

Milehouse Medical Practice

Quality Report

Milehouse Primary Care Centre
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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Milehouse Medical Practice on 5 September 2017. Overall the practice is rated as good.

Milehouse Medical Practice was previously registered with the Care Quality Commission (CQC) as a single handed GP practice as Dr Latif Hussain. We carried out a comprehensive inspection of the previous provider, Dr Latif Hussain, on 4 August 2015 and rated the practice as requires improvement overall with requires improvement for providing safe and well led services. A follow up comprehensive inspection was carried out on 18 August 2016 and the practice was rated as requires improvement overall with requires improvement for providing safe and effective services and inadequate for providing well led services. We issued a warning notice for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance, and a requirement notice for Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. We carried out a focused inspection on 10 January 2017 to check that the practice had taken

urgent action to ensure they met the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance and saw that they had. Since our inspection on 10 January 2017 a change of provider has taken place at the practice. The reports for the inspections carried out on 4 August 2015, 18 August 2016 and 10 January 2017 can be found by selecting the 'all reports' link for Dr Latif Hussain on our website at www.cqc.org.uk.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice maintained a spreadsheet of significant events however there was a lack of overall structured analysis to identify trends within the practice.
- The practice had defined and embedded systems to minimise risks to patient safety.
- Clinical staff had received appropriate immunisations against health care associated

Summary of findings

infections however, non-clinical staff had not. A risk assessment had not been completed to demonstrate how potential risks to staff and patients would be mitigated.

- Recruitment information obtained by the practice was not always available in staff records.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey published in July 2017 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently and strongly positive.
- Information about services and how to complain was available.
- Data from the national patient survey, the practice's survey and CQC patient comment cards showed that patients found it very easy to make an appointment with a GP, there was continuity of care and urgent appointments were available the same day.
- 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 the management.

- The practice proactively sought feedback from staff and patients, which it acted on.
- The Patient Participation Group (PPG) had reduced to only one member. The practice was exploring options of how to increase the PPG membership and had highlighted this as a challenge in their business plan.

The areas where the provider should make improvement are:

- Carry out an overall structured analysis of significant events to identify any trends.
- Complete a risk assessment to demonstrate how potential risks to patients and staff will be mitigated from non-clinical staff who have not received appropriate immunisations against health care associated infections.
- Ensure that recruitment information obtained by the practice is stored in all staff files.
- Continue to explore options of increasing the membership of the PPG.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

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 a system for reporting and recording significant events however the forms were not always fully completed. Lessons were shared with all staff to ensure action was taken to improve safety in the practice. The practice maintained a spreadsheet of significant events however there was a lack of overall structured analysis to identify trends within the practice.
- The practice had systems and processes to minimise risks to patient safety. However, a risk assessment had not been completed to demonstrate how potential risks to staff and patients would be mitigated when non-clinical staff had not received appropriate immunisations against health care associated infections.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice maintained appropriate standards of cleanliness and hygiene.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.
- Recruitment information obtained by the practice was not always available in staff records.
- The practice had adequate arrangements to respond to emergencies and major incidents

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015/16 showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated some quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved and when appropriate, information was shared with the out of hours service.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017 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. Feedback from patients about their care was consistently and strongly positive.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patient feedback showed that patients found it very easy to make an appointment with a GP, there was continuity of care and urgent appointments were 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 two examples reviewed 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 to deliver safe, effective and high quality primary care to their practice population. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by the management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework and a practice business plan supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The Patient Participation Group (PPG) had reduced to only one member. The practice was exploring options of how to increase the PPG membership and had highlighted this as a challenge in their business plan.

