

# Dr HP Borse & Partner

## Quality Report

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Date of inspection visit: 17 October 2016  
Date of publication: 20/01/2017

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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr HP Borse & Partner	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr HP Borse & Partner on 17 October 2016. Overall the practice is rated as requires improvement.

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

- The practice had good facilities and was equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with urgent appointments available on the same day.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with compassion, dignity and respect and they felt listened to and were involved in decisions about their care and treatment.
- The practice had a patient participation group and had implemented suggestions for improvements and had made changes to the way it delivered services as a consequence of feedback.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Risks to patients were assessed but not always well managed. For example, there was not an effective system in place for ensuring all significant events were recorded, shared and regularly reviewed to identify any common trends, maximise learning and help mitigate further errors.
- There was not an effective system in place that provided assurance that appropriate action was being taken in respect of all patient safety alerts.
- Not all staff we spoke with were aware of who the lead for safeguarding was. Contact numbers for external safeguarding agencies were not readily accessible in all rooms.
- Information about how to complain was available but not readily accessible. The practice responded quickly to issues raised, however one complaint had not been managed in line with the complaints procedure and verbal complaints were not recorded to help identify common trends.

# Summary of findings

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment and were supported with their personal development.
- We observed staff members were courteous and very helpful to patients and treated them with dignity and respect.
- Feedback from residential homes included that staff were mainly responsive, helpful, courteous and polite.
- The results from the GP national patient survey showed patients expressed mostly higher satisfaction levels in relation to the experience of their last GP appointment and access to appointments compared to the local Clinical Commissioning Group and the national averages.

The areas where the practice must make improvements are:

- Ensure that all significant events, incidents and near misses are recorded, discussed and audited to maximise learning and regularly reviewed to identify patterns and trends.
- Have a system in place that details the actions taken in response to all alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Ensure recruitment checks for new staff meet legislative requirements.

The areas where the practice should make improvements are:

- Improve governance arrangements for assessing and monitoring risks and the quality of the service provision.
- Ensure all staff are made aware of the safeguarding lead and the contact details for the local safeguarding teams are readily accessible.
- Consider expanding the practice emergency medicines to include an injectable analgesic for pain relief or carry out a risk assessment as to why this is not required.
- Develop a system for the management and security of prescription pads and improve the system for the monitoring of uncollected prescriptions.
- Ensure the complaints procedure is accessible to patients, complaints are managed in line with the procedure, and patients are advised of the escalation process should they not be happy with the outcome or the management of their complaint.
- Carry out an annual review of complaints to identify any common themes and trends and consider keeping a log of verbal complaints so that discussions with patients are recorded and analysed for trends.
- Ensure fridge temperatures where vaccines are stored are checked and recorded on a daily basis and consider securing the safety of the power point.

**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.

Requires improvement



- Staff understood their responsibility to raise significant events and we saw evidence that action had been taken. However, not all significant events had been recorded and the practice had not shared outcomes with all staff or carried out an overarching review of significant events to identify trends, maximise learning and help mitigate further errors.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse. However, not all staff we spoke with were aware of the lead for safeguarding, and contact numbers for the relevant agencies were not readily accessible in all rooms.
- When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information and an apology.
- There was not an effective system in place that provided assurance that all patient safety alerts were being adhered to.
- The practice had health and safety procedures in place and staff had received essential training.
- The practice had well maintained facilities and equipment.
- The practice maintained appropriate standards of cleanliness and hygiene and had developed an action plan to address the findings in their recent audit.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages. For example, the most recent QOF results for 2015/16 showed the practice had achieved 100% of the total number of points available. This was higher than the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%. Overall, clinical exception reporting was 11%, which was slightly above the local CCG average of 9% and the national average of 10%.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Clinical audits were undertaken however, there was no clear programme of continuous clinical audit in place that demonstrated quality improvement.
- Staff had received training appropriate to their roles. There was evidence of appraisals for staff with the exception of the practice manager.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Information for patients about the services available was easy to understand but not readily accessible.
- Patients said they were treated with compassion, dignity and respect and they felt listened to and were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice similar to local and national averages for questions relating to the care received from GPs but lower patient satisfaction with the nurse.
- The practice held a carers' register and had systems in place, which highlighted to staff patients who also acted as carers. The number of carers the practice had identified was 62 carers, 1.2% of the practice list. Information leaflets were available which told patients how to access a number of support groups and organisations.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the 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 had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day. The practice had recently offered telephone and webcam consultations for adult patients.

