

Dr Paul Unyolo

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Paul Unyolo on 30 September 2015. A total of four breaches of legal requirements were found. After the comprehensive inspection, the practice was rated as inadequate overall and placed into special measures.

We issued three warning notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.
- Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safeguarding service users from abuse and improper treatment.
- Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Receiving and acting on complaints.

We also issued a requirement notice in relation to:

- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper persons employed.

We undertook an announced comprehensive inspection on 18 May 2016 to check that the practice now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Paul Unyolo on our website at www.cqc.org.uk.

Our key findings were as follows:

- The practice had made improvements to the way it reported and recorded significant events and strengthened systems to keep vulnerable patients safe.
- While the practice had made some improvements to their process for handling complaints, these were not sufficient to meet recognised guidance and contractual obligations for GPs in England. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Responsibility for some safety issues had been classed as the responsibility of others without understanding or knowledge of the level of risk involved.

Summary of findings

- We saw examples of when care was not delivered in line with current evidence based guidance.
- The capability and appropriate knowledge of the leadership team within the practice was not clearly evident.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

There are areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Implement and operate a consistent and effective system for receiving and acting on medicines alerts affecting patient safety.
- Assess, monitor and mitigate the risks to patients and others at risk from actions detailed in the practice legionella risk assessment.
- Assess, monitor and improve the quality of services provided in relation to the care and treatment reflecting nationally recognised guidance.
- Operate an effective system for receiving, handling and responding to complaints.
- Implement and operate an effective system for receiving and issuing blank prescriptions.
- Display Care Quality Commission (CQC) inspection ratings conspicuously within the practice premises.

In addition the provider should:

- Implement a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, has been provided before the medicines are issued.

- Review the capability of leadership within the practice.
- Improve the identification of patients who may be carers.
- Ensure relevant staff have completed recognised training in safeguarding vulnerable adults.
- Mitigate outstanding actions in the practice infection control audit.

This service was placed in special measures on 17 December 2015. Insufficient improvements have been made such that there remains a rating of inadequate for well-led services.

The levels of concern identified at this inspection met the threshold for us to escalate our previous enforcement action in line with our enforcement and decision making policies. We have not issued a notice of proposal to cancel the provider's registration as they submitted an application to cancel their individual registration with CQC.

We have received a new partnership provider application to provide services at the practice. This application will be assessed in line with legal requirements.

The practice will remain in special measures and will be kept under review and if needed could be escalated to urgent enforcement action. Another inspection will be conducted within six months or sooner if required.

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 requires improvement for providing safe services.

- The practice had made improvements to the way they dealt with significant events and the process for safeguarding those at increased risk of harm.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had suitable equipment and had trained staff to deal with emergency situations.
- The practice system for prescribing medicines on a shared care basis should be improved to limit the opportunity of patients receiving medicines when they have not had the recommended monitoring.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- The practice had made improvements in undertaking clinical audits and expanding working with other professionals to meet patients care and treatment needs.
- We saw examples of when patients' care and condition monitoring did not reflect national recognised guidance.
- There was evidence of appraisals and personal development plans for all staff.
- Emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission was 0.4% higher than the local average. Of note, over three years, the practice overall rate had reduced by 2.1% when compared with a CCG wide average reduction of 0.6%.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- 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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice offered additional services for carers, although the overall number of carers identified was lower than expected at 0.4% of registered patients.

Are services responsive to people's needs?

The practice is rated as requires improvement 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. Additional services offered on site included minor surgery and extended appointments.
- The practice complaints system did not meet recognised guidance and contractual obligations for GPs in England. We saw examples of lack of swift action when a concern was received.
- The number of patients attending A&E during GP opening hours was lower than the CCG average.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Are services well-led?

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

- The capability and appropriate knowledge of the leadership team within the practice was not clearly evident.
- The provider's compliance with legislative requirements over time was poor.
- Recurrent themes such as failure to act upon information about patients' care and treatment had been identified in inspections over time.
- We saw examples of poor record keeping related to management of the practice.
- Staff felt supported by the practice leadership team and told us they found leaders to be approachable and encouraging.
- The practice had an active patient participation group (PPG) who worked with staff on a regular basis.