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



- 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. Older patients were offered a falls risk assessment and their medication reviewed to prevent falls where necessary.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care and treatment to over 100 patients living in care or residential homes. Regular review visits for these patients were provided by a GP or practice nurse.
- The practice participated in the Clinical Commissioning Group (CCG) scheme of proactive management of patients over 75 years of age. This group of patients were invited for a health check and if necessary, referred to other services such as voluntary services and supported by an appropriate care plan. Home visits and assessments were provided for patients that were housebound. Over a 12 month period the practice had offered 179 patients a health check and 175 of these checks had been carried out.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

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. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 88%. This was higher than the CCG average of 77% and the national average of 76%.

Summary of findings

- The practice followed up patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Patients with long term conditions such as diabetes, chronic obstructive pulmonary disease and asthma had individualised care plans. This group of patients were monitored and reviewed six to 12 monthly by a GP or practice nurse.

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who had a child protection plan in place.
- There was an informal system in place to follow up children who did not attend hospital appointments.
- Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. The practice had recently held a meeting with the Health Visitor to discuss any children of concern. The practice also liaised with school nurses when required.
- The practice had emergency processes for acutely ill children and young people.
- The GPs provided neo-natal checks for new born babies and development checks for babies at six weeks of age. They also provided post-natal checks for mothers when their babies were six weeks old.
- Same day appointments were available for children and young people.

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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and GP telephone consultations.

Good



Summary of findings

- 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.
- The practice had established a social media page on Facebook and had recently used this to target university students and promote the uptake of meningitis immunisation.
- The practice offered extended hours on a Monday and Wednesday evening until 7pm for working patients who could not attend during normal opening hours.

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 maintained a register of 18 patients with a learning disability and offered this group of patients an annual health check. Over a 12 month period the practice had carried out 13 health checks (72%).
- The practice offered longer appointments for patients 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 practice regularly worked with other health care professionals in the case management of vulnerable patients. For example the Integrated Local Care Team (ILCT), a team that included health and social care professionals, and the palliative care team to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- 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.
- The practice had identified patients whose first language was not English and patients who had communication problems due to deafness and blindness. Where necessary, the practice arranged interpreter services and sign language specialists.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

Summary of findings

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).

- The practice provided support and weekly visits to two residential homes that provided care for patients suffering from dementia. Regular multi-disciplinary team meetings were held with the practice nurse and other specialists and care plans put in place to support these patients.
- Staff were undertaking further training to enable them to become dementia friends.
- 81% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was comparable with the CCG average of 87% and national average of 84%.
- 95% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG and national averages of 89%.
- 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.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017 for the previous provider, Dr Latif Hussain. The results showed the practice was performing in line with local and national averages. Three hundred and nineteen survey forms were distributed and 107 were returned. This represented a 34% completion rate.

- 96% of patients described the overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) and national averages of 85%.
- 93% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.

- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 77%.

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 45 comment cards which were all positive about the standard of care received. Patients told us staff were respectful, helpful, professional and efficient. They told us they felt listened to by the GPs and there was good access to appointments.

Prior to our inspection we spoke with a member of the patient participation group (PPG). They told us they felt valued by the practice, the practice management were respectful of their views and listened and acted on their suggestions.

Areas for improvement

Action the service **SHOULD** take to improve

- Carry out an overall structured analysis of significant events to identify any trends.
- Complete a risk assessment to demonstrate how potential risks to patients and staff will be mitigated from non-clinical staff who have not received appropriate immunisations against health care associated infections.
- Ensure recruitment information obtained by the practice is available in staff records.
- Continue to explore options of increasing the membership of the PPG.

Milehouse Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission lead inspector and included a GP specialist adviser.

Background to Milehouse Medical Practice

Milehouse Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Newcastle, Stoke-on-Trent. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 2,448 patients. The practice age distribution is in line with the national and CCG area however 4% of the practice population is aged 85 years and over. This is higher than the CCG and national averages of 2%. The percentage of patients with a long-standing health condition is 61% which is higher than the local CCG average of 57% and the national average of 53%.

