

Cumberland House

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?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cumberland House on 9 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the on 9 May 2016 inspection can be found by selecting the 'all reports' link for Cumberland House on our website at www.cqc.org.uk

We undertook an announced comprehensive follow up inspection on 6 April 2017 to check that improvements had been made. Overall the practice is now rated as good with requires improvement in well led.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. However, this was not embedded. There were proposed changes to the partnership organisational structure with newly recruited staff and a focus on a new strategy to deliver their vision, which had been produced with stakeholders. These changes had been reviewed and discussed with staff, NHS England, the local CCG and the patient participation group.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Governance improvements were required in areas such as; NICE guidelines, the receipt of medicine alerts, workload assessment of emergency appointments, staff training in the Mental Capacity Act and Deprivation of Liberty safeguards and Disclosure and Barring (DBS) checks.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure there is a system and oversight in place to demonstrate that NICE guidelines are implemented through risk assessments, audits and searches of patient records.
- Additional emergency appointments and triage calls require the implementation of an effective system to enable clear audit, monitoring and work load assessment.
- Ensure the practice are in receipt of all appropriate patient safety and medicine alerts and take appropriate action.

- Ensure that staff providing care and treatment have received DBS checks or that a risk assessment is in place if this is considered not to be required.

In addition the provider should:

- Provide suitable notices of the chaperone service available to patients and ensure a chaperone service is readily available at both the branch and main site locations.
- Maintain staffs full immunity record not just their Hepatitis B status.
- Consider a documented rationale as to what medicines GPs hold in their bags and a checklist to enable clear monitoring and oversight.
- Implement clinical staff training in the Mental Capacity Act and Deprivation of Liberty safeguards.
- Continue to improve the identification of patients who are carers and provide them with appropriate support.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Suitable notices were not available for the chaperone service provided at the practice and the chaperone service should be available at both the branch and main practice locations

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2016/17 showed patient outcomes were comparable to the national average. These had significantly improved from the 2015/16 QOF findings.
- Individual clinical staff were aware of current evidence based guidance there was however, no whole practice approach to implementing NICE guideline updates.
- Clinical single cycle audits had been conducted and second cycle audits were planned.
- Staff had the skills and knowledge to deliver effective care and treatment. However, not all clinical staff had completed Mental Capacity Act or Deprivation of Liberty Safeguards training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- End of life care was coordinated with multi-disciplinary services involved. For example, meetings were led by the palliative care lead GP and were attended by the local occupational therapy team, district nurses and community palliative care nurse.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for carers was available within the practice waiting area and the practice had endeavoured to improve their carers register. However, carers on their register represented only 0.5% of their registered population.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice provided GP services at a branch location and home visits to their patients living in local care homes.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the three examples reviewed this showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice did not provide an extended hours service. However, patients could attend an extended hours GP led service on a Saturday morning at Stafford Health and Wellbeing, Stafford, between 9am and 1pm, for working patients who could not attend during normal opening hours.

Summary of findings

Are services well-led?

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management.
- Proposed changes to the partnership organisational structure and newly recruited staff meant the practice had needed to focus on a new strategy to deliver their vision which had been produced with stakeholders. These changes had been reviewed and discussed with staff, NHS England, the local CCG and the patient participation group.
- All staff had received inductions and staff had either received or had planned their annual performance reviews. Staff attended staff meetings and practice learning events and were supported to complete additional training suitable to their role.
- The practice had policies and procedures to govern activity with a few exceptions and they held regular meetings. Exceptions for example included, the lack of a checklist to enable clear monitoring and oversight as to what medicines GPs held in their bags for home visits. DBS checks had not been completed for the healthcare assistant role. The practice had recorded staffs Hepatitis B status but not staffs full immunity record. Therefore the system of governance was not effective as the practice had not identified and acted on some risks.
- Additional emergency appointments and triage calls require the implementation of a robust system to enable clear audit, monitoring and work load assessment. The practice clinical staff were in receipt of NICE guidelines and updates. Individual practitioners reviewed these and took action to ensure their own practice followed best practice guidelines. However, there was no whole practice response or system in place to ensure these were implemented through risk assessments, audits and searches of patient records.
- The practice were in receipt of medicine alerts however we found that not all alerts had been received. The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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 good for the care of older people.