Inadequate



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

Requires improvement



The practice is rated as good for caring services and this includes this population group. The practice was rated as inadequate for well-led services and requires improvement for safe, effective and responsive services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice operated a register of patients who were housebound and a practice nurse when required would home visit and provide health assessment and vaccinations.

People with long term conditions

Requires improvement



The practice is rated as good for caring services and this includes this population group. The practice was rated as inadequate for well-led services and requires improvement for safe, effective and responsive services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- We saw that the monitoring of some patients with diabetes did not reflect nationally recognised guidance.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement



The practice is rated as good for caring services and this includes this population group. The practice was rated as inadequate for well-led services and requires improvement for safe, effective and responsive services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

Summary of findings

- The practice had strengthened their procedures for safeguarding children and had joined up working with health visitor and school nurses.
- The practice offered same day access for all children with illness.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 78% compared with the CCG average of 80% and national average of 82%.

Working age people (including those recently retired and students)

Requires improvement



The practice is rated as good for caring services and this includes this population group. The practice was rated as inadequate for well-led services and requires improvement for safe, effective and responsive services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

- 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 reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement



The practice is rated as good for caring services and this includes this population group. The practice was rated as inadequate for well-led services and requires improvement for safe, effective and responsive services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice offered all patients with a learning disability an annual health check.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement



The practice is rated as for caring services and this includes this population group. The practice was rated as inadequate for well-led services and requires improvement for safe, effective and responsive services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

- We saw that the monitoring of some patients with enduring poor mental health did not reflect nationally recognised guidance.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Performance for indicators for patients who were diagnosed with dementia was lower than local and national averages. For example, 76% of patient had received a care review in the previous year compared with the CCG and national averages of 84%. Of note this was a significant improvement from the previous year's performance.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from:

- The national GP patient survey published in January 2016. The survey invited 276 patients to submit their views on the practice, a total of 110 forms were returned. This gave a return rate of 40%.
- The practice patient participation group (PPG) a survey in 2015/16 with a focus on appointment experience and awareness of services.
- We spoke with 10 patients including one member of the patient participation group (PPG). We also invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 17 completed cards

In the national GP survey, patient satisfaction was positive in areas relating to interaction with GPs, reception, opening hours and overall experience. Satisfaction levels were slightly less positive in the areas of interaction with nurses. For example:

- 94% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) average of 88% and national average of 87%.

- 99% had confidence in the last GP they saw or spoke with compared to the CCG average of 96% and national average of 95%.
- 96% said that the last GP they saw was good at listening to them compared with the CCG average of 90% and national average of 89%.
- 85% said that the nurse was good at giving them enough time compared to the CCG and national averages of 92%.
- 87% said the practice nurse was good at listening to them with compared to the CCG and national averages of 91%.
- 84% of patients found it easy to contact the practice by telephone compared to the CCG and national averages of 73%.
- 95% of patients said the last appointment they made was convenient compared to the same CCG average and national average of 92%.
- 57% of patients felt they did not have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.

The feedback we received from patients about the practice was mostly positive. Themes of positive feedback included:

- The helpful, caring and compassionate nature of staff.
- Overall good or excellent experience of the practice

Areas for improvement

Action the service **MUST** take to improve

- Implement and operate a consistent and effective system for receiving and acting on medicines alerts affecting patient safety.
- Assess, monitor and mitigate the risks to patients and others at risk from actions detailed in the practice legionella risk assessment.
- Assess, monitor and improve the quality of services provided in relation to the care and treatment reflecting nationally recognised guidance.
- Operate an effective system for receiving, handling and responding to complaints.

- Implement and operate an effective system for receiving and issuing blank prescriptions.
- Display Care Quality Commission (CQC) inspection ratings conspicuously within the practice premises.