The practice is open between 8.15am and 6pm Monday to Friday except Thursdays when it closes at 1pm. They provide a sit and wait surgery between 9am and 10.30am and 4.15pm and 6pm Monday to Friday. Patients can pre-book appointments Tuesday between 4.30pm and

6pm and Wednesday between 5pm and 7pm. Appointments can be booked four weeks in advance. Extended hours appointments are available on Monday

and Wednesday between 6.30pm and 7pm. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice is closed.

The practice team consists of:

- Two male GP partners
- A practice nurse
- A health care assistant
- A practice manager
- Three reception and administrative staff.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations and travel vaccinations.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also spoke with a member of the patient participation group prior to our inspection. We carried out an announced comprehensive inspection on 5 September 2017. During our inspection we:

- Spoke with a range of staff who worked at the practice.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they informed the practice manager of any incidents and there was a recording form available on the practice's computer system. The significant event recording form supported the recording of notifiable incidents under the duty of candour however the forms were not always fully completed to demonstrate the learning that had taken place. (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).
- The practice had recorded and analysed 26 significant events in the previous 12 months. From the 26 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 if appropriate to do so, received reasonable support and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared with all staff at practice meetings and action was taken to improve safety in the practice. For example, following the loss of a prescription for a controlled medicine, a system of recording the prescription number in a patient's record and in a prescription collection book had been implemented to ensure an audit trail was in place. They also recorded positive significant events to highlight good practice.
- The practice maintained a spreadsheet of significant events however there was a lack of overall structured analysis to identify trends within the practice.

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). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or

equipment involved and took appropriate action where required. We saw that MHRA alerts were a regular agenda item at the practice's monthly team meetings.

Overview of safety systems and processes

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

- Arrangements for safeguarding children and vulnerable adults reflected relevant and current legislation, guidance and local requirements. Policies were accessible to all staff on the practice's intranet. 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 saw minutes that demonstrated the practice manager had recently held a meeting with the health visitor attached to discuss any children of concern and those who required additional support.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding children and vulnerable adults. They had received safeguarding training relevant to their role. The GPs had attended level three training in child safeguarding.
- Alerts were placed on the electronic records of children and vulnerable adults where safeguarding concerns had been identified. There was an informal system in place for following up children who failed to attend for hospital appointments.
- A notice in the waiting room advised patients that chaperones were available if required. All 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). Staff who chaperoned were aware of their responsibilities in safeguarding patients during an intimate examination.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules in place and monthly audits of cleanliness were completed to monitor the quality of the cleaning.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. Annual IPC audits

Are services safe?

were undertaken and an action plan put in place to address any issues identified. The audit had identified that there was a lack of hand sanitation gel throughout the practice. We saw that hand gel had been added to some of the clinical rooms. The privacy curtains used in the consultation rooms were visibly clean, however the practice were unable to demonstrate the cleaning schedule they followed for cleaning them. Before the end of the inspection we saw that all the curtains had been replaced with clean curtains and a schedule put in place to ensure the curtains were washed six monthly.

- Clinical staff had received appropriate immunisations against health care associated infections. The practice had made the decision that non-clinical staff did not require these immunisations however a risk assessment had not been completed to demonstrate how potential risks to staff and patients would be mitigated.

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 and staff were aware of their roles and responsibilities. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The health care assistant was trained to administer specified vaccines and patient specific directions from a prescriber were produced appropriately.
- There was a clear protocol and system in place to monitor patients who were prescribed high risk medicines. A system of monthly searches ensured that patients who were prescribed high risk medicines had been effectively monitored by a GP.
- Data from the prescribing local improvement scheme 2017/18 for the local Clinical Commissioning Group (CCG) demonstrated that the practice was the second most cost effective prescribing practice within the CCG.

