 38% of respondents with a preferred GP usually got to see or speak to that GP. This was below the CCG average of 61% and the national average of 59%. On the day of the inspection several patients told us that they may have to wait up to three weeks to be seen by their GP of choice. The practice explained that the open access appointment system may explain this lower than average statistic.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling verbal, written and face to face complaints and concerns.

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

The practice had received 17 complaints in a 12 month period over 2015-2016. We looked at four of these complaints and found these were satisfactorily handled, dealt with in a timely manner with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, following a complication after an immunisation had been administered, staff training was reviewed and immunisation techniques observed by a GP and senior nurse.

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 clearly defined vision which placed the provision of a high quality service for patients within a confidential and safe environment and effective collaboration and teamwork at the top of their vision:

- The practice had set aims and objectives in their statement of purpose and staff knew and understood these.
- It was evident through conversations with the management team and minutes from clinical meetings that the practice had plans to adapt their practice to meet the future needs of the local population. An overarching business plan had not been developed however to capture or monitor progress and challenges in achieving this.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Three members of the practice team had completed a nationally recognised leadership course

and two members of the team had leadership role within the local Clinical Commissioning Group (CCG). Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by the management.

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a member of the PPG

Are services well-led?

Good 

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

told us how the practice had responded to their concerns regarding the unmanned reception desk. Patients were required to ring a bell to speak with a receptionist. In response to the concerns of the PPG the practice changed this system ensuring the desk was manned by a receptionist at appropriate times.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice used significant events to identify and celebrate their achievements within the practice. For example, after consultation with the PPG and staff, the practice was able to demonstrate that changes to the GP on call and nurse triage sessions had improved patient care and access to appointments. Staff reported that their workload was more effectively managed.
- The practice gathered feedback from patients using new technology. A Facebook page had recently been set up to provide practice updates and health information via social media.

Continuous improvement

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had identified their 4% most vulnerable patients through a risk stratification tool. These patients were supported through care plans and a clinical support assistant to ensure their social and health needs were met to avoid unplanned hospital admissions.

The practice aimed to bring diagnostic services closer to their rural community to reduce referrals on to secondary care and reduce the prescribing of antibiotics. The practice was able to demonstrate innovative ways of doing this and were early adopters of CCG initiatives such as:

- Performing specialised blood tests to help GPs to determine if a person had a lower respiratory tract infection and needed to be treated with antibiotics.
- An in-practice Telederm service which provided GPs with dermoscopy reports from a skin specialist to assist with skin lesion diagnosis as an alternative to a hospital referral.

They worked closely with local practices and provided a 24 hour electrocardiogram (ECG) monitoring referral service to the seven local practice populations. It also provided coil fitting for patients registered with other local practices.