Good



# Summary of findings

- Staff were aware of how to support patients with making a complaint. Information about how to complain was not readily accessible and one complaint had not been managed in line with the complaints procedure.
- The practice had a social media page for keeping patients up to date about the practice and providing information on health promotion.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice did not have a business plan, written vision or strategy for the future.
- There was a leadership structure in place and staff felt supported by the partners and practice manager.
- The practice had a number of policies and procedures to govern activity. However, we saw a number of areas of governance that needed more attention. For example, improvements were needed in acting on all patient safety alerts, carrying out an analysis of significant events to identify any common trends and improving the management of complaints and recruitment procedures.
- 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 sought feedback from patients via comments, compliments, complaints and the National GP Patient Survey. The practice had an active patient participation group and had made changes as a consequence of feedback received.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as good for caring, effective and responsive services and this includes this population group. The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, urgent and extended appointments for those with enhanced needs.
- Health checks were offered to patients over the age of 75 to identify any additional health or care needs that may be required.
- Patients on the at risk register had same day access to GP advice and had a care plan in order to help prevent unnecessary hospital admission and were reviewed annually by a GP.
- The practice was part of the local improvement scheme (LIS) for reducing avoidable non-elective admissions to hospital.
- Clinicians worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with complex needs.
- The practice offered flu, shingles and shingles vaccinations.

Requires improvement



### People with long term conditions

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

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

- The practice provided clinics for patients with long-term conditions such as diabetes, coronary heart disease and asthma.
- Clinicians attended regular education training courses regarding long-term conditions and held quarterly meetings with external professionals to discuss relevant patients and their care.

Requires improvement



# Summary of findings

- The practice held education events for patients regarding long-term conditions through their patient participation group (PPG).
- Patients with long-term conditions were offered an annual review of their health needs and were sent reminders to attend their appointments.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions told us they were able to get an appointment when they needed to.

## Families, children and young people

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

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

- Children aged 12 and under had same day access to appointments even if the practice was fully booked..
- Young people were able to gain sexual health advice, support and contraception available on a scheme.
- The practice used a locum female GP who regularly visited the practice and was able to provide contraceptive services to include implants and intrauterine devices (coils).
- The practice had systems in place to identify those at risk to include children who did not attend hospital and those on the child protection register. The practice had weekly contact with the health visitor who was located in the same building.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had contact with the midwife on a weekly basis.
- The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 79% and the same as the national average of 82%. The clinical exception rating was 4%. This was below the CCG average of 5% and the national average of 6%.

Requires improvement



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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as good for caring, effective and responsive

Requires improvement



# Summary of findings

services and this includes this population group. The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings applied 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 provided a flexible appointment system and also offered telephone and webcam consultations for adult patients.
- The practice was proactive in offering online services. Appointments and prescriptions could be booked online for patients registered for this service.
- The practice provided an extended hours service two late evenings per week with both the GP and nurse to accommodate working patients.
- The practice provided NHS health checks to patients over 40 to assess their health and wellbeing.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as good for caring, effective and responsive services and this includes this population group. The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings applied 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 and carers.
- The practice offered longer appointments for patients with a learning disability and those with complex needs.
- Staff had received safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns but not all staff were aware of the safeguarding lead.
- Staff were aware of how to engage with Language Line to support the patients who had difficulty speaking and understanding English.
- The practice met quarterly with external professionals to include district nurses, community nurses and social workers to discuss the needs of patients with complex needs.

Requires improvement



# Summary of findings

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as good for caring, effective and responsive services and this includes this population group. The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group.

- Patients experiencing poor mental health were provided with information about how to access various support groups and voluntary organisations and referred to other services where necessary.
- The percentage of patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 90%, which was above the local CCG and the national average of 84%. The exception reporting rate of 2% was lower than the CCG average of 7% and the national average of 6%. The practice had 38 patients on their dementia register and had reviewed 78% of the patients to date this year.
- Performance for poor mental health indicators was higher than the local CCG and national averages. For example, 96% of eligible patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 91% and the national average of 89%. However, clinical exception reporting was 18% compared with the CCG average of 12% and the national average of 13%.
- Patients with poor mental health were offered regular follow up appointments and referred to the mental health access team where appropriate. Patients were also able to self-refer themselves and had access to information regarding this.