We reviewed four personnel files and appropriate recruitment checks had been undertaken prior to employment for most staff. For example, proof of identification, evidence of satisfactory conduct in previous

employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, we saw that evidence of good character and photographic identification had not been obtained for a non-clinical member of staff who had worked at the practice for three years. A new GP partner had recently joined the practice but their records did not contain satisfactory evidence of conduct in previous employment, a full employment history or satisfactory information about any physical or mental health conditions which may be relevant to their role. However, this information was supplied to the Care Quality Commission as part of the legal procedures of the GP registering as a partner at the practice.

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.
- 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 substances hazardous to health, 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. We saw that a recent staffing assessment had been completed and as a result an additional administrative staff member had been employed.

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.

Are services safe?

- All staff had received annual basic life support training.
- 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). and oxygen with adult and children's masks.
- 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, information technology cyber-attacks or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

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. Minutes from practice clinical meetings showed that NICE guidelines were disseminated, discussed and implemented within the practice. The practice showed us a clinical audit they had carried out based on recommendations from NICE guidelines relating to the long term monitoring of patients who developed diabetes during pregnancy.

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 QOF results for the new partnership provider, Milehouse Medical Practice, were not available at the time of our inspection. The 2015/16 QOF results for the previous provider, Dr Latif Hussain, showed the practice had achieved 98% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Their overall clinical exception rate was 5% which was comparable with the CCG rate of 5% and the national rate of 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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

- 95% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG and national averages of 89%.

- 81% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was comparable with the CCG average of 87% and national average of 84%.
- 82% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was comparable with the CCG average of 77% and the national average of 76%. Their exception reporting of 4% was lower than the CCG and national rate of 8% meaning more people had been included.
- 95% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was higher than the CCG average of 89% and the national average of 90%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 93%. This was higher than the CCG and national averages of 83%.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 88%. This was higher than the CCG average of 77% and the national average of 76%.

There was evidence of quality improvement including clinical audit:

- The practice showed us two clinical audits that had been completed in the last two years, both of these were completed audit cycles where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, 18 patients registered with the practice had a diagnosis of diabetes during pregnancy recorded in their notes. NICE guidelines recommended that these patients were monitored for the development of clinical diabetes following their pregnancy. The first cycle showed that 11 (61%) of these patients had not received the required monitoring. These patients were contacted by the practice, alerts placed on their records and appropriate screening offered. Two further audit cycles showed the number of patients that had not received ongoing monitoring had fallen to 21%.

Are services effective?

(for example, treatment is effective)

- The practice also carried out searches to monitor the effectiveness of the service they provided, for example, minor surgery and cervical screening.

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, the practice nurse had recently completed the practice nurse graduate certificate.
- 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, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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.

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.
- The practice shared relevant information with other services in a timely way, for example they had a system in place to inform the health visitor when a new child had registered with the practice. The practice shared

information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

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. Meetings took place with other health care professionals on a monthly basis to review the care, treatment and support vulnerable patients needed.

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.

- On the day of our inspection the practice provided care to 45 patients living in nursing homes and 68 patients living in residential homes. Many of these patients had been diagnosed with dementia. Where a patient's mental capacity to consent to care or treatment was unclear or impaired the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- One of the GPs carried out minor surgery at the practice such as joint injections and the excision of lesions. There was a policy for staff to refer to in obtaining consent for these patients and consent forms were also available. We saw that verbal consent for joint injections was recorded in patients' notes and written consent obtained for the excision of lesions.

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.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 82% and the national average of 81%. We saw that the practice nurse had introduced a system to ensure results were received for all samples sent for the cervical screening programme. The practice nurse also followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable with the CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 97% to 100% and 100% for all five year olds.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 70% of females aged 50-70 years had been

screened for breast cancer in last 36 months. This was slightly below the CCG average of 78% and the national average of 73%. Fifty-seven per cent of eligible persons aged 60-69 years were screened for bowel cancer in the last 30 months. This was in line with the CCG average of 62% and the national average of 58%. The practice was in the process of exploring the introduction of screening for prostate cancer for male patients 50 years and over.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, health reviews for patients over 75 years of age and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a sign at the reception desk informing patients of this.
- The two GPs at the practice were both male however, they told us that they had an arrangement with another practice if a patient wanted to be treated by a female GP.

