Higherland Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Higherland Surgery on 19 January 2017. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended opening hours between 6pm and 8pm on a Monday. As members of North Staffordshire Federation, patients had access to a local Hub service that provided appointments every Saturday from 9am to 4pm (with plans to extend the hours to include Sundays and evenings).
- The practice provided an 'endoscope-i' service. This provided a mobile image enabling a video or still photograph, for example of the ear, which the GP used to discuss any identified concerns or need for referral with the secondary care specialists in Ear Nose and Throat. On occasion reducing the need for patients to attend hospital.
- 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.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- There were systems in place for the safe recruitment of staff.
- Systems were in place to risk assess the emergency medicines that should be held at the practice and what actions should be taken to ensure that patients who experienced a medical emergency received appropriate care and treatment.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas.
- QOF results for 2015/16 showed that the practice had achieved 95.5% of the total number of points available.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1% of patients on the practice list as carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended opening hours between 6pm and 8pm on a Monday.
- As members of North Staffordshire Federation, patients had access to a local Hub service that provided appointments every Saturday from 9am to 4pm (with plans to extend the hours to include Sundays and evenings).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were disabled facilities and translation services available,
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice provided minor surgical procedures such as, joint injections.
- The practice provided an 'endoscope-i' service. This provided a mobile image enabling a video or still photograph, for example of the ear, which the GP used to discuss any identified concerns or need for referral with the secondary care specialists in Ear Nose and Throat. On occasion reducing the need for patients to attend hospital.
- The practice had a blood pressure monitoring system in place and offered 24 hour BP monitoring where required. They also offered phlebotomy used to monitor the effects of a blood thinning medicine, Warfarin, called the International Normalised Ratio (INR). This checks how long it takes for blood to clot.

Summary of findings

- The practice had phlebotomy (blood taking) an electrocardiogram (ECG - a simple test used to check the heart's rhythm and electrical activity) ear syringing, and spirometry services available at the practice.
- The practice offered a family planning service, contraceptive and a sexual health service, this included contraceptive implants and coils.
- One of the GPs at the practice had a speciality in Genito-Urinary Medicine and the practice provided chlamydia screening and 'C card' scheme facilities. (C-Card schemes are an effective way to help young adults take responsibility for their sexual health; providing them with easy access to free contraception, education about sexual health and wellbeing, and are an opportunity to signpost to related services).
- The practice participated in the alcohol related risk reduction scheme for its patients. This aimed to improve access to and choice of alcohol screening and intervention support services closer to peoples' homes and to provide quicker access to early assessment of potential alcohol related harm.

Are services well-led?

Good

The practice is rated as good for being well led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had developed a business plan, which aimed to reflect the vision and values of the practice and drive forward changes required. There was ongoing monitoring of the progress of the business plan with actions taken.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a named accountable GP for patients aged over 75 years with urgent appointments available the same day.
- Patients had access to telephone appointments with the GP if requested.
- Care plans were in place and agreed for those patients identified as being at high risk of admission / re-admission.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- The practice provided a routine weekly ward round to their patients in two local care homes.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance rates for all of the diabetes related indicators were comparable to local and national averages. For example, 83% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG and national average of 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 94%; this was higher than the CCG average of 92%, and national average of 90%. The practice exception reporting rate was 4%. This was lower than the CCG average of 12% and the national average of 11.5% meaning more patients had been included.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had 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

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice's uptake for the cervical screening programme was 83%, which was slightly higher than the CCG average of 82% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had an effective system in place to follow up children who failed to attend for their immunisations.
- A community midwife attended the practice on a weekly basis.
- The practice offered a family planning service, contraceptive and a sexual health service, this included contraceptive implants and coils.
- One of the GPs at the practice had a speciality in Genito-Urinary Medicine and the practice provided chlamydia screening and 'C card' scheme facilities. (C-Card schemes are an effective way to help young adults take responsibility for their sexual health; providing them with easy access to free contraception, education about sexual health and wellbeing, and are an opportunity to signpost to related services).

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.