Requires improvement



# 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 information from the national GP patient survey published July 2016. Two hundred and ninety nine survey forms were distributed and 100 were returned, this represented a return rate of 33%.

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

- 97% of patients had confidence in the last GP they saw or spoke with compared to the clinical commissioning group (CCG) and the national average of 95%.
- 84% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 83% of patients said that the GP was good at giving them enough time compared to the CCG and the national average of 87%.
- 89% of patients said that the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

Survey results for patient satisfaction with the nurse was lower than local and national averages. For example,

- 84% of patients said that the nurse was good at giving them enough time compared to the CCG average of 94% and the national average of 92%.
- 83% of patients said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 91%.

- 77% of patients said the last nurse they saw was good at involving them in decisions compared to the CCG average of 88% and the national average of 85%.

Survey results showed higher rates of patient satisfaction in relation to access to appointments when compared to local and national averages. For example,

- 96% of patients found it easy to contact the practice by telephone compared to the CCG average of 75% and the national average of 73%.
- 95% of patients said the last appointment they got was convenient compared to the CCG average of 95% and the national average of 92%.
- 74% of patients felt they did not have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%.
- 92% of patients described their experience of making an appointment as good compared to the CCG average of 77% and the national average of 73%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 48 comment cards in addition to speaking with four patients and a representative of the patient participation group (PPG). Patients described positive personal experiences in relation to the care and treatment they received at the practice. Feedback gained from two local care home managers, whose residents were registered at the practice, was mainly positive.

The practice also monitored the results of the Friends and Family Test (FFT) on a monthly basis. The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

# Dr HP Borse & Partner

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Dr HP Borse & Partner

Dr H P Borse & Partners is registered with CQC as a partnership provider operating out of modern purpose built premises in Meir, Stoke On Trent. The practice is part of the NHS Stoke On Trent Clinical Commissioning Group and has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The total patient population on the day of the inspection was 4900. The practice area is one of higher deprivation when compared to the local and national average. The practice population is mainly comparable to England averages with a slightly lower population of patients aged 30-49 years. The practice has 5% of unemployed patients compared to the local average of 8% and the same as the national average.

The staff team comprises of three GP male partners (male) providing two whole time equivalent (WTE) GPs. The practice team includes a practice manager, an advanced nurse practitioner, a health care support, a secretary and a team of five reception and administration staff. A female locum GP visits the practice once a week to provide contraceptive advice and services.

The practice is open 8am to 8pm Monday and Wednesday. From 8am to 7pm Tuesday and Friday and 8am to 1pm on a Thursday. Appointments with GPs in the mornings are available from 8.40am to 11.30am on a Monday, Tuesday and Wednesday morning and until 11.40am on a Thursday and Friday. Afternoon appointments with GPs are from 3pm to 7.10pm on a Monday, 3pm to 5pm on a Tuesday, 3pm to 7pm on a Wednesday and 2.30pm to 5.30pm on a Friday. Nurse appointments are available on a Monday and Wednesday from 9am to 12.40pm and 1.20pm to 6.50pm. From 9am to 1pm on a Thursday and from 9am to 2.50pm on a Friday.

### 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

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?

# Detailed findings

- Is it well-led?

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

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

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

inspection on 17 October 2016. During our visit, we spoke with a range of staff, which included three GP's, the practice manager, the practice nurse, health care assistant and administrative and reception staff. We reviewed 48 comment cards where patients shared their views and experiences of the service. We observed interactions between patients and staff, reviewed an anonymised sample of the personal care and treatment records of patients and records relating to the management of the practice. Following the inspection, we spoke with a representative of the patient participation group (PPG) and also gained feedback from the managers of two residential care homes, whose residents were registered at 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 CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. The governance for reporting, investigating and learning from significant events was mixed:

- Staff told us they would inform the practice manager of any incidents and there was a standard recording form available on the shared drive.
- There had been 11 significant events recorded in the last 12 months. We saw an example of when a significant event had been acted upon but not recorded.
- Most staff we spoke with were able to share an example of a recent significant event and the action taken.
- The practice did not carry out an analysis of significant events to identify patterns or trends and outcomes of significant events were not shared practice wide.

We reviewed safety records, incident reports and patient safety alerts. The practice had a process in place to receive alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). However, the system did not provide a detailed account of the action taken as a result of receiving all alerts. Minutes of clinical meetings did not have patient safety alerts as an agenda item or evidence these had been discussed and not all clinicians were able to share examples of alerts received in 2016 or the action taken as a result of these alerts.