All of the 45 patient Care Quality Commission (CQC) comment cards we received were very positive about the service experienced. Patients told us they felt the practice offered an excellent service and staff were respectful, helpful, professional and efficient. They told us they felt listened to by the GPs and there was very good access to appointments.

Prior to our inspection we spoke with a member of the patient participation group (PPG). They told us they felt valued by the practice, the practice management were respectful of their views and listened and acted on their suggestions.

Results from the national GP patient survey published in July 2017 for the previous provider, Dr Latif Hussain, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with local and national satisfaction scores on consultations with GPs and nurses. For example:

- 92% 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%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 84% 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 the national average of 86%.
- 94% 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%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG and national averages of 87%.

Care planning and involvement in decisions about care and treatment

We reviewed the 45 CQC comment cards and found that patients felt listened to and supported by all members of staff. Patients had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in July 2017 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:

- 85% 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%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

Are services caring?

- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, staff told us that interpretation services were available for patients who did not have English as a first language and a hearing loop was available for patients with impaired hearing.

Patient and carer support to cope emotionally with care and treatment

There was a limited number of patient information leaflets and notices available in the patient waiting area which told

patients how to access a number of support groups and organisations. Information about support groups was 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 27 patients as carers (1% of the practice list) and offered them flu immunisations to help to promote their health. Written information was available to direct carers to the various avenues of support available to them however this was not clearly displayed due to restrictions placed on the practice by the landlord of the premises.

Staff told us that if relatives had suffered bereavement, a GP called them and offered advice on how to access Dove, a local bereavement support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Older patients were offered a falls risk assessment and their medication reviewed to prevent falls where necessary.
- The practice provided care and treatment to over 100 patients living in care homes. Review visits for these patients were provided by a GP three days per week.
- The practice participated in the Clinical Commissioning Group (CCG) scheme of proactive management of patients over 75 years of age. This group of patients were invited for a health check and if necessary, referred to other services such as voluntary services and supported by an appropriate care plan. Home visits and assessments were provided for patients that were housebound. Over a 12 month period the practice had offered 179 patients a health check and 175 of these checks had been carried out. This gave an uptake rate of 96% which was above the CCG target rate of 90%.
- The practice regularly worked with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, and the palliative care team to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- Patients with long term conditions such as diabetes, chronic obstructive pulmonary disease and asthma had individualised care plans. This group of patients were monitored and reviewed six to 12 monthly by a GP or practice nurse.
- The practice held three monthly meetings with the Health Visitor to discuss any children of concern. The practice also liaised with school nurses when required.
- The GPs provided neo-natal checks for new born babies and development checks for babies at six weeks of age. They also provided post-natal checks for mothers when their babies were six weeks old.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered extended hours on a Monday and Wednesday evening until 7pm for working patients who could not attend during normal opening hours.
- The practice had established a social media page on Facebook and had recently used this to target students and promote the uptake of meningitis immunisation.
- Patients were able to receive travel vaccines available on the NHS.
- The practice maintained a record of 18 patients with a learning disability and offered this group of patients an annual health check. Over a 12 month period the practice had carried out 13 health checks (72%). There were longer appointments available for patients with a learning disability.
- There were accessible facilities available at the practice which included a hearing loop and interpretation services for patients whose first language was not English.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided support and weekly visits to two residential homes that provided care for patients suffering from dementia. Regular multi-disciplinary team meetings were held with the practice nurse and other specialists and care plans put in place to support these patients.
- Staff were undertaking further training to enable them to become dementia friends.

