Dr KS Upton's Practice

Quality Report

Queen Street Tardis Surgery
5-9 Queen Street
Stoke on Trent
Staffordshire
ST10 1BH
Tel: 01538 753771
Website: www.tardissurgery.co.uk

Date of inspection visit: 16 December 2017
Date of publication: 17/03/2017

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr KS Upton's Practice on 16 December 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 a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Results from the national GP patient survey 2016 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients said they did not find it easy to get through to the practice to make an appointment. There was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.
- 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 management.
- The practice was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider should make improvements:

Summary of findings

- Consider pro-actively identifying carers and establishing what support they need.
- Consider ways to improve patient telephone access to the practice.

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?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received reasonable support, relevant information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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 59 carers on its register. This represented 0.9% of the practice population, which was just below the expected one percent.

Are services responsive to people's needs?

Good

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.
- The practice took account of the needs and preferences of patients with life-limiting conditions
- The practice offered extended opening mornings and two evenings two day per week which enabled appointments to be made outside of traditional working hours. There was continuity of care, with urgent appointments available the same day.
- Patients we spoke with said they did not find it easy to get through to the practice by phone to make an appointment. This was also reflected in the National GP patient survey survey responses which showed that only 49% 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%.
- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- 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 for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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

Good

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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice carried out weekly visits to a care home where some of its elderly patients lived.

People with long term conditions

Good

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

- The GPs and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The GPs and nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs.
- The practice Quality and Outcomes Framework (QOF) score for the care of patients with long-term conditions was similar in some areas compared to the local and national average. For example the practice performance for diabetes related clinical indicators overall was higher than the local Clinical Commissioning Group and England average (77% compared to the local average and England average of 78%.

Families, children and young people

Good

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

Summary of findings

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were higher overall for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- 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 82% which was higher than the local Clinical Commissioning Group (CCG) average of 78% and the same as the England average.
- The practice offered a confidential sexual health and relationships service to young patients and were part of a scheme which provided patients under the age of 24 years access to free condoms at a range of places across Stoke on Trent and North Staffordshire.

Working age people (including those recently retired and students)

Good

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

- The practice offered telephone consultations.
- The practice offered extended clinic appointments two days per week for working patients who could not attend during the normal opening hours.
- The practice was proactive in offering online services which included making online prescription and appointment requests.
- Patients were signposted to a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice supported patients who abused substances that could harm their health and wellbeing and provided health, social and professional support.
- The practice held a register of 24 patients with a learning disability and offered this group of patients longer appointments.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

People experiencing poor mental health (including people with dementia)

Good

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for patients living with dementia.
- 89% 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 national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice held a register of patients who experienced poor mental health. Data for the year 2015/16 showed that 94% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients at risk of dementia were identified and offered an assessment.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below the local and national averages in several areas. A total of 237 surveys (3.8% of patient list) were sent out and 127 (54%) responses, which is equivalent to 2% of the patient list, were returned:

- 83% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 83% of the patients who responded described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 93% of the patients who responded said they found the receptionists at this practice helpful (CCG average 88%, national average 87%).
- 78% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 81%, national average 78%).

There was one area where the survey highlighted patient satisfaction was significantly below both the local and national averages. For example:

- 49% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 72% and a national average of 73%.

The practice was aware of patients concerns about getting through to the practice by phone and was reviewing the telephone system.

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 33 comment cards which were mostly positive about the standard of care received at the practice. Patients said that they received an excellent service, staff were excellent, professional, caring and polite. We spoke with 14 patients; one of the patients was a member of the practice 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. All the patients told us that they were satisfied with the care provided by the practice. Patients said they found the practice staff courteous, respectful and professional. The PPG member said they were encouraged by the practice staff to make suggestions to support improvement of the services provided.

Areas for improvement

Action the service SHOULD take to improve

- Consider pro-actively identifying carers and establishing what support they need.
- Consider ways to improve patient telephone access to the practice.