Good



- The practice provides GP services to an older population of approximately 1,672 patients between 65-74 years of age and 1,382 patients aged over 75.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice had patients at eight care homes and several sheltered accommodations. There was a named GP for each of the care homes.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice held a register of patients living with Diabetes (624 patients) and we saw evidence of improvement in the practice Quality Outcomes Framework data from 2015/16 to 2016/17. For example, the percentage of patients on the register who had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, had improved from 64% to 66%. The percentage of diabetic patients

Summary of findings

in whom the last blood pressure reading was within a specific range had improved from 57% to 68%. However, these remained slightly lower than the local CCG and national averages.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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).

Good



Summary of findings

- The age profile of patients at the practice was higher in females between the ages of 45 to 85 years plus and in males 50 to 85 years plus.
- The practice did not provide an extended hours service. Patients could access an extended hours GP led service on a Saturday morning at Stafford Health and Wellbeing, Stafford, between 9am and 1pm, for working patients who could not attend during normal opening hours.
- Patients could book appointments up to two weeks in advance or order repeat prescriptions online.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The 24 patients with a learning disability on the practice register were offered longer appointments.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



- The practice carried out advance care planning for patients living with dementia.

Summary of findings

- Performance for the dementia related indicator had improved. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months had improved from 5% in 2015/16, to 84% in 2016/17, which was similar to the CCG and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia, such as longer appointments. Performance for mental health related indicators had improved. For example, the percentage of patients with long standing mental ill health whose alcohol consumption had been recorded in the preceding 12 months had improved from 49% in 2015/16, to 91% in 2016/17, which was similar to the CCG and national averages.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. For example, the practice had immediate access to a crisis response team if required and rapid access to a Community Psychiatric Nurse.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Two hundred and seventeen survey forms were distributed and 114 were returned. This represented a 53% return rate.

- 84% of respondents described their overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 85%.
- 80% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% national average of 78%.
- 71% of respondents found it easy to get through to this practice by phone compared to the CCG average of 77%, and national average of 73%.
- 87% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.

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 15 comment cards, five remarked on the difficulty of telephone access at times and access to routine appointments, six were positive about the care and treatment received and four had mixed views, including routine appointment access.

We spoke with 16 patients including a member of the patient participation group. They told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect. The majority of patients said they were satisfied with the care they received and thought staff were friendly, professional, caring, polite and gave them enough time during consultations. One patient had remarked that they had been invited to attend an appointment but when they attended neither the GP nor the patient knew why they were required to attend. We spoke with the patient participation group who were positive about their working relationship with the practice. They found the practice actioned and responded to issues raised and used patient feedback to improve services for patients.

Areas for improvement

Action the service **MUST** take to improve

Ensure there is a system and oversight in place to demonstrate that NICE guidelines are implemented through risk assessments, audits and searches of patient records.

Additional emergency appointments and triage calls require the implementation of an effective system to enable clear audit, monitoring and work load assessment.

Ensure the practice are in receipt of all appropriate patient safety and medicine alerts and take appropriate action.

Ensure that staff providing care and treatment have received DBS checks or that a risk assessment is in place if this is considered not to be required.

Action the service **SHOULD** take to improve

Provide suitable notices of the chaperone service available to patients and ensure a chaperone service is readily available at both the branch and main site locations.

Maintain staffs full immunity record not just their Hepatitis B status.

Consider a documented rationale as to what medicines GPs hold in their bags and a checklist to enable clear monitoring and oversight.

Implement clinical staff training in the Mental Capacity Act and Deprivation of Liberty safeguards.

Continue to improve the identification of patients who are carers and provide them with appropriate support.

Cumberland House

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, a practice manager specialist advisor and an expert by experience.

Background to Cumberland House

Cumberland House is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services contract with NHS England. At the time of our inspection the practice was caring for 12,268 patients. The main practice is situated in Stone, and is part of the NHS Staffordshire and Surrounds Clinical Commissioning Group. Car parking, including disabled parking, is available at this practice. The branch location is situated in Barlaston, Staffordshire and approximately 2,600 of the 12,268 patients attend the branch location. The practice area is one of less deprivation when compared with the local and national average.

A team of five GP partners (three male and two females), and three associate GPs, two practice nurses and a health care assistant, provide care and treatment to the practice population. They are supported by a practice manager, office manager, lead receptionist and a team of medical secretarial and reception staff. The practice is a training practice and supports medical students.