Access to the service

The practice was open between 8.15am and 7pm Monday to Friday except Thursdays when it closed at 1pm. They provided a sit and wait surgery between 9am and 10.30am and 4.15pm and 6pm Monday to Friday. Patients could pre-book appointments Tuesday between 4.30pm and 6pm and Wednesday between 5pm and 7pm. Appointments could be booked four weeks in advance. Extended hours appointments were available on Monday and Wednesday between 6.30pm and 7pm. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice was closed.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in July 2017 for the previous provider, Dr Latif Hussain, showed that patient's satisfaction with how they could access care and treatment was comparable or above local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 71%.
- 89% 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 86% and the national average of 84%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 93% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

The practice had a system to assess:

- if a home visit was clinically necessary.
- the urgency of the need for medical attention.

The receptionists were provided with templates to complete if a patient requested an urgent or home appointment. This information was forwarded to the GP to make a clinical decision regarding the type of appointment needed. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 on the practice's website and in their practice leaflet.

We looked at the two complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. The two complaints received by the practice related to a neighbouring practice however the practice still responded to the complaints. Staff we spoke with were aware of their responsibilities in supporting patients to access and follow the practice's complaints procedure.

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 vision to provide safe, effective and high quality primary care to their practice population. Staff we spoke with were aware of the vision and their roles and responsibilities in achieving it. The practice had developed a five year business plan which reflected the vision and values and identified opportunities and challenges for the practice. The progress of the plan was monitored annually.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the service 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. With the support of the practice manager, GPs and nurses had lead roles in key areas. For example, the practice nurse was the lead for infection control, a GP for safeguarding and another GP for education and training.
- 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. Monthly practice meetings were held which provided an opportunity for staff to learn about the performance of the practice. We saw that standard agenda items at these meetings included the sharing of learning from significant events, complaints and medicine or equipment alerts.
- A programme of clinical and internal audit was used to monitor quality and to make suggests for improvements. The practice was planning to carry out quality improvement audits to improve their prescribing of antibiotics and controlled medicines.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, risk assessments had been completed for non-clinical staff who had not received a Disclosure and Barring Service (DBS) check and for the Control of Substances Hazardous to Health (COSHH). However, a risk assessment relating to the

decision not to provide non-clinical staff with immunisations for health care acquired infections and an analysis of significant events to identify trends had not been completed.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, effective and high quality primary care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). There was a policy available to staff to support them in the reporting of significant events. The partners encouraged a culture of openness and honesty. From the 26 documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment they gave affected people reasonable support and a verbal and written apology.

There was a clear leadership structure and staff told us that there was a positive culture in which they felt able to make suggestions to how services were provided.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, and the palliative care team to provide effective care to patients nearing the end of their lives and other vulnerable patients. The practice manager had recently established meetings with the health visitors to support vulnerable families and children where safeguarding concerns had been identified.
- Staff told us the practice held monthly practice and clinical meetings to assess performance, risk and to provide a platform for learning.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported by the management team in the practice. All staff were involved in discussions about how to run and develop the practice.

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:

- through surveys, compliments and complaints received. The practice had carried out a patient survey in May 2017. Forty survey forms were distributed and 39 returned giving a return rate of 98%. An action plan had been developed which identified the need to raise patient awareness of when telephone consultations with a GP were available. The plan stated that the times of these consultations would be highlighted in the practice leaflet, website and their social media page. The practice's website had been updated however the practice leaflet and social media page had not.
- patients through the patient participation group (PPG) however the PPG currently only had one member. The

practice told us they were exploring options of increasing PPG membership and we saw that this was highlighted as a challenge in the practice's business plan.

- staff through staff meetings, appraisals and discussion. Staff told us they felt confident to give feedback and discuss any concerns or issues with colleagues and the management.

Continuous improvement

The practice team participated in local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in a pilot scheme run by the local hospital which identified long stay patients to provide services and support to avoid hospital admissions. The practice was aware that a new housing development close to the practice could mean increased patient registrations. To meet this potential increase of demand to their service they were planning to recruit a practice pharmacist and a physician assistant.