Action the service **SHOULD** take to improve

- Implement a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, has been provided before the medicines are issued.
- Review the capability of leadership within the practice.

Summary of findings

- Improve the identification of patients who may be carers.
- Ensure relevant staff have completed recognised training in safeguarding vulnerable adults.
- Mitigate outstanding actions in the practice infection control audit.

Dr Paul Unyolo

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Dr Paul Unyolo

Dr Paul Unyolo is registered with the Care Quality Commission as an individual provider.

The provider operates from purpose built premises at Talke Pits Clinic within the NHS North Staffordshire Clinical Commissioning Group area. The provider holds a General Medical Services contract with NHS England. At the time of our inspection 3,774 patients were registered at the practice.

As part of our pre-inspection checks we found that the provider had entered into a new commissioning arrangement as a partnership. We have instructed the provider that they must reflect this by registering as a new provider as a legislative requirement.

The practice has been in special measures since December 2015 following a Care Quality Commission (CQC) inspection in September 2015. At the September 2015 inspection concerns were identified in a number of areas including significant event handling, safeguarding, application of national clinical guidance and handling of complaints. We told the practice they must take action in the way in the way they deal with safeguarding processes, handle complaints and deal with risks within the practice. At our

most recent inspection, whilst we saw there had been improvement in a number of areas not enough progress had been made in how complaints were investigated and responded to. Also how risks within the premises were known and mitigated.

Demographically the practice area is of similar deprivation to the national average, although this is higher than the CCG average. The average age range of patients at the practice broadly follows the national average, with the exception of having 4% more patients aged over 65 years.

As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery
- Avoiding unplanned admission to hospital
- Learning disability health checks.

The practice is open on Monday, Tuesday, Wednesday and Friday from 8am to 6:30pm and Thursday from 8am to 1pm. During these times telephone lines and the reception desk are staffed and remain open. Extended appointments are offered on Monday evening from 6:30pm to 8pm and Thursday 7:30am to 8am. On a Thursday afternoon calls are transferred to the locality out-of-hours service who provide medical cover under a separate agreement. The practice has opted out of providing cover to patients outside of normal working hours. These out-of-hours services are provided by Staffordshire Doctors Urgent Care Limited.

Staffing at the practice includes:

- Three GPs (two female, one male)
- One female advanced nurse practitioner.
- One female practice nurse.
- One female practice healthcare assistant.

Detailed findings

- A practice manager and team of six administrative/reception staff.

Why we carried out this inspection

We carried out an announced focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 30 September 2015 had been made. We inspected the practice against all of the five questions we ask about services. This is because the service was not meeting some legal requirements.

How we carried out this inspection

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

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

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

- Older people

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

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey. We informed NHS England and NHS North Staffordshire Clinical Commissioning Group that we would be inspecting the practice.

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 (CQC) at that time

During the inspection we spoke with members of staff including GPs, members of the practice nursing team, the practice manager and administrative staff. We also spoke with one member of the patient participation group (PPG). (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

We gathered feedback from patients by speaking directly with them and considering their views on comment cards left in the practice for two weeks before the inspection.

Are services safe?

Our findings

At our previous inspection in September 2015, the practice was rated inadequate in the safe domain:

- The process for handling significant events had weaknesses.
- We saw examples of poor safeguarding practice.
- The practice did not have effective processes for ensuring infection prevention and control measures were up to date and line with nationally recognised guidance.
- The practice did not have oversight of some risks that may affect the health and safety of patients, staff and visitors. For example, the practice had not ensured that the risks from a legionella risk assessment had been mitigated.

Safe track record and learning

The practice had, in recent months, made changes to the process and expanded the way significant events were recorded, investigated and discussed.

- A template was available for staff to record their significant events, which included both positive and negative occurrences.
- Staff discussed events at monthly clinical meetings and quarterly review meetings.
- All of the staff we spoke with knew the process for reporting significant events and could recall recent occurrences.

