

Packmoor Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Packmoor Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Packmoor Medical Centre on 3 December 2014 at which two breaches of legal requirements were found. The practice was rated as requires improvement overall. After the inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to:

- Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook an announced comprehensive inspection of Packmoor Medical Centre on 11 April 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 3 December 2014 had been

made. The inspection concluded that the practice had followed their action plan and met legal requirements. The scale of improvements made has led to the practice receiving an overall rating of good.

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.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.

Summary of findings

- 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 proactively sought feedback from staff and patients, which it acted on.

However, there were also areas of practice where the provider should make improvements:

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice system for prescribing medicines on a shared care basis should be improved to limit the opportunity of patients receiving medicines when they have not had the recommended monitoring.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission was 7% lower than the local average.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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 offered additional services for carers, although the overall number of carers identified was low at 0.3% of registered patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Additional services offered on site included venepuncture (blood sample taking) and minor surgery.
- The number of patients attending A&E during GP opening hours was 21% lower than the CCG average.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice allocated a daily appointment, for those able to attend the practice, for patients from a care home to see a GP if required.
- Two local care homes had regular weekly proactive visits to review patients care and treatment needs.

People with long term conditions

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

Good



- Patients at the highest risk to unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and had undertaken additional training.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- The practice's uptake for the cervical screening programme was 86% which was higher than the CCG average of 80% and national average of 82%.
- The practice was young person-friendly and offered condoms, pregnancy testing and Chlamydia testing for all aged 15-24.

Working age people (including those recently retired and students)

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

- The practice offered appointments outside of core working hours and provided online services to enable patients to book appointments, order repeat medicines and access some parts of their health records online.
- Health promotion and screening services reflected the health needs of this group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including known vulnerable adults, those who were housebound and patients with a learning disability.
- Housebound patients were contacted twice a year as an opportunity to check on their health and care needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for poor mental indicators was better than local and national averages. For example, 91% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

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

Summary of findings

What people who use the service say

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

- The national GP patient survey published in January 2016. The survey invited 328 patients to submit their views on the practice, a total of 92 forms were returned. This gave a return rate of 28%.
- The practice had worked with the patient participation group (PPG) in both 2015 and 2016 to undertake in house patient satisfaction surveys. One hundred patients were surveyed in February 2016.
- We spoke with 11 patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 48 completed cards.

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

The practice's own survey with the PPG undertaken in February 2016 was in response to changes made by the practice to improve the experience of making an appointment for patients. Results in the survey demonstrated a positive response to the improvements. For example:

- 83% said they rated the new telephone system as at least good.

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

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

One less positive area in the feedback was that six patients said it could, at times, be difficult to get an on the day appointment.

Areas for improvement

Action the service **SHOULD** take to improve

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

Packmoor Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor and a second CQC inspector.

Background to Packmoor Medical Centre

Packmoor Medical Centre is operated by Network Healthcare Solutions Limited and registered with the Care Quality Commission as an organisational provider.

The provider holds an Alternative Medical Services Provider (APMS) contract with NHS England. At the time of our inspection 3,594 patients were registered at the practice.

Demographically the practice area is one of less deprivation than both the local clinical commissioning group (CCG) and national average. The average age range of patients at the practice broadly follows the national average.

The practice is in a modern purpose built building. As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery
- Venepuncture (blood sample taking)
- NHS Health Checks

The practice is open each weekday from 8am to 6pm. During these times telephone lines and the reception desk are staffed and remain open. Extended appointments are

offered on Tuesday and Thursday from 6pm to 8pm, the practice has plans to introduce a third late evening in the coming months. The practice has opted out of providing cover to patients outside of normal working hours. These out-of-hours services are provided by Staffordshire Doctors Urgent Care Limited.

Within the provider organisation there are a number of key leadership roles including medical, nursing and operational directors. Staffing at the practice includes:

- One whole time male lead GP and one part time locum female GP.
- One male Advanced Nurse Practitioner.
- Two female practice nurses (one of which is an independent prescriber).
- One female healthcare assistant.
- A practice manager, senior administrator and team of five reception/administrative staff.

Why we carried out this inspection

We undertook an announced comprehensive inspection of Packmoor Medical Centre on 11 April 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 3 December 2014 had been made. We inspected the practice against the five questions we ask about services. This is because the service was not meeting some legal requirements.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey. We informed NHS England and NHS Stoke on Trent Clinical Commissioning Group that we would be inspecting the practice and received no information of concern.

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

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

Are services safe?