### Overview of safety systems and processes

The practice had a number of systems in place to minimise risks to patient safety.

- We saw the practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff on the computer shared drive. However, contact details were not readily accessible in treatment or consultation rooms for staff to readily access. We saw evidence that staff had received role appropriate training to nationally recognised standards.
- The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children in addition to a deputy. They had been trained to level three in safeguarding children as required. All of the staff we

spoke with knew their individual responsibility to raise any concerns and had received training but not all staff were familiar with who the safeguarding lead was if they had a safeguarding concern.

- Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. The practice had a register in place to highlight vulnerable patients, as well as those with complex health needs. We saw safeguarding matters were discussed in clinical meetings held. The practice had weekly contact with the health visitor who was located in the same building.
- A chaperone policy was accessible. Staff who chaperoned had received training, had a disclosure and barring 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 treatment rooms. We saw a recorded entry in one of the patient medical records we sampled regarding the presence of a chaperone.
- On the day of the inspection, the practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. The health care assistant was the designated lead. Discussions held with them evidenced they were aware of their role and responsibilities in relation to IPC. Cleaning schedules were in place and infection control audits were undertaken, the most recent having been carried out in August 2016. We saw that actions were taken to address improvements identified.
- Staff spoken with were aware of who the lead was for infection control and had access to personal protective equipment supplies such as disposable aprons and gloves.
- We saw patients prescribed high risk medicines were appropriately monitored. The practice had procedures in place for the managing medicines including emergency medicines and vaccines. However, we found some gaps in the recording of fridge temperatures and fridges were not hard wired, therefore there was a risk of the power being accidentally turned off, particularly given the location of plug sockets. The nurse had recently qualified as an independent prescriber and could

## Are services safe?

therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. The health care assistant was trained to administer vaccines and against a patient specific direction (PSD) from a prescriber. The practice told us the local medicines management team visited the practice every fortnight.

- Processes were in place for handling repeat prescriptions however, the management of uncollected prescriptions and the security and tracking of prescriptions throughout the practice was not effective.
- The practice had a policy in place for the recruitment of new staff. We reviewed two personnel files and found not all of the required recruitment checks had been undertaken prior to employment. For example, one file did not contain evidence of identification or a health declaration and there was no written references or evidence of medical indemnity on another person's file. Although Disclosure and Barring Service checks had been obtained, these were from a previous employer only.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were processes in place to manage and monitor risks to patients, staff and visitors. We saw there was a health and safety policy available and the practice manager was the designated health and safety lead and told us they had received training for the role.
- We saw checks to the building and equipment was undertaken at the required frequency. Electrical equipment had been checked to ensure the equipment was safe to use. Clinical equipment was regularly checked to ensure it was working properly.

- The practice had an up to date fire risk assessment and had carried out regular fire drills. There was a risk assessment in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Cleaning products were stored in lockable cabinets in line with COSHH.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- Staff had received basic life support training. There was emergency equipment available including oxygen and an automated external defibrillator. We saw emergency medicines were available with the exception of an injectable analgesic for pain relief. Medicines were within their expiry date, suitable for use and securely stored.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage and copies were kept off site. However, the plan did not detail emergency contact details for staff.
- An accident book was available and accidents were appropriately recorded.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE but there was no clear system in place to monitor the adoption of NICE guidance within the practice. For example, NICE guidelines were not shared and discussed during meetings held and were not a standard item on the agenda.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent QOF results for 2015/16 showed the practice had achieved 100% of the total number of points available. This was higher than the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%. Overall, clinical exception reporting was 11%, which was slightly higher than the local CCG average of 9% and the national average of 10%. 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. The practice had achieved 100% of QOF points for the last three years to include 2015/16.

Data from 2015/16

- Performance for diabetes related indicators was higher than local CCG and national averages. For example, 96% of patients with diabetes, on the register, had a blood pressure reading that was within recognised limits. This was above the CCG average and the national average of 92%. However, their exception reporting rate of 9% was higher than the CCG average of 5% and the national average of 6%.
- The percentage of patients with hypertension having regular blood pressure tests was 82%, which was the

same as the local CCG average and higher than the national average of 80%. Their exception reporting rate of 1% was lower than the CCG average of 3% and the national average of 4%.