We saw examples of learning from significant events. For example, following a medical emergency within the practice, staff had discussed the availability of emergency equipment. The type of equipment that would be required to be brought to the patient was shared. This was to ensure in an emergency staff would know the equipment required and where to find it.

The practice had a process in place to act on patient safety alerts from external agencies, including the Medicines and Healthcare products Regulatory Agency (MHRA). We saw the process to take action after receiving an alert had usually been followed, although there had been two instances where actions had not been undertaken. One related to an alert about a medicine issued in October

2015. We saw another occasion when the practice had acted promptly by writing to patients make them aware of possible side effects of the medicine they took, however they had not added computerised alerts to patients' records as they had agreed at a clinical meeting.

Overview of safety systems and processes

The practice had adapted some systems used to minimise risks to patient safety. We saw that a number of processes were well organised:

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. A GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. All staff had received training to a level suggested in nationally recognised guidance. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. Practice staff met with other professionals, including health visitors on a regular basis to discuss any concerns. Although GPs had awareness of vulnerable adults they had not participated in formal training.
- Chaperones were available when needed. All staff, who acted as chaperones, had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice had a nominated lead for infection prevention and control and they had received appropriate training. A recent infection control audit had been undertaken and changes had been made based on the findings. Handwashing technique had been assessed and the practice held appropriate supplies of personal protective equipment. Staff immunity to healthcare associated infections was known and recorded. The practice did have some infection control actions to be completed which were recorded as dependent on a premises change. For

Are services safe?

example, changing chairs from fabric to a more easily cleanable material and wipe clean wall surfaces as some wall surfaces were heavily marked from building alterations.

- The practice followed their own procedures which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use.
- The practice nursing team consisted of three, an independent nurse prescriber, practice nurse and a healthcare assistant. The nurse prescriber had received additional training to independently prescribe medicines within their scope of practice. The practice nurse used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. A healthcare assistant had received training to administer some medicines under specific circumstances and arrangements were in place to gain authorisation by a GP under a Patient Specific Direction (PSD).
- We reviewed two personnel files for staff recruited after our previous inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for all relevant staff.

There were areas where risks had not been as well managed.

- The practice prescribed medicines for patients with certain medical conditions under a shared care agreement between the practice and secondary care provider. The secondary care provider decided on the dosage of medicines and arranged patient monitoring, including blood function tests to look for any adverse side effects of the medicines. The practice responsibility was to prescribe the medicines. We looked at the system for oversight of the prescribing by reviewing three patient records. We saw that patients had received both the medicines and blood monitoring tests in line with hospital dosage instructions and nationally recognised guidance. However, repeat prescription cycles were set at intervals that were greater than the

maximum recommended interval for blood monitoring. This could lead to a missed opportunity that a patient may receive the medicine, although they had not had the recommended blood monitoring.

- There was a system in place to track and monitor the use of blank computerised and individual prescriptions as suggested in guidance issued by NHS protect. Blank prescriptions were held securely although the system to monitor and track their use was not robust. The records of blank prescriptions in the practice did not reflect the numbers and serial numbers of the actual blank prescriptions held.

Monitoring safety and responding to risk

The measures in place at the practice to mitigate potential risks to patients, staff and visitors were not always robust.

- The practice had obtained a copy of the latest legionella risk assessment for their building and the building landlord had taken some action in response to this. For example, schedules had been introduced to ensure the necessary flushing of taps and temperature monitoring had taken place. The risk assessment contained seven high priority defects and 14 moderate priority defects. The document listed a defect as a contravention of legal guidance or best practice and requiring action to rectify them. The staff we spoke with were unaware of the identified risks and expressed that the building landlord was responsible for completing the actions. The written risks included very hot water temperature in taps in the patient toilet and staff areas. We checked and in patient areas measures had been implemented such as the fitting of thermostatic taps. We saw that some areas such as insulating pipes and warning staff about very hot water temperatures in staff areas had not been actioned.