The practice is open between 8.15am and 1pm and 2pm and 6.30pm Monday to Friday. Between 1pm and 2pm the practice doors are closed but the practice is staffed to take calls during this time. Consultation times with GPs are

available in the mornings from 8.30am to 11.50am on Monday to Friday. Afternoon appointments with GPs are available from 2pm, 2.35pm and 3.40 pm from Monday to Friday. When the surgery is closed the phones lines are automatically transferred to the out of hours provider, Staffordshire Doctors Urgent Care via, NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Cumberland House on 9 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We undertook a further announced comprehensive inspection Cumberland House on 6 April 2017. This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, the Clinical Commissioning Group and NHS England to share what they knew. We carried out an announced visit on 6 April 2017. During our visit to the main location at Stone we:

- Spoke with a range of staff including the practice manager, GPs, a practice nurse, reception and administration staff and spoke with patients who used the service and a member of the patient participation group.

Detailed findings

- Observed how patients were being cared for in the reception area
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

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

At our previous inspection on 9 May 2016, we rated the practice as requires improvement for providing safe services as there was a lack of suitable arrangements for:

- Appropriate checks to ensure vaccines were always stored in line with manufacturers' guidelines.
- The monitoring of high risk medicine prescribing which included ensuring patients received the necessary monitoring before medicine was prescribed.
- A systematic follow up with documented outcomes for children who did not attend hospital appointments or who were frequent hospital attenders.
- The requirements of the fire risk assessment.
- The completion of a risk assessment on the floor covering in the Health Care Assistant's room.

The practice had made improvements in all these areas when we undertook a follow up inspection on 6 April 2017. The practice is now rated good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety and medicine alerts and minutes of meetings where significant events were discussed. From the sample reviewed we found that the practice had carried out a thorough analysis of the significant events.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a complaint and significant event analysis the practice held a meeting with staff to ensure full awareness of the practice's emergency appointment protocol.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We found that improvements had been made following the Care Quality Commission inspection in May 2016 which enabled a systematic follow up with documented outcomes for children who did not attend hospital appointments or who were frequent hospital attenders.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to child protection or child safeguarding level two.
- There was no notice in the waiting room or all clinical rooms to advise patients that chaperones were available if required. We found that on Thursday's at the branch location a chaperone service was not readily available. Should a chaperone be required the practice requested they were informed prior to the patient's appointment. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be clean and tidy. The provider had employed a cleaning company and had a contract in place. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice following the last inspection had completed a risk assessment on the floor covering in the Health Care Assistant's room.
- The practice held records of staffs Hepatitis B status but not their full immunity status as required. All staff should be up to date with routine immunisations.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice had assigned a specific staff member the task of monitoring that patients on high risk medicines, (and other medicines the GPs considered required additional monitoring), were reviewed by the GPs in line with best practice guidelines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The practice stored their electronic blank prescription forms in the printers in the consulting

rooms which were keypad coded and locked. However, to improve this further they assured us they would remove them from the printers into lockable cabinets when they left the practice.

- We found that improvements had been made since the inspection in May 2016 to ensure that vaccines were always stored in line with manufacturers' guidelines.
- Medicines held in the GP bags were monitored and checked by the individual GPs. The one GP bag checked we made, demonstrated the medicines held were within their expiry date. There was no documented rationale as to what medicines the GPs held in their bags, or a checklist to enable clear monitoring and oversight.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body. Nonclinical staff did not provide a chaperone service and had not been subject to DBS checks; however there was no documented risk assessment in place. The healthcare assistant had not been DBS checked and there was no risk assessment in place. A new GP also had no documentary evidence of a completed DBS check; they were registered with the appropriate professional body. In such cases, the practice should be able to provide sufficient evidence of seeking appropriate assurances from NHS England that a check has been undertaken.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had recently advertised for GPs as four GPs were to leave the practice in May 2017 and one GP on maternity leave. There was no response to the advert. The practice had advertised for additional nursing staff. There was a Matron recruited to post who was to commence employment in May 2017 and two adverts for Advanced Nurse Practitioner roles had proved successful, with offers of employment to be made. The practice had considered the future use of pharmacist support in the practice and of the short term need for locum GP cover. The GP partners had put together a draft work force strategy which they were to present to NHS England and the local CCG on 7 April 2017.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy of the plan was held off site.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 9 May 2016, we rated the practice as requires improvement for providing an effective service as there was a lack of suitable arrangements for recording the actions taken in response to alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).

These arrangements had improved when we undertook a follow up inspection on 6 April 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- NICE guidelines were followed up by individual practitioners however there was no whole practice systematic review in place such as through risk assessments, audits and random sample checks of patient records.
- The practice had developed a system to demonstrate that medicine alerts received were acted upon and evidence of when these had been discussed and actioned. However, despite the improvements made since the last inspection, we found a gap in the practices receipt of a medicine alert. The practice assured us that this would be reviewed, monitored and actioned. Immediately, following the inspection the practice forwarded the actions taken as a result of the alert not received.
- The practice had an effective system to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and was effective in reducing referrals.