Summary of findings

- The practice offered extended opening hours between 6pm and 8pm on a Monday and as members of North Staffordshire Federation, patients had access to a local Hub service that provided appointments every Saturday from 9am to 4pm (with plans to extend the hours to include Sundays and evenings).
- Access to telephone consultations with the GP.
- Appointments could be pre booked online as well as book on the day appointments. An Electronic Prescribing Service was available to patients.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. The practice provided carer support, sign posting, information packs and completed a carer's register.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice provided GP services to a local travelling community of around 31 patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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)

Good

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

- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91%. This was higher than the CCG average (89%) and national average 90%. The practice exception reporting rate was 17.5%. This was higher than the CCG average of 10% and the national average of 13% meaning fewer patients had been included.

Summary of findings

- 81% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, which was slightly lower than the CCG average of 87% and the national average of84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Two hundred and fifty-one survey forms were distributed and 110 were returned. This represented a 44% return rate. The results showed the practice was performing above local and national averages for telephone access and in line with or lower than average in other areas.

- 85% 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%.
- 72% 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%.
- 93% of respondents found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 81% 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 87% 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 43 comment cards all were positive about the standard of care received. Two patient comment cards remarked on the lack of appointment availability. Patients told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect. We spoke with the patient participation group during the inspection. They were positive about the care and treatment provided at the practice. Improvements would include more regular GP attendance at the PPG bi-monthly meetings and the co-production of an agreed action plan following these meetings. All 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.

Higherland Surgery

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 adviser.

Background to Higherland Surgery

Higherland Surgery is registered with the Care Quality Commission (CQC) as a partnership provider in Newcastle Under Lyme, Staffordshire. At the time of our inspection, the practice had 4,191 patients. The practice has a slightly higher percentage of older people than the national average for example, 22% patients are over 65 years old (17% nationally) and 4% patients are over 85 years (2.3% nationally). These statistics could mean an increased demand for GP services. The practice provides GP services to two care homes with 28 patients registered at the practice and routinely visits these homes every Tuesday morning. The practice provides GP services to a local travelling community of around 31 patients.

The practice is open between 8am and 6pm Monday to Friday with the exception of Thursday when the practice is open from 8am to 1pm. On Thursday afternoons the practice hold training sessions and meetings for staff and medical students. The practice offers extended hours on a Monday from 6pm to 8pm. As members of North Staffordshire Federation, patients have access to a Hub that provides appointments every Saturday from 9am to 4pm (with plans to extend the hours to include Sundays and evenings). The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to NHS 111, the out of hours service when the practice is closed. Patients can book appointments in advance through the practice on-line appointment system.

The practice staff work a variety of full and part time hours, staffing comprises of:

- Three GP Partners (two female and one male) providing 1.80 whole time equivalent hours (WTE).
- One GP Registrar providing one WTE hours.
- One Practice Nurse providing 0.6 WTE hours.
- Two healthcare assistants providing 1.24 WTE hours.
- One practice manager, an assistant practice manager and an office manager, providing 1.43 WTE managerial hours.
- Three senior receptionists and three receptionists providing 6.05 WTE hours.
- A cleaner providing 10 hours per week.

The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they identify patients who are at high risk of avoidable unplanned admissions. The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before 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 the patient participation group (PPG). We carried out an announced inspection on 19 January 2017. During our inspection we:

- Spoke with a range of staff including GPs, nursing and administrative staff, spoke with a member of the PPG and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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?

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

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

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 Care Quality Commission at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff we spoke with were aware of their individual responsibility to raise concerns appropriately. On receipt of a significant event, the practice management team investigated the occurrence and shared learning with practice staff through practice meetings.

- We saw that when significant events were raised the occurrence was investigated thoroughly and measures were put in place to minimise the opportunity of less positive events reoccurring. The significant event recording forms used at the practice supported the recording of 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).
- Between December 2015 and December 2016, the practice had recorded 15 events and the practice had carried out an analysis of all events. They acted on any common themes identified.
- The practice had robust processes in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice had clear systems in place to record the actions they had taken in response to alerts. These were actively managed by clinical staff. Safety alerts were discussed at meetings where the action required was agreed. If the alert required an audit, it was the responsibility of the clinical staff to ensure this took place including feedback to staff on the actions taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. These arrangements 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. The GPs were proactive in reporting safeguarding concerns; they attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to at least child safeguarding level three. Meetings were held monthly between the practice and multidisciplinary teams including health visitors to discuss those in their community thought to be vulnerable and those identified as having safeguarding needs.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role. Clinical staff 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. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received in house training. Annual infection control audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. The practice carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice utilised their electronic recall system for patients with long-term conditions to ensure they received regular medication and health reviews.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice provided evidence that this had been refined further following the inspection to fall in line with NHS protect guidance. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Good

