

Peel Croft 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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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 Peel Croft Surgery on 16 May 2016. Overall the practice is rated as Outstanding.

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 (CQC) at that time.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- Risks to patients and staff were comprehensively assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients spoke of a very high level of service that was supported by a large quantity of complimentary written patient feedback from 318 patients out of a list size of 3,250. The national GP patient survey scored the practice in the top 4% of practices in England.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had achieved an overall 23% reduction in accident and emergency attendances and hospital admissions.
- The GPs and practice manager have pioneered the co-location of counselling services to allow patients to be seen at the practice.
- The practice had adopted a proactive approach to monitor patients at risk of some long term conditions such as diabetes.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.
- The practice evidenced a strong culture of education and learning that provided positive outcomes for patients.

We saw a number of areas of outstanding practice:

- The practice used a system to detect patients that could be victims of human trafficking that had identified nine cases that have been referred to the health visitor since October 2013.
- The practice provided outreach services for vulnerable groups of patients.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events which facilitated shared learning with other practices and different Clinical Commissioning Groups (CCGs).
- Lessons were shared and action taken improved safety in the practice.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse. There were nominated safeguarding leads for adults and children.
- There were safety systems in place to detect human trafficking.
- The practice had well maintained facilities and equipment.
- Regular infection prevention control audits were carried out and actions identified had been completed or planned.
- A review of personnel files evidenced that the appropriate checks on staff had been completed.
- There was a comprehensive training programme for staff and some educational events for the locality and CCG had been initiated by the practice.
- Risks to patients and staff were assessed and regularly reviewed. There was a risk log to list identified hazards.
- A recent fire risk assessment and regular fire evacuation drills had been completed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality Outcomes Framework (QOF) showed that the practice consistently performed above the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had implemented a number of systems to achieve a significant reduction in A&E attendances and hospital admissions. These had been presented to the CCG and the management of frequent attenders adopted as part of the guidelines on good practice.

Summary of findings

- There was a comprehensive rolling programme of repeated clinical audits that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.
- The practice achieved the highest uptake of flu vaccinations for patients aged over 65 in the CCG for 2015/16.
- The practice had strong links and co-working arrangements with local community services.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice the same or above local and national averages in all 16 indicators related to aspects of care.
- Patients spoke very positively about the service provided by the whole team at the practice and the national patient survey scores for the practice placed them in the top 4% of practices in the country.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Home visits were provided for patients that were unable to attend the practice.
- The practice held a carers' register and had systems in place which highlighted to staff patients who also acted as carers.
- The practice acted as a hub for a number of community projects that included an initiative to improve the lives of homeless people.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Outstanding



Summary of findings

- Information about how to complain was available and easy to understand. The practice responded quickly to issues raised and learning from complaints was shared with staff and other stakeholders.
- The practice showed an awareness of health problems specific to the local population.
- Patient feedback was actively sought and acted on. The feedback we viewed from patients and associated services was very positive about the services and care provided.
- There was an established patient participation group that actively engaged with the practice to maintain and improve patient experience.
- The practice used a system to detect patients that could be victims of human trafficking that had identified nine cases that have been referred to the health visitor since October 2013.
- The practice provided outreach services for vulnerable groups of patients.

Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and encourage a culture of education and learning. The practice extended this to include patients and other local GP practices.
- The practice was aware of and had identified future challenges. There were written plans in place to address them.
- There was a clear leadership structure and staff felt supported by management. The practice had extended its leadership to support other local practices.
- The practice had policies and procedures to govern activity. All staff were aware of how to access these documents.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included regular clinical audits to monitor and improve the quality of care provided.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners and practice manager encouraged a culture of openness, honesty and learning.
- The practice had systems in place for knowing about notifiable safety incidents.
- The GP partners and the management team were aware of the practice performance and the specific requirements of their patients.

Outstanding



Summary of findings

- The practice had a proactive and systematic approach to working with other organisations including the CCG and local charity and support groups to design and implement innovative services within the primary care setting enhancing patient care.

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

Outstanding



The practice is rated overall as outstanding. The features which led to these ratings applies to everyone using the practice, including this population group.