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 published results demonstrated significant improvements made in the past year from 71% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%, to 92% (514 of the 559 points available) in 2016/17.

The practice had improved on its QOF clinical targets and as yet unpublished data from 2016/17 showed:

- Performance for the dementia related indicator had improved. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months had significantly improved from 5%, to 84% which was similar to the CCG and national averages.
- Performance for mental health related indicators had improved. For example, the percentage of patients with long standing mental ill health whose alcohol consumption had been recorded in the preceding 12 months had improved from 49%, to 91%, which was similar to the CCG and national averages.
- The practice held a register of patients living with Diabetes (624 patients) and we saw evidence of performance improvement in the practice Quality Outcomes Framework data from 2015/16 to 2016/17. For example, the percentage of patients on the register who had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, had improved from 64% to 66%. The percentage of diabetic patients in whom the last blood pressure reading was within a specific range had improved from 57% to 68%. These however remained slightly lower than local CCG and national averages.

There was evidence of quality improvement including clinical audit:

- The practice monitored and responded to data regularly supplied by the local CCG on their 'plan on a page' to highlight key areas including for example, repeat prescribing patterns and prevalence where the practice was benchmarked against the other practices

Are services effective?

(for example, treatment is effective)

- There had been single clinical audits commenced in the last two years, and these had planned second cycle audits where the improvements made would be implemented and monitored.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal within the last 12 months or had an appraisal planned.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. All staff participated in monthly protected learning time sessions where they would either discuss areas for learning in-house or attend sessions organised by the CCG.
- Not all clinical practice staff had completed training in the Mental Capacity Act or Deprivation of Liberty

Safeguards; however the staff we met understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice's uptake for the cervical screening programme for 2015/16 was 78%, which was comparable with the CCG average of 80% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme for 2015/16.

Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 95% to 97% and five year olds from 87% to 93%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services caring?

Our findings

At our previous inspection on 9 May 2016, we rated the practice as good for providing caring services. However, the practice had needed to review the way in which patients who were carers were identified and recorded. This remained an area for improvement.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The majority of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 16 patients including a member 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. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the national average for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCH average of 92% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.
- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers (0.5% of the practice list) this had slightly improved from our inspection findings in May 2016, when 41 patients were registered as carers, 0.3%. The practice assured us that new patients who register at the practice were asked to inform the practice if they or a family member had a carer role. The practice waiting room notice board highlighted local carer support groups and the practice had made efforts to further increase their carer register since the last inspection. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 9 May 2016, we rated the practice as good for providing a service. The practice however, needed to consider making the information about the complaints procedure more accessible to patients.

Responding to and meeting people's needs

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

- Patients at the practice could access an extended hours GP led service on a Saturday morning at Stafford Health and Wellbeing, Stafford, between 9am and 1pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided a phlebotomy service (blood taking) which enabled the elderly or those who would otherwise struggle to travel for blood tests to attend a local, convenient service.
- Patients were able to receive travel vaccines available on the NHS as well and were referred to other clinics for some vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The practice had braille on the doors for those with sight impaired.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice shared in providing a GP service to eight local care homes and local sheltered accomodations.

The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they could understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8.15am and 1pm and 2pm and 6.30pm, Monday to Friday at the main and branch locations. Between 1pm and 2pm the practice doors closed but the practice was staffed to take calls during this time. When the surgery was closed the phones lines are automatically transferred to the out of hours provider, NHS 111. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 69% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

Some results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly lower than local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 71% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

At the time of the inspection the practice were not in a position to provide extended hours access but were aware of the findings of the national GP patient survey and had discussed these with the patient participation group.

The majority of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Five comment cards remarked on routine appointment availability and four offered mixed views, which, included access to routine appointments and difficult telephone access on weekday mornings.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. By telephoning the patient or carer in advance they were able to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In the event that the emergency appointments had been taken the reception staff completed a written template with their details and a timeframe for the callback. These were placed into the duty doctors in tray and periodically collected throughout the day. The duty GP contacted the patient, assessed their needs, and documented these on the template and within the patient's record. Staff scanned the completed template into the patients' record. There had been no audit of the volume of these calls or of how many patients had required an urgent, routine, home visit, pharmacy support or home care advice. The practice assured the inspection team that this would be added to their electronic appointment records for audit and monitoring purposes and to allow for work load assessment.