Dr KS Upton's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Dr KS Upton's Practice

Dr KS Upton's Practice, also known as the Tardis Surgery is a two partner part-dispensing practice located in the market town of Cheadle in Staffordshire.

The practice team consists of two GP partners, one male and one female. The GPs are currently supported by two regular locum GPs and one nurse practitioner and three practice nurses. Clinical staff are supported by a practice manager, secretarial and reception staff. The dispensary is run by two dedicated staff. In total there are 28 staff employed either full or part time hours to meet the needs of patients.

The practice is open five days a week for both planned and urgent appointments. The practice is open between 8am and 6pm on Monday and Friday, 7am to 6pm Tuesday and Wednesday and 7am to 1pm on Thursday. Appointment times for patients vary for the GPs and practice nurses and include both morning and afternoon clinic sessions. The practice offers extended hours appointments from 7am to 8am on Tuesday, Wednesday and Thursday. The practice has opted out of providing cover to patients outside of normal working hours. Staffordshire Doctors Urgent Care provides these out-of-hours services.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 6,300 patients, of which approximately 1,500 are on the practice dispensing list. It provides Directed Enhanced Services, such as minor surgery, diabetic clinics, childhood immunisations and the care of patients with a learning disability. The practice population is made up mainly of patients aged over 45 years and there are fewer patients than the national average below this age. There is a lower practice value for income deprivation affecting children and older people in comparison to the practice average across England. The level of income deprivation affecting children is 12%, which is lower than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (13% compared to 16%).

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including the GPs, nurse practitioner, practice nurse, practice manager, reception staff and spoke with patients who used the service..
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had an effective system in place to report and record significant events. Staff knew their individual responsibility, and the process, for reporting events. We reviewed safety records, incident reports and minutes of meetings where significant events were recorded and discussed. 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). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had a process in place to receive alerts that may affect patient safety, which included alerts about medicines from the Medicines and Healthcare products Regulatory Agency (MHRA). Discussions with clinical staff showed they were aware of the most recent alerts. For example, we reviewed an MHRA alert (for a medication to control epilepsy not to be used in pregnancy). The alert had been distributed and records maintained of any follow up discussion or action.

Records we looked at showed that ten significant events, both clinical and operational had occurred over the past 12 months. One of the events was related to the referral of a patient for an x-ray by the advanced nurse practitioner. The radiographer refused to do the x-ray because the patient had not been seen by a GP first. The incident was discussed with all staff concerned and a protocol put in place to ensure that all patients requiring imaging tests were seen by a GP who would make the referral. Records confirmed that significant events were followed up to ensure continuous improvements were maintained. We saw that learning was shared and outcomes from learning implemented to promote a safe culture.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. Safeguarding was a set agenda item for discussion at the weekly practice clinical meetings. The practice monitored both adults and children who made regular visits to the accident and emergency department. The practice also routinely reviewed and monitored children who did not attend hospital appointments and immunisation appointments. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. The GPs were able to share examples of recent safeguarding events and the action taken to manage these. Suspected safeguarding concerns were shared with other relevant professionals such as social workers and the local safeguarding team.
- Posters advising patients they could access a chaperone were displayed in the waiting room, in the practice information leaflet and on the practice website. This ensured that different patient groups were made aware that this service was available to them. All staff had received chaperone training. Staff files showed that c 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 had an infection control policy in place and supporting procedures were available for staff to refer to. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place. One of the nurses was the clinical lead for infection control.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had effective shared care systems in place to review and

monitor patients prescribed high risk medicines. There was evidence that the GPs had accessed the results of tests carried out at the hospital before issuing a repeat prescription.

The practice carried out regular medicine audits, with the support of the local clinical commissioning group (CCG) pharmacy advisor, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Specific medicine directions (Patient Group Directions for the practice nurses. A member of the nursing staff was qualified as an independent prescriber and they received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which she prescribed.