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and the appropriate DBS checks. There was a system in place for monitoring and checking the professional registration of GPs and nurses. However, we found that some health declarations were absent from the recruitment checks. Some locum GP recruitment records were incomplete, for example, there was no full employment history. Subsequent to the inspection, we received confirmation that these checks were completed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out regular fire drills. The floor plan required details of the location of the oxygen cylinders, which was completed immediately following the inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The practice had a risk assessment for Legionella completed in September 2016. (Legionella is a bacterium, which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- There was a panic button and/or instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held in the practice and all the staff we spoke with knew of their location. We saw that all these medicines were in date.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to refer to.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and computer searches of patient records. NICE guidelines were discussed at clinical and practice meetings to monitor and evaluate the changes required.

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 results published in October 2016 for 2015/16 showed that the practice had achieved 95.5% of the total number of points available.

QOF data from 2015/16 showed:

- Performance rates for all of the diabetes related indicators were comparable to local and national averages. For example, 83% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG and national average of 78%.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 88%, which was above the CCG average of, 77% and national average, 76%. Clinical exception reporting was slightly higher at 11%, compared with the CCG and national averages of, 8% meaning fewer patients had been included.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 94%, this was higher than the CCG average of 92%, and national average of 90%. The practice exception reporting rate was 4%. This was lower than the CCG average of 12% and the national average of 11.5% meaning more patients had been included.
- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91%. This was higher than the CCG average (89%) and national average 90%. The practice exception reporting rate was 17.5%. This was higher than the CCG average of 10% and the national average of 13% meaning fewer patients had been included.

There was evidence of quality improvement including clinical audit:

- The practice showed us 11 clinical audits that had been completed in the last two years. We reviewed two completed audit cycles where the improvements made were implemented and monitored. Further single cycle clinical audits had been completed with plans for the second cycle audit cycles to take place.
- One audit for example was completed to ensure that patients who needed to take iron supplements received regular blood tests. The first audit demonstrated that 66.66% had not had a blood test check within a three-month period. Changes were implemented and electronic searches completed and the use of pop up flags to remind staff to check that appropriate blood tests were completed. The second audit showed improvements had been made within a six-month period from 66.6% to 84.2%. Further actions were recommended following the second audit, which had been implemented which included an administrator assigned to check these were being completed and a further audit was planned.
- Findings were used by the practice to improve services to patients both within their practice and were appropriate these included other practices within their locality.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff and a GP locum pack. These covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and patient confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff had completed courses for the management of long-term conditions such as diabetes.
- 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 told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings and support for revalidating GPs. 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, in-house training and to external training courses.

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 when referring patients to other services.
- We saw minutes, which demonstrated that the practice had established regular clinical meetings with multi-disciplinary teams, which included for example, the palliative care team and health visiting service to share information relating to children with identified safeguarding concerns.
- The practice shared information with the out of hours service for patients nearing the end of their life and if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- The practice had developed strong networks within the community and used these to identify vulnerable people. This may for example included the local traveller community.

Consent to care and treatment

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

- Staff we spoke with 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. Where appropriate, patients were referred to an advocacy service to support them in decisions about their care and treatment.
- There was a policy in place to provide guidance to staff in obtaining consent. We saw that consent forms for minor surgery had been completed which included the benefits and risks of the proposed procedure.
- The practice completed an audit on informed consent in 2016 and clinical staff used the findings to further improve their practice. Improvements had included for example different consent forms for different procedures.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 offered a smoking cessation service and signposted patients to appropriate

Good

Are services effective?

(for example, treatment is effective)

services. The practice healthcare assistant in 2013 was awarded with 'the most enthusiastic adviser' in smoking cessation. The practice nurse provided travel advice and vaccinations including Yellow Fever.