Other areas of safety had been managed more effectively:

- Arrangements were in place for planning and monitoring the number and mix of staff required to meet patients' needs.
- The practice had up to date fire risk assessments and carried out regular 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.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and staff knew their location.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in September 2015 the practice was rated as requires improvement in the effective domain:

- It was not clear how the practice disseminated nationally recognised guidance.
- There were limited examples of clinical audit driving improvement.
- Staff worked with multi-disciplinary teams infrequently and did not keep records of meetings when held.

Effective needs assessment

Staff told us they 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. A GP told us as a clinician they kept updated with NICE and had installed shortcuts on each computer within the practice to make guidelines more easily accessible. Clinical staff were in the process of summarising guidelines of conditions associated with frequent presentation to general practice.

We saw areas of care provision that did not follow NICE guidance:

- The monitoring of patients with diabetes had been inconsistent as the time period of monitoring patients with stable HbA1c (indicating longer term blood glucose control) levels varied. The most recent guidance from NICE suggested that monitoring of HbA1c levels should be at a six-monthly interval once the levels were stable. We saw that a number of patients with stable HbA1c levels had monitoring undertaken at six to 12 monthly intervals. We spoke with staff about this; they felt that, at times, patients did not attend for a six monthly review when asked. In four out of the six patient records we reviewed, the recall interval was set to 12 months and there were no comments entered to suggest that a patient had been recalled at six months. The other two patients had monitoring intervals set in line with NICE guidelines.
- The monitoring of patients with enduring poor mental health did not always include annual investigations as recommended in NICE guidance on psychosis and schizophrenia and bi-polar disorder. We reviewed four patients' records within this demographic and saw that three patients had not received annual metabolic

monitoring of their longer term blood glucose control or lipid levels (cholesterol) as was recommended. One patient had received the monitoring as part of surveillance for another long-term condition. The enduring poor mental health conditions are associated with much higher than average level of co-existence with long-term conditions such as diabetes and cardiovascular disease.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 from 2014/15 showed that within the practice:

- The practice achieved 90% of the total number of points available; this was lower than the national average of 93% and clinical commissioning group (CCG) average of 95%. This performance was a two per cent improvement on the previous year.
- Overall clinical exception reporting was 6% compared with the CCG average of 8% and national average of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.
- Performance for enduring mental health indicators was lower to local and national averages when considered overall. For example, 76% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%. Clinical exception reporting was 0% compared with the CCG average of 12% and 13%.
- Performance for diabetes related indicators was lower to local and national averages. For example, 70% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 75% and national average of 78%. Clinical exception reporting was 4% compared with the CCG average of 8% and national average of 12%.
- Performance for indicators for patients who were diagnosed with dementia was lower than local and

Are services effective?

(for example, treatment is effective)

national averages. For example, 76% of patient had received a care review in the previous year compared with the CCG and national averages of 84%. Of note this was a significant improvement from the 2013/14 performance of 19.2%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- QOFXL is a local programme with the CCG area to improve the detection and management of long-term conditions.
- The practice participated in the avoiding unplanned admission enhanced service. Two per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge. The care plans were available in the patient's home to enable other health professionals who may be involved in their care to have comprehensive information about them.

The practice performance for unplanned admissions to hospital was similar to local and national averages. Data from the CCG QOFXL for 2014/15 showed that:

- Emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission was 0.4% higher than the local average. Of note, over three years, the practice overall rate had reduced by 2.1% when compared with a CCG wide average reduction of 0.6%.

We looked at data from 2014/15 from the NHS Business Services Authority on the practice performance on prescribing medicines:

- The average quantity of appropriate anti-inflammatory medicines prescribed was lower than national levels. This outcome measures the proportion of anti-inflammatory medicines that carry lower risks of side-effects, a lower result can mean that there is a higher resilience on prescribing medicines with the higher risk of side effects. The practice had introduced guidelines for prescribing this group and medicines and felt that 2015/16 levels would show a marked improvement.

- The average quantity of appropriate hypnotic medicines and antibiotics were similar to local and national levels.