- The percentage of patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 90%, which was above the local CCG and the national average of 84%. The exception reporting rate of 2% was lower than the CCG average of 7% and the national average of 6%.
- Performance for poor mental health indicators was higher than the local CCG and national averages. For example, 96% of eligible patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 91% and the national average of 89%. However, clinical exception reporting was 18% compared with the CCG average of 12% and the national average of 13%.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months, was 83%, which was higher than the local and national averages of 76%. Their exception reporting rate of 0%, was lower than the CCG average of 6% and the national average of 7%.

The practice had undertaken three audits within the previous 12 months however, these were not full cycle audits and there was no clear programme of continuous clinical audit in place. Only a very small sample of patients had been included in the audits. For example, an audit had been undertaken on 10 patients aged over 35 years considering five risk factors that were prescribed an combined oral contraception (COC). The audit concluded that all of the patients reported no problems with COC and were quite happy to continue taking it but when the risks were explained to them, a few were willing to change to a safer form of oral contraception.

### Effective staffing

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

- The practice had a well-established staff team who had worked together for a number of years. Only two new staff had been recruited since registration with CQC. There was an induction programme for new members of staff. The learning needs of staff were identified through

# Are services effective?

(for example, treatment is effective)

a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. We saw staff had individual training records detailing the training and courses they had undertaken. An overarching team training matrix had not been completed but the practice manager was aware of when individual staff required refresher training.

- 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. Our discussions with staff confirmed that the practice was proactive in providing training and funding for relevant courses for their personal and professional development. For example, the health care assistant told us they were currently undertaking a level 5 diploma in health and social care to become an assistant practitioner. The practice manager told us they were looking to source sign language training for the reception staff.
- There were arrangements in place to cover for periods of holidays and sickness. One female locum visited the practice once a week to provide contraceptive services. The practice manager told us the same locum was used for continuity of patient care and treatment.

## Coordinating patient care and information sharing

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

- This included care and risk assessments, personalised care plans, medical records and test results.
- The practice worked with other service providers to meet patient's needs and manage those with complex needs. We saw the practice had a system in place for sharing and receiving information about patients' care and treatment from other agencies such as hospitals, out of hour's services and community services.
- The practice team met quarterly with other professionals, including the palliative care team and the Integrated Local Care Team (ILCT) team, a team that included a range of health and social care professionals. These meetings provided opportunity to discuss the care needs 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. They told us they discussed the care and treatment needs of patients identified at risk, approaching the end of their lives and those at increased risk of unplanned admission to hospital. The practice manager told us meetings had recently been introduced with other practice managers that shared the premises.

- Care homes we spoke with felt the joint working arrangements were mainly positive. They told us the practice provided helpful advice when needed regarding the health needs of their residents.

## 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.
- We saw evidence of written consent had been obtained and documented on a patients' medical record we reviewed for minor surgery.

## Supporting patients to live healthier lives

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

- Patients nearing the end of lives, carers and those at risk of developing a long-term condition.
- Patients requiring advice on their diet, smoking and alcohol cessation. These patients were signposted to the relevant service and the service visited the practice on a weekly basis to monitor patients.
- A full range of immunisations for children, travel vaccines and flu vaccinations were provided to those in certain age groups and patients at increased risk due to medical conditions. We saw a notice displayed in the waiting room advising of dates for forthcoming flu clinics.
- The practice offered new patients a general health assessment when they joined the practice in addition to NHS health checks for patients aged 40-74 years and for those patients over the age of 75. The practice had provided 131 health checks for patients aged 40-74 last

# Are services effective?

(for example, treatment is effective)

year and had completed 88 to date this year. As a result of offering health checks to patients aged 75 and over they had identified two patients with cancer and took the appropriate action in the best interests of the patients concerned. Patient's mental health was also assessed as part of the 75 years and over health checks.

- The practice provided child health surveillance clinics.
- The practice provided educational events on long-term conditions to include diabetes, dementia and respiratory conditions with the support of the patient participation group and external voluntary agencies.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The National Cancer Intelligence Network data published in 2015 showed:

- 71% of female patients aged 50 to 70 years had been screened for breast cancer in last 36 months. This was lower than the CCG average of 73% and the national average of 72%.

- 55% of patients, aged 60-69, had been screened for bowel cancer in last 30 months which was the same as the CCG average of 55% but lower than the national average of 58%.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 79% and the same as the national average of 82%. The clinical exception rating was 4%. This was below the CCG average of 5% and the national average of 6%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice had systems in place to follow up patients who had not responded to their initial invitation to attend the screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and five year olds from 95% to 100%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- Patients had access to a confidential room, which was shared with two other practices, if they wanted to discuss sensitive issues or appeared distressed.
- Glass privacy screening had been erected in the waiting room providing greater privacy at the reception desk.