The practice was a dispensing practice which was staffed by two dedicated staff. There was also an additional member of staff who was being trained to be a dispenser. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Examples of NICE treatment guidance referred to included diabetes, asthma and coronary heart disease. The practice used electronic care plan templates to plan and monitor the care of patients with long term conditions. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Clinical staff discussed this guidance informally and at practice meetings and could clearly outline the rationale for their approach to treatment.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the England screening programmes to monitor outcomes for patients. The practice achieved 99% of the total number points available for 2015/16. This was higher than the local Clinical Commissioning Group (CCG) average of 96% and the national average of 95%. The practice clinical exception rate of 12.5% was higher than the CCG average of 9% and the national average of 9.8%. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Further practice QOF data from 2015/16 showed:

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

- Performance for poor mental health indicators was higher than the national averages. For example, 94% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG and England averages of 89%. The clinical exception report rate was significantly lower at 2.8% compared with the CCG average of 10.3% and England average of 12.7%.
- Performance for diabetes related indicators was overall similar to the local CCG and national averages. For example, average and England average of 78%. The practice exception reporting rate of 12.1% was higher than the CCG average of 8.9% and slightly lower than the England average of 12.5%. The provider was aware of the exception reporting rate and had tasked the nursing team to improve the number of reviews completed. The practice also had the support of a consultant led diabetic service. The consultant visited the practice yearly and was available on the phone to discuss patients if needed. Recent data showed that since April 2016, 242 reviews had been completed out of a register of 432.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 89%, which was the same as the local CCG average and higher than the national average, 84%. The practice clinical exception rate of 3.5% for this clinical area was lower than the local CCG average of 8.7% and the England average of 6.8%.
- We saw that over 71% of patients on four or more medicines have had a medicines review in the last 12 months.

The advanced nurse practitioner was responsible for managing the care of the frailest two per cent of the practice patients. These patients had an admission avoidance care plan in place which highlighted their needs and wishes and was reviewed regularly. All admissions of patients on this plan were discussed to see if they were avoidable.

Clinical audits were carried out to facilitate quality improvement. We saw examples of eleven clinical audits carried out over the last two years. The practice was aware of its higher than average antibiotic prescribing rates. The practice had completed a series of audits with the support of the local CCG medicine management team to ensure that appropriate prescribing was being carried out in line with national guidance. The outcome of the audit showed that the practice was no longer one of the top ten prescribers of antibiotics in the CCG. Findings were shared with all clinicians. Clinicians discussed the guidelines and made plans to improve the advice and education given to

Good

Are services effective?

(for example, treatment is effective)

patients regarding management of their symptoms. The practice used complaints and significant events to trigger audits, and was reflective in assessing where care could be improved.

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. Staff had access to and made use of e-learning training modules and in-house training. However checks on staff files showed that induction programmes were not always completed.
- 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, administering vaccinations and taking samples for the cervical screening programme. The practice prioritised training and development for the whole team and all staff had individual training folders.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, best practice guidance and discussion at practice meetings.
- 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 for the nurses and dispensers. All staff had received an appraisal within the last 12 months.
- There were sufficient staff to meet the needs of patients within the practice. The practice used locum GPs to provide cover for holiday leave and other planned absences. The dispensary was situated at the branch practice and closed when the dispenser was absent. Patients were made aware of the times when the dispensary would be closed.

Working with colleagues and other services

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. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Minuted meetings took place on a monthly basis.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed. The practice worked with the wider healthcare team to ensure that their patients' health and social care needs were being assessed and met.

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. Clinical staff had also been in receipt of training in the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through audits of patient records.

Health promotion and prevention

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

NHS Health Checks were offered to patients between 40 and 74 years of age to check health status related to areas such as blood pressure, cholesterol, diabetes and lifestyle health concerns. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice maintained a register of 1172 patients with hypertension (high blood pressure).The percentage of patients with hypertension having regular blood pressure tests was 84%, which was better than the England average of 82%.

Immunisations for seasonal flu and other conditions were provided to those in recommended age groups and patients at increased risk due to medical conditions.

New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.

Data collected by NHS England for 2015/16 showed that the performance for childhood immunisations was similar to the local CCG average. For example, the practice childhood immunisation rates for children: Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 95% and five year olds from 89% to 96%.