There had been five clinical audits undertaken in the last year, one of these was a completed audit where the improvements made were implemented and monitored. The audits included that medicines had been prescribed appropriately and that the monitoring of medical conditions was appropriate. A recent audit on infection control revealed low post minor surgery infection rates when benchmarked with a wider evidence base. Where necessary audits had been discussed by the practice team and changes to practice made as needed.

Effective staffing

Staff told us that they felt supported and enabled to develop within their role:

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals. Where training needs were identified they had been met. For example, the practice healthcare assistant had been supported to develop new skills including the administration of some medicines under Patient Specific Directions (PSD).
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Working with colleagues and other services

The practice had expanded the way it worked with other health and social care professionals to enable greater sharing of information about patients' care and treatment:

- The practice team met to discuss the care of patients that involved other professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Meetings took place on a bi monthly basis. Action points were clearly recorded and responsibility assigned.
- Quarterly safeguarding meetings had been introduced. Children at increased risk of harm had been discussed with allied professionals including health visitors and school nurses.

Are services effective?

(for example, treatment is effective)

We reviewed the system in use at the practice for receiving, handling and acting on information received about patients' wellbeing, care and treatment. Information was constantly received throughout each day and included blood test results, hospital discharge summaries, out-of-hours and A&E patient contact summaries. The practice was up to date with processing the information.

We did see two examples of when actions that were needed to check or change patients' care and treatment had not happened.

- A patient requiring a follow up blood test had not received the test. Records showed that the test had been requested to take place by a GP in the patient's home although it had not happened.
- Advice from a hospital consultant to reduce a patient's medicine had been read and scanned into the patient's notes although the change had not been made on the corresponding prescription.

Both had been opportunistic findings by us during the course of our inspection, the practice was not aware either action had not been undertaken. We reviewed six additional hospital and clinic patient information letters and saw that actions had been taken appropriately.

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.

- The practice had introduced a template for recording important decisions on when or when not to receive care, treatment or interventions. Discussions with patients and when appropriate those close to them was accurately recorded.

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 and those at risk of developing a long-term condition.

The practice's uptake for the cervical screening programme was 78% compared with the CCG average of 80% and national average of 82%. Clinical exception reporting in this area was 4% compared with the CCG and national averages of 6%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 93% to 97%.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was higher or similar when compared with national averages:

- 84% of eligible females aged 50-70 had attended screening to detect breast cancer compared to the CCG average of 79% and national average of 72%.
- 57% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer compared to the CCG average of 63% and national average of 58%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 17 completed cards, of which all were positive about the caring and compassionate nature of staff.

We spoke with 10 patients including one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 276 patients to submit their views on the practice, a total of 110 forms were returned. This gave a return rate of 40%.

The results from the GP national patient survey showed patients expressed positive satisfaction levels in relation to the experience of their last GP appointment. For example:

- 94% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) average of 88% and national average of 87%.
- 99% had confidence in the last GP they saw or spoke with compared to the CCG average of 96% and national average of 95%.
- 96% said that the last GP they saw was good at listening to them compared with the CCG average of 90% and national average of 89%.

Of note in the response the number of respondents who gave an answer of poor to questions asked about GPs was significantly lower than local and national levels.

The results in the national patient survey regarding nurses similar or lower levels of satisfaction when compared locally and nationally:

- 85% said that the nurse was good at giving them enough time compared to the CCG and national averages of 92%.
- 87% said the practice nurse was good at listening to them with compared to the CCG and national averages of 91%.

Care planning and involvement in decisions about care and treatment

Individual patient feedback we received from patients about involvement in their own care and treatment was positive, all patients felt involved in their own care and treatment.

The GP patient survey information we reviewed showed a positive patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in January 2016 showed;

- 90% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81% and national average of 82%.
- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%

Survey results related to interactions with nurses were just below local and national averages

- 84% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG and national averages of 85%.
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received.

Are services caring?