The practice had high levels of patients over the age of 75 who lived independently and each had a named GP. All hospital admissions were reviewed and a detailed medication review was completed on discharge from hospital. Patients identified as being at risk of hospital admission, which included those that resided in nursing and care homes, had a written care plan. Practice staff had regular communication with the community team and met formally on a quarterly basis. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of services, for example, pneumonia and shingles vaccinations (100% of eligible patients had been invited to attend the practice for these vaccinations, records showed they had either received or declined the vaccination). The practice screened hospital letters for fractures and bone density scans to diagnose and manage osteoporosis. The practice was responsive to the needs of older people and offered home visits and offered longer appointments as required. Any patient who reached 100 years of age was hand delivered a card and a personalised gift.

People with long term conditions

Outstanding



The practice is rated overall as outstanding. The features which led to these ratings applies to everyone using the practice, including this population group.

The practice had a robust recall system that invited patients for regular reviews. Patients were reviewed in GP and nurse led chronic disease management clinics that had a pro-active, empowered approach to care. We saw that nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Nurses had received specific training for diabetes and the practice had achieved the highest performance within the local CCG for diabetes care. Longer appointments and home visits were available when needed. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs

Summary of findings

worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice held a list of patients who required palliative care and a GP partner acted as the lead. The gold standards framework (GSF) was used for the coordination of end of life care. GSF is a framework to improve the quality, coordination and organisation of care.

Families, children and young people

The practice is rated overall as outstanding. The features which led to these ratings applies to everyone using the practice, including this population group.

It was practice policy to provide same day access to all children. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Children who had not attended appointments were followed up, and where non-attendance continued, the GP child safeguarding lead was informed. Appointments were available outside of school hours and the premises were suitable for children and babies. There were screening and vaccination programmes in place for children, and the practice indicators were comparable with the local Clinical Commissioning Group averages. The practice worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies. A birthday card was sent to patients on their sixteenth birthday to advise of how their legal status had changed and the impact it had on future visits to see the clinicians. The practice worked with Changes, a council led project to improve the lives of 16-25 year olds.

Working age people (including those recently retired and students)

The practice is rated overall as outstanding. The features which led to these ratings applies to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice worked with Changes, a council led project to improve the lives of 16-25 year olds. A range of on-line services were available, including medication requests, booking of GP appointments and access to health medical records. The practice offered same day turnaround for prescription

Outstanding



Outstanding



Summary of findings

requests that included online ordering. Patients aged 40 to 74 years old were offered a health check with the nursing team. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated overall as outstanding. The features which led to these ratings applies to everyone using the practice, including this population group.

The practice supported three Young Men's Christian Association (YMCA) housing projects in the town centre and had voluntarily attended clinics at the Burton Addiction Centre to gain an understanding of patient needs. We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service was available for non-English speaking patients. The practice had automated entrance doors and provided facilities suitable for disabled patients. The practice had identified and supported patients who were also carers. The practice provided onsite GP appointment access to 130 homeless patients and hosted the Changes scheme run by the Council to promote wellness, recovery and social inclusion. The practice used a system to detect patients that could be victims of human trafficking.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 15 patients on the learning disabilities register, all had been invited and 11 had received annual health checks in the preceding 12 months. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. 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. The practice offered discretionary registration to homeless patients.

People experiencing poor mental health (including people with dementia)

The practice is rated overall as outstanding. The features which led to these ratings applies to everyone using the practice, including this population group.

Outstanding



Outstanding



Summary of findings

Patients who presented with an acute mental health crisis were offered same day appointments and staff had received training to be dementia friends. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. GPs carried out advance care planning for patients with dementia.

The practice had regular meetings with other health professionals in the case management of patients with mental health needs.

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate.

Summary of findings

What people who use the service say

We spoke with five patients on the day and collected 36 Care Quality Commission (CQC) comment cards. The comments from patients highlighted a high level of patient satisfaction and in particular the personal care provided and the availability of same day appointments. Comments from patients were very positive about the practice staff and spoke of a friendly and caring service. Patients said the nurses and GPs listened and responded to their needs and provided a personal service that involved the patient in decisions about their care.

The national GP patient survey results published on 7 January 2016 evidenced high levels of patient satisfaction that positioned the practice in the top 4% of practices nationally. The practice performance was significantly higher than local and national averages. For example:

- 98% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 94% and national average of 92%.

- 99% of respondents described their experience of making an appointment as good compared with the CCG average of 73% and national average of 73%.
- 88% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 79% and national average of 78%.
- 96% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 73% and national average of 73%.

There were 275 surveys sent out and 113 sent back, a response rate of 41%.