- under two years of age ranged from 96% to 100%, which was higher than the England standard of 90%.
- aged five year olds from 93% to 95%, (England average 87% to 94%)

The practice's uptake for cervical screening for women between the ages of 25 and 64 years for the 2015/16 was 86% which was higher than the local CCG average of 82% and the England average of 81%. The practice was proactive in following these patients up by telephone and sent reminder letters. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake rates were higher than the CCG and England averages. For example, 80% of females patients aged 50 to 70 years had been screened for breast cancer in last 36 months (local average 78% and England average 72%) and 65% of patients aged 60 to 69 years had been screened for bowel cancer in last 30 months (local average 62% and England average 58%).

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients could be treated by a clinician of the same sex.

Comments in the 33 patient Care Quality Commission comment cards we received were mostly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff listened, were helpful, caring and treated them with dignity and respect. We spoke with 14 patients including one member of the patient participation group (PPG). They told us they were happy with the care provided by the practice, staff attitude towards them was very good. Comments highlighted that staff responded kindly and with respect when they needed help and provided support when required.

The feedback we received from patients and other stakeholders were also reflected in the national GP patient survey results published in July 2016. The results of the survey showed that patients felt they were treated with compassion, dignity, respect and satisfaction scores on consultations with the GPs and nurses were comparable with the local and national averages. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national averages of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 90% 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%
- 82% 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%.
- 89% of patients said the nurse was good at listening to them compared to the CCG average of92% and national average of 91%.
- 93% of patients said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national averages of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The views of external stakeholders were positive about the service they received from the practice. For example, statements we received from the managers of two local care homes where some of the practice's patients lived, praised the care provided by the practice. Each care home had a nominated GP who visited patients each week or more regularly if required. One of the care homes confirmed that the patients received weekly visits to carry out health checks and that the GPs and practice nurse were professional and always available for advice. The managers felt that the practice always treated the patients living at the home with dignity and respect.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals. An area of the waiting room was defined as child friendly with appropriate toys and books suitable for small children. Parents were listened to and involved in the care of their child. The practice used age appropriate information and language to help children understand their care and treatment.

Good

Are services caring?

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 72% 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 the national average of 82%.
- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 80% 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%.

The practice provided facilities to help patients be involved in decisions about their care. The practice population group were mainly English speaking and there had not been a need to use the service. Staff told us that there was access to interpretation services if required. Information leaflets were available in easy read format. The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. Patients told us that they had used this service.

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's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (0.9% of the practice list). Carers were referred for carer assessments with their local authority. Patients registered at the practice were offered an annual health check. If the carer was not a patient at the practice, they were advised to request a health check at their own surgery.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone to offer condolences. A bereavement letter and booklet was also sent out containing advice on how to find and access appropriate support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice managed a register of 17 patients who misused substances that could cause harm. One of the GPs was the main prescriber for these patients and carried out a specialist clinic monthly. A recovery care co-ordinator carried out a clinic once a week at the practice.
- The practice held a register of approximately 51 patients who experienced severe and enduring mental illness. The practice provided continuity of care through joint working with mental health professionals and carried out regular visits to patients living at a local care home for patients experiencing mental health problems.
- The practice maintained a register of 59 patients diagnosed with dementia and 51 patients have had a care plan review completed since April 2016. The practice carried out advance care planning for patients living with dementia.
- The practice had completed care plans for 2% of patients at risk of unplanned admission to hospital, many of which had long-term conditions.
- The practice offered early morning and evening extended appointments two days per week for patients unable to attend the practice during the normal opening hours. Telephone consultations were available every day after morning and evening clinics.
- The practice offered online access to making appointments and ordering repeat prescriptions.
- The practice offered a confidential sexual health and relationships service to young patients and were part of a scheme which provided patients under the age of 24 years access to free condoms at a range of places across Stoke on Trent and North Staffordshire.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was accessible to patients who used wheelchairs and families with pushchairs or prams. Adapted toilets for patients with a physical disability were available.
- The practice maintained a register of 47 patients with a learning disability and all had received an annual health assessment and had a care plan in place.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.