The practice's uptake for the cervical screening programme was 83%, which was in line with than the CCG average of 82% and national average of 81%. There was an effective system in place for recording, monitoring and chasing up of cervical screening results. The GP partners were aware of these results and the practice was proactive in encouraging patients to attend for screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from NHS England for the period 1 April 2015– 31 March 2016 showed childhood immunisation rates for the vaccinations given were higher than the local and national averages. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds was 100%, higher than the national expected coverage of vaccinations of 90%.
- Five year olds who had completed their first measles, mumps and rubella (MMR) immunisation was 100% when compared to the CCG average of 98% and national average 94%.
- Five year old who had a second MMR immunisation was 100% when compared to the CCG average of 96% and national average of, 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients 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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were compassionate 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 meaning conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with a member of the patient participation group (PPG). They told us they felt the practice listened to their concerns and suggestions that they acted on some but not all suggestions. An example included the PPG suggestion for an open surgery once a month and for the practice to consider this for a three-month trial period. The PPG were planning for a patient survey in the forthcoming months.

Patient commented that they found this GP service to be excellent and were satisfied with the care they received. They reported staff were friendly, professional, caring, polite and gave them enough time during consultations.

We received 43 Care Quality Commission comment cards, which were also positive about the standard of care received. Patients told us staff were professional, caring, kind, compassionate and treated them with dignity and respect.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The GP results were higher than the local and national averages for its satisfaction scores on consultations and the nursing staff were higher than national averages. For example:

- 100% of respondents 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%.
- 90% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 90% of respondents said the GP gave them enough time compared to the CCG average of 89%, and national average of 87%.
- 88% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 95% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 100% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG and national average of 97%.

The reception staff results were higher than the CCG and national averages:

- 95% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients commented that 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. We also saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were for the GPs and nursing staff were higher than national averages. For example:

- 89% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% of respondents 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%.
- 90% of respondents 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%.

Good

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets could be made available in an easy read format for patients with a learning disability. According to the practice register for 2016, the practice supported 35 learning disabilities patients.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them including a local carers association. Carers were encouraged to complete carer's identifications forms to enable the practice to offer support and flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them and if appropriate signposted them to the local bereavement service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours between 6pm and 8pm on a Monday to see a GP or healthcare assistant.
- Access to telephone consultations with the GP.
- Appointments could be pre booked online as well as book on the day appointments. An Electronic Prescribing Service was available to patients.
- The practice was co-located with an on-site pharmacy also open at weekends to enable ease of picking up prescriptions outside working hours.
- As members of North Staffordshire Federation, patients had access to a local Hub service that provided appointments every Saturday from 9am to 4pm (with plans to extend the hours to include Sundays and evenings).
- There were longer appointments available for patients with a learning disability and patients with several long-term conditions.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice. The practice provided a routine weekly ward round to their patients in two local care homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services were available. The practice demonstrated their awareness of meeting the Accessible Information Standard (AIS). All organisations that provide NHS care or adult social care are legally required to follow the AIS. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.
- The practice provided minor surgical procedures such as joint injections.
- The practice provided an 'endoscope-i' service. This provided a mobile image enabling a video or still photograph, for example of the ear, which the GP used to discuss any identified concerns or need for referral with the secondary care specialists in Ear Nose and Throat. On occasion reducing the need for patients to attend hospital.
- The practice had a blood pressure monitoring system in place and offered 24 hour BP monitoring where required. They also offered blood tests used to monitor the effects of a blood thinning medicine, Warfarin, called the International Normalised Ratio (INR). It is a blood test that checks how long it takes for blood to clot.
- The practice had phlebotomy (blood taking) an electrocardiogram (ECG - a simple test used to check the heart's rhythm and electrical activity) ear syringing, and spirometry services available at the practice.
- The practice offered a family planning service, contraceptive and a sexual health service, this included contraceptive implants and coils.
- One of the GPs at the practice had a speciality in Genito-Urinary Medicine and the practice provided chlamydia screening and 'C card' scheme facilities. (C-Card schemes are an effective way to help young adults take responsibility for their sexual health; providing them with easy access to free contraception, education about sexual health and wellbeing, and are an opportunity to signpost to related services).
- The practice participated in the alcohol related risk reduction scheme for its patients. This aimed to improve access to and choice of alcohol screening and intervention support services closer to peoples' homes and to provide quicker access to early assessment of potential alcohol related harm.