There had been 340 respondents to the friends and family test in 2015, 99.7% said they would recommend the practice to a family or friend. The practice had obtained 200 CQC feedback forms, completed in 2015, and all comments included were positive.

Outstanding practice

We saw a number of areas of outstanding practice:

- The practice used a system to detect patients that could be victims of human trafficking that had identified nine cases that have been referred to the health visitor since October 2013.

- The practice provided outreach services for vulnerable groups of patients.

Peel Croft 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 and the team included a GP specialist advisor.

Background to Peel Croft Surgery

Peel Croft Surgery is located in the town of Burton on Trent, Staffordshire. The practice is situated in the town centre area. This area has lower unemployment levels overall than the national average. There are patients living in deprived areas and the overall level of deprivation for the patient list is higher than the national average.

The practice was established in 1897 and moved to a purpose built premises in 1988. The practice is registered as a partnership of two full time GP partners. The building is single storey and owned by the partners. There are two treatment rooms and four consulting rooms. Rooms in the building are used by a number of external providers, for example; physiotherapy clinics and the Citizens Advice Bureau.

The practice has a list size of 3,250 patients. The population distribution is similar to local and national averages with a higher numbers of patients aged 25-49 and a lower percentage of patients over the age of 65. The ethnicity data for the practice shows 83% of patients are white British. The practice has a large number of Polish patients and a transient population that sees an average annual change of approximately 23% of the patient list.

The two full time GPs are assisted by a clinical team consisting of a GP registrar, one practice nurse and a healthcare assistant. The administration team consists of a practice manager and four administration/reception staff.

The practice is open from 8am to 6.30pm, Monday to Friday. Consulting times in the morning are from 8.30am to 11am each day and in the afternoon from 3.30pm to 5.30pm each day with the exception of a Wednesday when there is when there is emergency surgery and individual case management care programme sessions led by GPs. The practice offers extended hours for pre-booked appointments on a Monday when early appointments are available from 7.30am and later appointments up to 7pm. When the practice is closed, patients are advised to call the 111 service or 999 in the case of an emergency. The practice has opted out of providing an out of hours service choosing instead to use a third party provider, Staffordshire Doctors Urgent Care. The nearest hospital with an A&E unit and a walk in service is Queen's Hospital, Burton-on-Trent. There nearest walk in centre is in the town centre.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 16 May 2016.

We spoke with a range of staff including GPs, nurses, practice manager and administration staff during our visit. We spoke with patients on the day and sought their views through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published on 7 January 2016.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been 26 events recorded in the preceding 12 months. A summary of the past 12 months demonstrated learning was shared, and when appropriate, protocols changed following an event having been reviewed. The practice shared this learning with other practices and other Clinical Commissioning Groups (CCGs). The practice manager coordinated significant events and any incidents were recorded on a form available on the practice's computer system. Evidence was seen of events being discussed in the practice meetings.

We looked at two events in detail:

- The first was an incident when a blood test for a patient on medication to prevent blood clots had been completed opportunistically but not recorded properly. The practice changed their system and created a document to be used for opportunistic blood tests. We were told that the new system had been in place for eight months and no further incidents had occurred.
- The second incident was a delayed appointment at the hospital for an urgent screening referral for a patient. Practice staff followed up the referral to gain confirmation that the appointment had been made. The incident was reported through a soft intelligence system and escalated to a steering group to make other practices aware.

We reviewed safety records, incident reports and national patient safety alerts. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had identified a number of external issues, for example, breaches of patient confidentiality. All were recorded and reported appropriately. We looked at three alerts sent from the Medicines and Healthcare Products Regulatory Agency (MHRA). All had been acted on immediately, for example; an alert was sent to warn against the side effects of a medicine used to treat osteoporosis (osteoporosis is a medical condition that causes bones to become weak and fragile). An audit identified patients on the medication and reviews were completed.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for

recording, reviewing and learning. Information was shared with staff if they were unable to attend the meeting. A culture to encourage Duty of Candour was evident. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. Contact details for local safeguarding teams and safeguarding 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. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs and the practice nurse had attended level three training in safeguarding. One of the GP partners was the appointed safeguarding lead for adults and children within the practice. The lead demonstrated they were aware of patients on their safeguarding registers and had the knowledge and experience to fulfil this role. Administration staff had completed in-house safeguarding training. Safeguarding was discussed at practice meetings and a quarterly meeting was held with the health visitor to discuss vulnerable children.
- Notices in reception and in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones had been DBS checked. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling.
- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice

Are services safe?

kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.