Access to the service

The practice was open five days a week for both planned and urgent appointments. The practice was open between 8am and 6pm on Monday and Friday, 7am to 6pm Tuesday and Wednesday and 7am to 1pm on Thursday. Appointment times for patients varied for the GPs and practice nurses and included both morning and afternoon clinic sessions. The practice offered extended hours appointments from 7am to 8am on Tuesday, Wednesday and Thursday. The practice had opted out of providing cover to patients outside of normal working hours. Staffordshire Doctors Urgent Care provided these out-of-hours services.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was similar in some areas than the local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 87% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 95% and national average of 92%.

There were however, areas where patients were not satisfied with access to the practice compared to the local and national averages:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 49% 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%.
- 51% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

The practice was aware of patients concerns and had completed their own surveys and discussed the concerns with the PPG and at practice meetings. To address this the practice was considering implementing an updated telephone system that would enable patients to stay on the telephone line and be informed of where they are in the queue.

Requests for home visits were referred to the GPs who reviewed all patients requesting a home visit. The practice kept a log of all visits requested and carried out. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Records we examined showed that the practice responded formally to both verbal and written complaints. We saw records for four complaints received between April 2016 and July 2016 and found that all had been responded to in a timely manner and satisfactorily handled in keeping with the practice policy. The records identified that lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. Staff and patients felt that they were involved in the future plans and development of the practice. The mission statement for the practice was broadly described as; maintaining a personal level of service professionally and maintaining confidentiality. The practice worked as a team and ensured the vision was shared and discussed at both staff and patient participation group (PPG) meetings. The GP partners and staff we spoke with demonstrated the values of the practice and a commitment to improving the quality of the service for patients.

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 and ensured that:

- There was a clear staffing structure and all staff were clear about their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the partners was the lead for patients who abused substances that could cause harm and safeguarding. Both clinical and non-clinical staff also held additional responsibilities which supported the day to day operation of the practice.
- All staff were supported to address their professional development needs.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings provided an opportunity for staff to learn about the performance of the practice. The practice held formal weekly and monthly meetings at which governance issues were discussed. There was a structured agenda and an action plan.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements were in place for identifying, recording and managing risks and implementing mitigating actions.

Leadership and culture

Staff said they felt respected, valued and supported, particularly by the partners, nurses and the management team at the practice. There was a clear leadership structure and staff felt supported by the management. 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. The GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Staff told us the practice held regular team meetings, which included clinical meetings, individual staff team meetings and practice wide meetings. The practice held a range of multi-disciplinary meetings including meetings with district nurses, social workers and health visitors to monitor vulnerable patients. All meetings were minuted to enable staff that were not present to update themselves on discussions.

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 through the patient participation group (PPG), practice surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management

Are services well-led?

Good

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

team. Following the outcome of patient surveys the practice had looked at the patients concerns about not being able to get through on the phone and was reviewing the telephone system. The PPG member we spoke with said that the practice staff shared information about general complaints, improvements and plans for the practice through meetings, the practice website and through Facebook. There were 14 patients on the PPG and there was an additional virtual PPG group to encourage feedback from all age groups.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. The practice staff worked effectively as a team and their feedback was valued. Staff told us they felt involved and actively encouraged by the management team to improve how the practice was run.

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw evidence from minutes of meetings that lessons to be learned was shared following significant events and complaints. There were processes to monitor that the changes made were appropriate. The practice was involved in the supervision and teaching of practice nurses, advanced nurse practitioners and health care support workers.

The GPs could demonstrate involvement in clinical meetings with their peers and engagement with the local CCG to enable them to discuss clinical issues they had come across, new guidance and improvements for patients. The practice was involved in a number of local pilot initiatives, which supported improvement in patient care across Staffordshire. For example, the practice was involved in an initiative to provide 24 hour electrocardiogram (ECG) monitoring aimed at reducing the number of patients referred to hospital for this test. An ECG is a test that can be used to check a patient's heart rhythm and electrical activity.