Our findings

Safe track record

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events.
- Significant events had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team.
- Significant events were discussed at practice meetings on a two weekly basis and at monthly clinical governance meetings with other practices within the provider organisation.
- All occurrences were reviewed for trends and when needed changes were made to promote a safe culture.

We reviewed records, meeting minutes and spoke with staff about the measures in place to promote safety. Staff knew the processes and shared recent examples of wider practice learning from incidents. For example, following an incorrectly routed referral the practice changed their system to allocate the particular referral tasks to one member of staff. They also introduced a recorded second check to minimise the reoccurrence.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice did not always record the actions they had taken in response to alerts, although other evidence demonstrated they had taken action. We spoke with the practice about this and shortly after our inspection the practice shared a new procedure on recording MHRA information with us.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

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

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken annually, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nursing team consisted of practice nurses, a healthcare assistant and an independent nurse prescriber who had undertaken further training to prescribe medicines within their scope of practice. The practice nurses used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. The healthcare assistant had received training to administer certain medicines under specific circumstances. To enable this, the practice had a

Are services safe?

template to gain authorisation by a GP or nurse prescriber under a Patient Specific Direction (PSD). Blank prescriptions were securely stored and there were systems in place to monitor their use

- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The system for ensuring patients had received the necessary monitoring before prescribing of the medicine differed between clinicians. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. However, there was a possibility that patients may still receive the medicine if they had not received the required monitoring. For example if a patient missed a blood test at the hospital.
- We reviewed four 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. The practice had medical indemnity insurance arrangements in place for all relevant staff

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- Regular infection control audits were held and staff were immunised against appropriate vaccine preventable illnesses.
- The practice performed regular water temperature testing and flushing of water lines and had a written risk assessment for Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

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 and used this information to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared and discussed at both monthly provider clinical governance meetings and bi-weekly practice meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed that within the practice:

- The practice achieved 96% of the total number of points available; this was higher than the national average of 94.8% and clinical commissioning group (CCG) average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for poor mental health indicators was better than local and national averages. For example, 91% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%. Clinical exception reporting was 8.3% compared with the CCG average of 9.6% and 12.6%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.
- Performance for diabetes related indicators was similar to local and national averages. For example, 88% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below

the highest accepted level, compared with the CCG average of 85% and national average of 87%. Clinical exception reporting was 13.6% compared with the CCG average of 7.4% and national average of 8.9%.

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

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

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

- Emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission was 7% lower than the local average.

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

- The average quantity of appropriate anti-inflammatory medicines was better than national levels.
- The average quantity of appropriate hypnotic medicines was better than national levels
- The average quantity of antibiotics prescribed was slightly higher than national averages. The number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) was 0.37 compared with the national average of 0.27. STAR-PU allows more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. In the previous year the

Are services effective?

(for example, treatment is effective)

practice had engaged a practice pharmacist to review antibiotic prescribing levels within the practice. Following medicines audits and shared learning the level of antibiotic prescribing had reduced substantially and continued to show signs of reduction.

There had been three clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored. The audits included that medicines had been prescribed appropriately and that the monitoring of medical conditions was appropriate. Where necessary audits had been discussed by the practice team and changes to practice made as needed.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Working with colleagues and other services

The 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

professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Meetings took place on a six weekly basis.

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.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Health promotion and prevention

The practice offered a range of services in house to promote health and provided regular review for patients with long-term conditions:

- NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns.
- The practice offered a comprehensive range of travel vaccinations, including yellow fever.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- Childhood immunisation rates ranged from 98% to 100% and were higher than the CCG average in all indicators.
- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- The practice's uptake for the cervical screening programme was 85.8% which was higher than the CCG average of 79.9% and national average of 81.8%.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was higher than local and national averages:

Are services effective?

(for example, treatment is effective)

- 78.5% of eligible females aged 50-70 had attended screening to detect breast cancer. This was higher than the CCG average of 74.6% and national average of 72.2%.
- 68.9% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 55.1% and national average of 58.3%.

The practice provided services under Developing Adolescent Sexual Health (DASH). Patients and non-registered patients aged 15-24 could discreetly ask for services including condoms, pregnancy testing and Chlamydia testing using a card.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice advertised and offered a confidentiality booth for patients to discuss more sensitive issues in the reception area in private.

We spoke with 11 patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 48 completed cards, of which all were positive about the caring and compassionate nature of staff. Patients told us they were treated with care, dignity, respect and understanding.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 328 patients to submit their views on the practice, a total of 92 forms were returned. This gave a return rate of 28%.

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

- 84% said that the GP was good at giving them enough time compared to the CCG and national averages of 87%.
- 97% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.

- 78% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.