As part of our inspection, we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All 48 comment cards received were positive about the service experienced. Patients described staff as being friendly and caring and spoke very positively about their personal experiences in relation to the care and treatment they received.

We spoke with a representative of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required. Feedback gained from local care homes registered with the practice aligned with these views.

Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its patient satisfaction scores in relation to their last consultation with a GP. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national averages of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG and the national averages of 85%.

Survey results for patient satisfaction with the nurse was mostly lower than local and national averages:

- 84% of patients said the nurse they spoke to gave them enough time compared to the CCG average of 93% and the national average of 91%.
- 83% of patients said the last nurse they spoke to was good at listening to them, which was below the CCG average of 93% and the national average of 91%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 92% and the national average of 91%. However, 97% of patients had confidence and trust in the last nurse they spoke to, which was the same as the CCG and national averages.

The feedback was positive when patients were asked about how they were treated by reception staff:

- 89% of patients said they found the receptionists at the practice helpful, which was above the CCG average and the national averages of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received and discussions held with patients on the day of the inspection was also positive and aligned with these views.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national averages of 82%.

## Are services caring?

- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. All of the comments we received from patients were positive about their own involvement in their care and treatment. The care plans we sampled were personalised and reflected patient's involvement in their care and treatment.

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

Patient information leaflets were available in the patient waiting area, which told patients how to access a number of support groups and organisations.

The practice had a carers' register in place and information about support for carers was available. The computer system alerted GPs if a patient was also a carer. The practice had a carers register and had identified 62 carers (1.2% of the practice list). Carers were offered a flu vaccination and signposted to support services.

Staff told us if families had suffered bereavement, a condolence card was sent to them and all staff were made aware of the loss and medical records were updated.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice provided an extended hours service two evenings per week from 6.30pm until 7.10pm on a Monday and Wednesday.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- The practice provided a flexible appointment system and had recently offered telephone and webcam consultations for adult patients.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as travel advice.
- The practice provided an electronic prescription service for the convenience of its patients. Patients were able to nominate a pharmacy of their choice and have their repeat prescriptions sent to a pharmacy near where they lived, worked or shopped.
- There were facilities for the disabled, a hearing loop and translation services available.
- The practice had a social media page for keeping patients up to date about the practice and providing information on health promotion.

### Access to the service

Information was available to patients about appointments on the practice website and practice information leaflet.

The practice was open between 8am to 8pm Monday and Wednesday. From 8am to 7pm Tuesday and Friday and from 8am to 1pm on a Thursday.

Appointments with GPs in the mornings were available from 08.40am to 11.30am on a Monday, Tuesday and Wednesday morning and until 11.40am on a Thursday and Friday. Afternoon appointments with GPs were available from 3pm to 7.10pm on a Monday, 3pm to 5pm on a Tuesday, 3pm to 7pm on a Wednesday and from 2.30pm to 5.30pm on a Friday.

Nurse appointments were available on a Monday and Wednesday from 9am to 12.40pm and from 1.20pm to

6.50pm. From 9am to 1pm on a Thursday and from 9am to 2.50pm on a Friday. The practice provided an extended hours service two evenings per week from 6.30pm until 7.10pm on a Monday and Wednesday.

The practice had opted out of providing cover to patients in the out of hours period and Thursday afternoons. During this time services were provided by Staffordshire Doctors Urgent Care (SDUC).

Results from the national GP patient survey published July 2016, showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages in all areas.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 78% of patients usually get to see or speak to their preferred GP, compared to the CCG average of 62% and the national average of 59%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The practice manager was the designated responsible person who handled all complaints received by the practice. Staff we spoke with were aware of the procedure for dealing with a complaint.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, we saw that the practice was not always working in line with the practice policy and procedures. For example, we saw the practice had received two complaints in the preceding 12 months. Complaint records demonstrated that complaints were recorded, investigated and dealt with in a timely way. All complaints received had been resolved but complainants had not been advised of the escalation process should they not be happy with the outcome or the management of their complaint as per policy. However, we saw that this information was included in the practice patient information leaflet but this was not

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

readily available to patients in the waiting area. Patients we spoke with during the inspection told us they would speak with the practice manager should they wish to make a complaint, but had not had cause to complain.