- Prescription pads and forms for use in computers were stored securely and there was a robust system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) were in place for the healthcare assistant who administered influenza, Vitamin B12 and pneumonia vaccinations.
- We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring (DBS) checks (when appropriate) and written references, immunisations, professional registration. An induction programme was in place and had been completed by recently employed staff. 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 had a system to identify and follow through urgent referrals for possible cancer.
- The practice used a system to detect patients that could be victims of human trafficking. New registration requests that involved children were always supported with parental confirmation or valid documentation from the courts and social services. A validation of residential situation was followed up monthly for multiple occupancy addresses. The system had identified nine cases referred to the health visitor since October 2013.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice provided health and safety training that included fire safety. Fire evacuation drills were carried

out annually and the last one had been completed in June 2015. A fire risk assessment had been completed and was reviewed annually. The fire alarms and emergency lighting was tested regularly.

- The practice manager was the lead for health and safety and had completed enhanced training and had received role specific training.
- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually. Hard wire testing had been completed within the last five years.
- 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 buddy system to provide cover for holidays and absence.
- Infection prevention and control (IPC) audits were last undertaken in March 2016. Actions identified had been completed or planned.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). Regular monitoring checks were carried out.
- Risk assessments had been completed and there was a written risk log. This was updated every year.

Arrangements to deal with emergencies and major incidents

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

- The practice staff had access to a panic alarm system in the treatment rooms and a panic button was a feature of the clinical software system.
- All staff had received update training in basic life support in line with mandatory timescales.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available.

Are services safe?

- 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).
- There was a first aid kit and accident book and staff knew where they were located.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. A copy was kept off site by the GP partners and the practice manager.

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 staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.
- NICE guidelines were seen to have been discussed at clinical meetings.

The practice had a register of 15 patients with learning disabilities. Annual reviews had been completed on 11 of the 15 patients for the year ending 31 March 2016. Those patients who had not attended for a check had been contacted a minimum of three times.

The practice had implemented a proactive approach to reduce the number of hospital admissions for patients with chronic obstructive pulmonary disorder (COPD). The practice identified a trend between undiagnosed generalised anxiety disorder (GAD) and COPD admissions. Patients with GAD were identified and treated. An audit evidenced a 30% reduction, from 40 patients in 2013/14 to 28 patients in 2014/15, for COPD admissions, and had reduced further to ten patients in 2015/16. The practice manager was invited to present the activities around A&E reduction at the CCG executive meeting and the approach had subsequently been implemented by other practices. The practice had a patient monitoring system for early diagnosis of prostate cancer and for thyroid testing.

Management, monitoring and improving outcomes for people

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

- The practice achieved 98% of the total number of points available in 2014/15. This was higher than both the CCG average of 97% and the national average of 95%. Data for 2015/16 showed that the QOF performance had again achieved 98%.
- Clinical exception reporting was 8.4%. This was lower than both the CCG average of 10% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that a GP was required to authorise when a patient was exempted.

There was a protocol implemented that required the administration team to refer the patient to the clinician responsible for their care if they had not attended after three invites. The clinician would then review the patient, and when appropriate, try to persuade the patient to make an appointment.

There had been nine clinical audits in the last year. The practice had an effective rolling programme of clinical audits and repeated cycles evidenced that performance was maintained or improvements made. There were six rolling audits which had a monthly cyclical review. These included a review of patients on high risk medication and patients identified as at risk of diabetes. In addition annual audits were carried out, a recent example being a clinical review of cancer diagnostic skills.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer. Internal audits had been completed on cancer referrals and a significant event had been recorded as a direct result.

Ante-natal care by community midwives was provided at the practice on an appointment basis.

Effective staffing

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

- The GPs and nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house. The clinical team appointed leads on long term conditions, for example diabetes.

Are services effective?

(for example, treatment is effective)

- GPs had additional training in minor surgery.
- The practice provided training for all staff. It covered such topics as information governance, end of life care and dementia awareness.
- All staff felt supported to develop and had received at least annual appraisals.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GP told us that regular reviews were provided for all patients who had care plans.
- The practice team held regular meetings with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. Hospital attendances, hospital discharges and out of hours reports were reviewed and any trends identified were reported to the clinicians.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list and review the care plan annually. The practice had included 3% of their most vulnerable patients and reviewed their care plans quarterly.