Listening and learning from concerns and complaints

The practice had a system 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.
- We saw that information was available to help patients understand the complaints system. This was displayed in the waiting room and a summary leaflet was available.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient's family member complained about the lack of an emergency appointment for their family member. We saw that consent was sought to discuss the complaint once raised with the patient's family member. The practice sent a letter of acknowledgment, the complaint was investigated and an apology was offered to the patient following the investigation in a timely manner. The practice explained that the outcome of the investigation was discussed at a team meeting when all staff were reminded of the practice's emergency appointment protocols, to reduce the risk of reoccurrence. We saw copies of the staff meeting which demonstrated this had taken place. The emergency appointment protocol stipulated that staff should offer the next available emergency appointment slot, they should advise the patient they could sit and wait, or if unwell, the staff should seek the GPs advice immediately.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 9 May 2016, we rated the practice as requires improvement for providing well-led services. Although the areas identified at the last inspection had been addressed we found areas of practice where the provider needed to make further improvement.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice documented vision was to work in partnership with their patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations. We spoke with staff who recalled they had a practice vision but not the details or the values. The practice had not displayed the documented vision in the waiting areas.

The practice were in a transformation phase, as four GPs were to leave the practice in May 2017 and one GP to go on to planned maternity leave. Some partnership members were conflicted and the remaining GP partners in May 2017 would be insufficient in number for the registered number of patients. The practice had advertised for GPs, matrons and Advanced Nurse Practitioners and were to trial some additional pharmacy support offered locally. There had been little or no response to the GP advertisement. However, the practice had recruited a matron into post commencing May 2017 and provided offers for two nursing posts. This had become the practice's focus, to ensure they had a clear strategy and a supporting business plan in place. The practice had approached NHS England and the local CCG once this was known and several meetings and discussions had taken place.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical searches and some internal audits were used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, in the monitoring of patients on high risk medicines and the patient recall system in place prior to reissuing a high risk medicine prescription.
- We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff told us the GPs at the practice were approachable and took the time to listen to staff. However, at the time of the inspection the practice was going through a transformation as the partnership was conflicted. Staff were unsettled as five GPs were leaving the practice in May 2017, including a GP going onto maternity leave. All staff were made aware of the proposed changes and encouraged to add to the practice agenda with any thoughts on how to develop the practice further. The practice organisational structure was set to change to include the care and treatment skills of a Matron, Advanced Nurse Practitioners and pharmacy support as well as use of locum GPs until such time as the practice was able to successfully recruit GPs/partners to the practice. The practice had a strategy and business plan in place which had been discussed with NHS England and the local CCG.

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

Are services well-led?

Requires improvement 

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

- The practice gave affected people reasonable support, information and a verbal and written apology.
 - The practice kept written records of verbal interactions as well as written correspondence.
 - The practice held and minuted a range of multi-disciplinary meetings. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
 - Staff told us the practice held regular whole team meetings.
 - Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of meetings were available for practice staff to view.
 - GPs had assigned lead roles however; these were not yet embedded and were subject to change in May 2017 with the practice organisation structure.
- met three times per annum and submitted proposals for improvements to the practice management team. For example, when looking at patients who did not attend for their appointments the practice's past patient surveys suggested patients had difficulty during their working day accessing the practice by phone to cancel appointments. The new telephone system had addressed this by giving an immediate option to leave an answerphone message specifically for this purpose.
- The NHS Friends and Family test, complaints and compliments received.
 - Generally through staff meetings, appraisals and discussion.
 - Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
 - The practice Friends & Family Test results and comments were presented to the whole practice team on a monthly basis, specific areas of concern and areas of excellence were regularly highlighted and were required actions taken and discussed on how to improve the service for patients. The results were also published on the practice website and posted on the patient forum site as a regular update.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice need to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <ul style="list-style-type: none">• There was no whole practice systematic approach to demonstrate that NICE guidelines were implemented/ followed up, through risk assessments, audits and searches of patient records.• The practice had not ensured they had received all appropriate MHRA alerts.• Additional emergency appointments and triage calls required the implementation of a electronic record to enable clear audit, monitoring and work load assessment.• The practice held records of staffs Hepatitis B status but not their full immunity status as required. All staff should be up to date with routine immunisations.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Assess whether there is a risk to patients of being cared for or treated by staff without DBS checks.</p> <p>There was no documented risk assessment for non-clinical staff without a Disclosure and Barring Service (DBS) check, no DBS in place for the healthcare assistant or newly qualified GP.</p>