- We were told any verbal complaints received were resolved at the earliest opportunity, however, these had not been recorded to identify and analyse any trends.

# Are services well-led?

Requires improvement 

(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 statement of purpose, which was to provide the best quality service for their patients within a safe and confidential environment through working collectively together as a team. The practice did not have a written business development plan to reflect the vision and strategy for the future. However, the partners and practice manager were aware of their strengths and areas for development.

### Governance arrangements

We identified that the governance arrangements in place was mixed.

We saw there were areas of risk that had been well managed:

- The practice performance in the Quality and Outcome Framework was above national and local averages. The practice had achieved 100% QOF rating for the previous three years. (QOF is a system intended to improve the quality of general practice and reward good practice).
- There was a staffing structure with named members of staff in lead roles. For example, safeguarding and infection control. Staff we spoke with were aware of their own roles and responsibilities. The team was established and were supported by the partners in their work.
- The practice had a number of policies and procedures in place to govern activity and these were readily staff on their computer desktops.

When potential risks had been identified, the practice had not always taken the appropriate steps to mitigate them. This included a failure to:

- Identify an incident that should have been recorded as a significant event or carry out an analysis of significant events to identify any common trends and maximise learning.
- Consistently manage patient safety alerts.
- Carry out a continuous cycle of clinical audits to demonstrate quality improvement in patient outcomes.
- Ensure recruitment processes were effective.
- Ensure complaints were managed in line with policy.

- Ensure all staff were made aware of the safeguarding lead and contact numbers for the relevant external safeguarding agencies were readily accessible in all rooms.
- Involve the nurse and health care assistant in regular meetings held to discuss events, guidance and share learning.
- Ensure effective management of prescription security and the tracking of prescriptions throughout the practice.

### Leadership and culture

The GP partners were visible in the practice and encouraged a culture of openness and honesty. Staff described the leadership within the practice as supportive. They told us they were encouraged to raise concerns and were provided with opportunity for suggesting improvements openly with the partners and practice manager. All but the practice manager had received an appraisal of their work.

The partners held fortnightly meetings with the practice manager. Clinical meetings involving the nurse and health care assistant took place every six months and the last whole practice meeting was last held in July 2015. Staff told us despite the infrequency of meetings they had opportunity to raise issues with partners and the practice manager on a daily basis. However, some staff said they would welcome more formal meetings.

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

The practice valued and acted on feedback from patients, the public and staff.

- The practice gained feedback through national GP surveys, the NHS family and friends test, NHS Choices, compliments and complaints received.
- The practice had a patient participation group (PPG) that included six members in addition to one virtual member that received emails from the practice. A further two patients had recently expressed an interest to join the group that formed in November 2011. We spoke with the Chairperson who told us the group met two to three times per year. They said the practice took on board suggestions for improvement and a number of improvements had been made as a consequence of feedback provided by the PPG. For example, glass privacy screening had been erected in the waiting area

# Are services well-led?

Requires improvement 

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

to aid confidentiality at the reception desks and the confidentiality room had been altered. The group had also been involved with arranging educational events held at the practice to promote awareness of long-term conditions to include heart failure, diabetes and dementia. They told us they were always kept informed of new initiatives, to include the trial of webcam consultations for adults.

- The practice had gathered feedback from staff through staff meetings, appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

The practice had identified areas for strength and areas for improvement. This included the need for greater engagement with voluntary sectors and to work more actively with the Federation to support implementation of a programme of projects and support new ways of working.

The practice told us they were also looking to be involved in the Meir Partnership Care Hub, a new integrated working project that had recently started to support adult patients struggling with their health and wellbeing due to complex things going on in their lives, which can get in the way of them staying healthy.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>How the regulation was not being met:</b> The registered person had not done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They did not operate an effective system to demonstrate all medicines and equipment alerts issued by external agencies that may affect patient safety had been acted on. They had not ensured all significant events had been recorded. Regulation 12
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <b>How the regulation was not being met:</b> The registered provider had not done all that was reasonably practicable to assess, monitor and improve the quality and safety of services. Effective governance arrangements were not in place including systems for assessing and monitoring risks and the quality of the service provision. Regulation 17
Diagnostic and screening procedures Family planning services	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

## Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### **How the regulation was not being met:**

The provider had not obtained all of the required information as outlined in Regulation 19 and Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for new staff employed by the practice.

Regulation 19