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 15 patients as carers (0.4% of the practice list). The practice acknowledged that this was a low number and planned to review their identification of carers. All registered carers had been contacted and offered an annual health check and seasonal flu vaccination.

If a patient experienced bereavement, practice staff told us that they were supported by a GP and signposted to support services when appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in September 2015, the practice was rated as requires improvement in the responsive domain:

- The way the practice handled complaints was not effective. There was, at times, limited investigation of concerns. Record keeping was poor and the practice did not look for themes in complaints.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and had adapted to provide services tailored to patient need:

- The practice offered evening appointments until 8pm on a Monday and appointments from 7:30am on a Thursday.
- Those at highest risk of unplanned admission to hospital were identified and had care plans in place to assess the health, care and social need.
- The practice had a register of housebound patients and visited them at home to review their condition or provide vaccination.
- Online services for booking appointments and ordering repeat prescriptions were available.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

We reviewed the practice performance from 2014/15 in The QOFXL which is a local framework run by NHS North Staffordshire Clinical Commissioning Group (CCG) to improve the health outcomes of local people. The data demonstrated less of the practice's patients presented at hospital Accident and Emergency (A&E) departments when compared with the CCG average. For example:

- 80 patients per 1,000 attended A&E within GP opening hours compared to the CCG average number of 101.
- 226 patients per 1,000 attended A&E at any time compared to the CCG average number of 236.

Access to the service

The practice was open on Monday, Tuesday, Wednesday and Friday from 8am to 6:30pm and Thursday from 8am to 1pm. During these times telephone lines and the reception

desk were staffed and remained open. Extended appointments were offered on Monday evening from 6:30pm to 8pm and Thursday 7:30am to 8am. On a Thursday afternoon calls were transferred to the locality out-of-hours service who provided medical cover under a separate agreement. When the practice was closed patients could access help by telephoning the practice, after which their call was transferred to the NHS 111 service for assistance.

Patients could book appointments in person, by telephone or online for those who had registered for this service. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with GPs and nurses within two days.

All of the 27 comments we received were positive about the availability of, and experience of making, appointments.

Results from the national GP patient survey published in January 2016 showed similar or higher levels of patient satisfaction when compared to local and national averages:

- 84% of patients found it easy to contact the practice by telephone compared to the CCG and national averages of 73%.
- 95% of patients said the last appointment they made was convenient compared to the same CCG average and national average of 92%.
- 57% of patients felt they did not have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.
- 73% of patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.

The practice patient participation group (PPG) had conducted a survey in 2015/16 with a focus on appointment experience and awareness of services provided. Results had been positive from over 100 responses:

- 87% said it was easy to make an appointment.
- 98% said they were dealt with in an efficient, friendly and helpful manner at reception.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

We reviewed the system in place within the practice for handling complaints. This had been an area of concern at our previous inspection. The practice had made some positive changes:

- Verbal complaints were being recorded and analysed for trends.
- Complaints were being shared and discussed at practice meetings.

However, we identified continued areas of how complaints were handled that did not meet recognised guidance and contractual obligations for GPs in England.

- The practice complaints policy had not been adapted to include timescales for acknowledgement of complaints.

- Within the complaints policy the timescale of investigation was still set at 10 days as at our previous inspection. Also detailed within the timescale, the wording 'practices can insert their own timescale' was written.

We reviewed three written complaints received in the previous six months. Two had been part of multi-agency involvement and one was an individual complaint. We tracked the individual complaint and saw it had been acknowledged within three working days. The complaint raised concerns about the health, wellbeing and treatment of a patient. Six weeks after the complaint no response had been provided, we were told an investigation was underway although there were no records available to confirm this. We checked records to ensure the wellbeing of the patient concerned and saw that the patients' care needs were being met. Staff told us that they had contacted the patient straight after the complaint had been received. However this was not recorded in either the patient or complaints records.

Are services well-led?