Of note, the dates of the survey were before the employment of the full time lead GP. Feedback about the lead GP was very positive and the practice expected the results to be higher in upcoming surveys.

The results in the national patient survey regarding nurses showed higher than average of satisfaction when compared locally and nationally:

- 96% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 97% said the practice nurse was good at listening to them with compared to the CCG average of 92% and national average of 91%.

Care planning and involvement in decisions about care and treatment

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

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

- 72% said the last GP they saw was good at involving them about decisions about their care compared to the national average of 82%.
- 75% said the last GP they saw was good at explaining tests and treatments compared with the CCG and national averages of 86%.
- 85% said the last nurse they saw was good at involving them about decisions about their care which was the same as the national average.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Patient/carer support to cope emotionally with care and treatment

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

Are services caring?

and compassion they received. For example, a relative of a patient told us about the particularly sensitive and compassionate way the lead GP had relayed some difficult to hear test findings. They told us, as a family, the practice had provided a high level of support, empathy and guidance to them. The practice provided open access to a GP for a list of patients assessed as having specific needs. . The list included 10 patients with serious or complex illnesses, all staff knew about the open access list.

The practice's computer system alerted staff if a patient was also a carer. The practice had only identified 14 patients as carers (0.3% of the practice list). All registered carers had been offered an annual health check and seasonal flu vaccination.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered evening appointments until 8pm on a Tuesday and Thursday.
- Two local care homes had regular weekly proactive visits to review patients care and treatment needs.
- Online services for booking appointments and ordering repeat prescriptions were available.
- The practice allocated a daily appointment, for those able to attend the practice, for patients from a care home to see a GP if required.
- A member of practice staff contacted housebound patients every six months to establish if they had any concerns or increased care needs.
- Same day appointments were available for children and those with serious medical conditions.
- Emergency admissions to hospital were reviewed and a GP contacted patients to review their care needs if required.
- There were disabled facilities and translation services available.

We reviewed the practice performance from 2014/15 in The Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent CCG to improve the health outcomes of local people. The data demonstrated less of the practice's patients presented at hospital Accident and Emergency (A&E) departments when compared with the CCG average:

- The number of patients attending A&E during GP opening hours was 21% lower than the CCG average.
- The overall number of patients attending A&E at any time was 18% lower than the CCG average.

Access to the service

The practice was open each weekday from 8am to 6pm. During these times telephone lines and the reception desk were staffed and remained open. Extended appointments were offered on Tuesday and Thursday from 6pm to 8pm,

the practice had plans to introduce a third late evening in the coming months. When the practice was closed patients could access help by telephoning the practice, after which their call was transferred to the NHS 111 service for assistance.

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

We received feedback on appointments from 59 patients. The majority were positive about the availability of appointments, six patients did comment that it could be challenging to make an on the day appointment.

Results from the national GP patient survey published in January 2016 showed mixed rates of patient satisfaction when compared to local and national averages:

- 56% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%. This had improved from previous survey results.
- 94% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 65% of patients felt they did not have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.
- 69% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

The practice had introduced a number of improvements to telephone access:

- Increased the number of incoming lines to the practice to prevent patients getting an engaged tone.
- Increased the number of staff available to answer telephone calls.

The practice had worked with the patient participation group (PPG) in both 2015 and 2016 to undertake in house patient satisfaction surveys. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). One hundred patients were surveyed in February 2016 of which:

Are services responsive to people's needs?

(for example, to feedback?)

- 83% said they rated the new telephone system as at least good.

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. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and a practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received 10 complaints in the last 12 months. We tracked two complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. The practice analysis complaints for trends, to which they were none. Complaints were discussed with the PPG, staff and at clinical meetings. Learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence

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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The lead GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

- When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. All staff had received recent appraisals.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active patient participation group (PPG) who worked with staff to improve services. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). We spoke with four members of the PPG, they told us they met with the practice on a quarterly basis and had a high level input into designing and undertaking an internal patient satisfaction survey. The main priorities for joint working between the practice and PPG had been:

- Three priority areas for improvement – Patient experience of reception, continuity of GPs and telephone access.
- Improvement in the areas raised at the previous Care Quality Commission (CQC) inspection.

The staff and provider management team had a good insight into the broad feelings of patients about their experience of the practice. Moving forward the practice planned to further improve satisfaction levels with telephone access and the mix of routine and urgent appointments.

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

Continuous improvement

Staff told us that the practice and provider organisation supported them to develop professionally. For example, the practice healthcare assistant had been employed for a number of years during which they had been supported to extend their skillset to include phlebotomy (blood sample taking), spirometry and administration of some medicines under patient specific directions.