The practice had historically had high A&E figures but reductions of 48% had been achieved in 2015 through actions that included; the introduction and promotion of the Choose Well campaign, data errors found and adjusted from the A&E department and the management and reviews of patient activity using an urgent care dashboard. The Choose Well campaign was a national project to educate patients on the range of services available to them

when requiring urgent care. The practice had achieved a reduction of 69 accident and emergency (A&E) appointments for 2015/16 (793 attendances) compared to 2014/15 (862 attendances).

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- The practice achieved the highest uptake of flu vaccinations for patients aged over 65 in the CCG for 2015/16. In 2015/16, 84% of patients aged over 65 received the vaccination compared to the CCG average of 69% and national average of 71%.
- All patients eligible for shingles and pneumonia vaccinations had received or were recorded as declined the immunisation.
- Patients aged 40 – 74 years of age were invited to attend for a NHS Health Check with the practice healthcare

Are services effective?

(for example, treatment is effective)

assistant. Any concerns or health risks identified were followed up in a consultation with a GP. The practice achieved the highest uptake rates for the NHS health check in the local CCG.

- Travel vaccinations and foreign travel advice was offered to patients.
- Patients received a health check when registering with the practice. Out of 270 registrations in 2015, 265 new patient health checks had been completed.

Data from QOF in 2014/15 showed that the practice had identified 13% of patients with hypertension (high blood pressure). This was in line with the CCG average of 14% and national average of 14%.

Data published by Public Health England in 2015 showed that the number of patients who engaged with national screening programmes similar to both local and national averages.

- The practice's uptake for the cervical screening programme was 87% which was higher than the CCG average of 83% and the national average of 82%.
- 69% of eligible females aged 50-70 attended screening to detect breast cancer. This was lower than both the CCG average of 73% and national average of 72%.
- 53% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 59% and the national average of 58%.

The practice provided childhood immunisations and seasonal flu vaccinations. Uptake rates were higher for children aged 12 and 24 months but lower for the five year old age group when compared to local and national averages. The practice was aware of these lower than average figures and explained that it was a result of a transient patient population with an annual turnover of 23%.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect. The reception hatch was situated in an area that maintained confidentiality with phone calls being responded to behind the reception front desk out of earshot.

We spoke with five patients during the inspection and collected 36 Care Quality Commission (CQC) comment cards. Feedback was very positive about the service and two patients commented that the practice was the best they had experienced. Patients said the practice offered same day appointments for urgent requests. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A sign at the reception desk advised patients that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 275 patients to submit their views on the practice, a total of 113 forms were returned. This gave a response rate of 41%.

The results from the GP national patient survey showed patients were highly satisfied with how they were treated by the GPs and nurses. The practice had satisfaction rates in line or higher than local averages and higher than national averages. For example:

- 92% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 87%.

- 93% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 94% said they found the receptionists at the surgery helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed patient satisfaction was significantly higher than CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment. The GP patient survey published in January 2016 showed:

- 93% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 84% and national average of 82%.
- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 93% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 89% and national average of 85%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and national average of 90%.

Comments we received from patients on the day of inspection were positive about their own involvement in their care and treatment.

Patient/carers support to cope emotionally with care and treatment

The practice had a carers' policy that promoted the care of patients who were carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. There was a carers' register that numbered 68 patients (2.1% of the practice population). There was a dedicated page on the practice website for carers and information was available in the practice waiting room with a carers pack provided that contained information local support services.

The practice had agreed to pilot a project initiated by Staffordshire Cares (a partnership between Staffordshire County Council, Stoke-on-Trent City Council and members



Are services caring?

of the public, private and voluntary sectors in Staffordshire). In response to some of the issues carers raised, the practice was the first in the area to issue a box of low level assistive tools that included a device to crush tablets into a powder and eye drops. The practice had educated those carers in the appropriate use of the tablet crushers.

The practice recorded information about carers and subject to a patient's agreement, a carer could receive information and discuss issues with staff. There was an alert on the system to identify patients who also acted as carers.

If a patient experienced bereavement, practice staff told us that a card was sent and a bereavement pack was given out to the family.