Inadequate 

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

Our findings

In our previous inspection in September 2015, the practice was rated as inadequate in the well-led domain:

- There had been little improvement in areas highlighted in an inspection of the practice in February 2015 at which the well-led domain was rated inadequate.
- Systems such as safeguarding, complaint handling and response to incidents had not been operated effectively.
- There were weaknesses in processes and policies which resulted in them not working properly. For example, some policies had not been personalised to the practice or followed.

Vision and strategy

Staff told us about their determination to drive the practice forward following challenging times and they wanted to 'fulfil their potential' as a mission statement.

The practice shared their strategy based on the 'Five Year Forward View' published by NHS England. The document described where the practice would like to be, although the journey on how to get there had not been decided and was still being developed.

Staff shared their view on the practice; all were engaged, confident and expressed desire to develop the practice going forward.

Governance arrangements

Following our previous inspection there had been some improvement within areas of governance management:

- Significant events had been clearly recorded, discussed and reviewed.
- Up to date performance including information collected for the Quality Outcomes Framework (QOF) was discussed and improved. (QOF is a system intended to improve the quality of general practice and reward good practice).
- The practice had laid solid foundations in engaging with improvements in improving clinical audit and safeguarding. This included engagement with wider health and social care professionals.

Areas of improvement that had been required to be made following the previous inspection had not been met:

- The practice had not taken enough action to improve the application of nationally recognised guidance. For example, National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw that care provided did not always reflect best practice guidance.
- Actions from the Legionella Risk Assessment which included risks to patients and staff had not been fully investigated. Whilst it may have been the responsibility of the building landlord to mitigate the environmental risk, the responsibility to protect patients, staff and visitors was that of the provider. The provider was not aware of these clearly documented risks and although some risks had been mitigated some had not been. These including the increased risk of scalding from hot water to staff. After our inspection the practice was able to supply records to demonstrate that they had taken some action to chase up mitigating actions in previous months.

We also identified a new area of concern in the handling of blank prescriptions, an area that previously the practice had previously operated effectively:

Leadership and culture

The leadership team within the practice had remained constant for a number of years. During the period of special measures and assistance by NHS England in some areas the practice had shown signs of improvement.

Staff felt supported by the practice leadership team and told us they found leaders to be approachable and encouraging.

We saw, at times, a lack of clarity for individual responsibility for ensuring risks were mitigated. Responsibility for some safety issues had been classed as the responsibility of others without the understanding or knowledge of the level of risk involved.

There were mixed examples of the quality of record keeping. Areas that had recently been highlighted from our previous inspection had demonstrated improvement. However, where staff told us tasks had happened this could not always be established due to the absence of any records.

The capability and appropriate knowledge of the leadership team within the practice was not clearly evident. Since our last inspection the practice had changed their

Are services well-led?

Inadequate 

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

legal entity from an individual provider to a partnership. This required a change to the provider's registration with the Care Quality Commission (CQC) as a legislative requirement. The provider had not made an application as required until prompted by CQC. The provider had not displayed their awarded care ratings which had been a legislative requirement since 2015.

The provider's compliance with legislative requirements over time was poor. Out of five inspections undertaken since 2013, breaches of regulation had been found in four. Recurrent themes such as failure to act upon care and treatment had been identified.

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

The practice had an active patient participation group (PPG) who worked with staff on a regular basis. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). We spoke with a member of the PPG who was very supportive

of the practice. They told us that the practice had provided them personally with an exemplary service and that staff were willing to listen to patients to change services. For example, the practice had modified their appointment system in response to suggestions and satisfaction surveys from the PPG. The practice had introduced the discussion on both positive and less positive feedback expressed by patients. Comments were discussed at meetings with exploration of themes and the points raised.

Staff told us they felt able to provide feedback and discuss any issues in relation to the practice. All staff had received a recent appraisal and had a personal development plan.

Continuous improvement

Staff told us that the practice had supported them to develop professionally. For example, the practice healthcare assistant had been developed within their role. They had extended their skillset to include phlebotomy (blood sample taking), spirometry and administration of some medicines under patient specific directions.