Access to the service

The practice was open between 8am and 6pm Monday to Friday with the exception of Thursday when the practice was open from 8am to 1pm. On Thursday afternoons, the practice held training sessions and meetings for staff, GP registrars and medical students. The practice offered extended hours on a Monday from 6pm to 8pm. As members of North Staffordshire Federation, patients had access to a Hub that provided appointments every Saturday from 9am to 4pm (with plans to extend the hours to include Sundays and evenings). The practice did not routinely provide an out-of-hours service to their own

Good

Are services responsive to people's needs?

(for example, to feedback?)

patients but patients were directed to NHS 111, the out of hours service when the practice was closed. Patients could book appointments in advance through the practice on-line appointment system.

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

- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

However, the practice results regarding opening hours and ease of making an appointment were lower than the local and national averages. The PPG planned a patient survey to gather patients views regarding access in the forthcoming months, which would be fedback to the GP partners and form part of the practice action plan on how to improve patient access, where able. For example:

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 72% of respondents described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 72% of patients would recommend the practice to someone new to the area compared with the CCG average of 81% and national average 78%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at three of the complaints received to the practice and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt 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.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to provide quality primary medical care services to the population of Newcastle Under Lyme and surrounding area, temporary residents that require care and any other patients who wished to register with the practice. The practice aim was to offer the highest standard of health care and advice to their patients, with the resources available. Their mission statement was to provide, promote and practice good healthcare to all their patients. Their vision was to work in partnership with patients and staff to provide the best primary care services possible, working within local and national governance, guidance and regulations. Staff we spoke with on the day of our inspection knew and understood these values. The practice had developed a five-year business plan, which outlined their forthcoming plans. These included for example:

- Key leadership areas for strategic development. Which included, ensuring leadership was developing in line with strategy, consideration and investigation of changes regarding a multispecialty, community-based, provider service (MCP). An MCP or an integrated primary and acute care systems (PACSs) are place-based models of care. The building blocks of an MCP are 'care hubs' of integrated teams and are population-based new care models that aim to improve the physical, mental and social health and wellbeing of their local population.
- Finance Planning
- Workforce Development
- Estates
- Communication Strategy
- Patient needs
- Health Economy

Forthcoming challenges and opportunities noted in the business plan included:

- Consideration of premise size and increased population growth and working with the Clinical Commissioning Group to explore ways of funding enhanced or new premises.
- Improved use of technology to make the patient journey more satisfactory.
- Considerations in the changes and transformations in healthcare provision and working with colleagues to achieve appropriate change that may benefit patients.
- The Patient Participation Group acted as challenge and a support and the practice wished to continue to engage fully with this group to ensure that it was providing the correct range of services for the local population.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP 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, high quality and compassionate care. Staff told us the GP partners and the practice manager were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

Are services well-led?

Good

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

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

There was a clear leadership structure in place and staff spoke very positively about the support provided by the management.

- Staff told us the practice held a variety of regular meetings.
- 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.
- We saw that practice learning and training away events had been held to encourage staff to share their views and expectations of the practice.
- All staff said they felt respected, valued and supported, by the GP partners and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example the patient participation group (PPG):

- Actively engaged with the practice and met bi-monthly. They were involved with the completion of their own patient survey, which was shared with the practice.
- The PPG had developed their own notice board for patients at the practice and a newsletter.
- The PPG held education meetings and events, for example, a recent talk was co-ordinated with Keele University about body donation, and they held education events around Dementia, first aid at home, health and wellbeing and lifestyle advice with external speakers. During the next 12 months, the educational meetings planned included Diabetes, West Midlands Ambulance Service, Carer and the Carers Association.
- The PPG had assisted the practice in raising patient awareness and reduction in the numbers of patients who did not attend (DNA) for appointments, which freed up appointment availability for other patients. They had seen a reduction in numbers for example from 100 DNA appointments to 65.

The PPG were active fundraisers for items of equipment for the practice but members did not see this as their primary function. Over the last 12 months, the group held a coffee morning and raised money for the Donna Louise Trust who support children with life-limiting conditions and their families.

The practice had gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run.