The practice had been the first to engage and promote Changes, a service provided by the council to promote wellness, recovery and social inclusion within Staffordshire. The practice recognised an opportunity to improve the care of 130 registered patients who were homeless and agreed with the Council to hold appointments at the surgery premises. In 2015, 58 of the 130 patients had been seen at the practice. The scheme helps patients to improve their lives through regular group and individual sessions now held weekly at the practice. Nine patients regularly attended the sessions and the practice reported significant improvements had been made in their mental health and attendances to the A&E department.



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 provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The building was single storey and facilities were suitable for disabled patients.
- Translation services were available for patients. There was a large Polish community and they were represented on the patient participation group. The website was translated into multiple languages.
- Baby changing facilities were available and well signposted.
- The practice produced a quarterly newsletter that contained information such as new staff members. The newsletter was used to promote health education topics. For example; patient education on the use of antibiotics.
- The practice extended its opening hours to meet additional pressures in the winter months.
- The practice provided a walk in phlebotomy service each morning of the week.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol misuse service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Multidisciplinary team meetings held every quarter included attendance by district nurses, community matron, social services and the healthcare visitor.

The GPs performed regular visits to patients residing in care homes. The GPS also worked with staff from three Young Men's Christian Association (YMCA) hostels in the town.

Access to the service

The practice opened from 8am to 6.30pm, Monday to Friday. Consulting times in the morning were from 8.30am to 11am each day and in the afternoon from 3.30pm to 5.30pm each day with the exception of a Wednesday when there was an emergency surgery and individual case management care programme sessions led by GPs. The practice offered extended hours for pre-booked appointments on a Monday when early appointments were available from 7.30am and later appointments up to 7pm. When the practice was closed, patients were automatically diverted to the Staffordshire Doctors out of hours service or advised to call the NHS 111 service or 999 for life threatening emergencies. The practice had opted out of providing an out of hours service choosing instead to use a third party provider, Staffordshire Doctors Urgent Care. The nearest hospital with an A&E unit and a walk in service was Queen's Hospital, Burton-on-Trent. There nearest walk in centre was in Burton-on-Trent town centre.

Pre-bookable appointments with a GP or nurse could be booked up to three months in advance. Same day urgent appointments were offered each day and the practice demonstrated through audit that routine GP appointments would normally be available within two working days. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with GPs within two days and with nurses the next day. We saw that urgent appointments were available on the day of inspection.

Results from the national GP patient survey published in January 2016 showed significantly higher rates of satisfaction for indicators that related to access when compared to local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 98% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average 92%.



Are services responsive to people's needs?

(for example, to feedback?)

- 96% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 73% and national average of 73%.
- 92% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86% and national average of 85%.

This was supported by patients' comment on the day of inspection. Patients spoke very positively about same day access to appointments. Evidence seen showed that the high patient satisfaction rates were achieved in spite of patient activity being in excess of the national average of two point five appointments per annum per patient.

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 staff member who handled all complaints in the practice. Information was available to help patients understand the complaints system and the complaints process was detailed in a practice leaflet and on the website.

The practice had received six complaints in the last 12 months. These included complaints made verbally as well and those made in writing. All complaints were investigated and responded to in line with the practice complaints policy. Complaints were discussed individually with staff and at practice meetings. The practice provided apologies to patients both verbally and in writing. Four of the six complaints were from patients unhappy at being asked to find a new GP surgery having relocated outside of the practice boundary. When appropriate the complaint had resulted in a significant event being recorded and reviewed.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had both a written strategy and mission statement. These detailed a strategy to achieve high quality patient centred care, be a centre for educational excellence, resource and exemplar to the local CCG. There was strong evidence to support the delivery of this strategy; for example the practice had adopted and implemented the '6Cs' model of care, a set of values and behaviours originally used as the basis for the compassion in care national nursing strategy. The latest national survey placed the practice in the top 4% for levels of patient satisfaction and access.

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. Staff we spoke with demonstrated an awareness of their own roles and responsibilities as well as the roles and responsibilities of colleagues.
- Practice specific policies were implemented and reviewed regularly. These were available to all staff and were based on nationally recognised guidelines and regulation.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in practice meetings.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A comprehensive understanding of the performance of the practice was maintained.

Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality

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

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by the management.

- The practice had a regular programme of practice meetings. These included a bi-monthly practice meeting and a quarterly clinical meeting. There were dedicated annual review meetings held to review complaints and significant events.
- Agendas produced in advance and minutes produced from each meeting were circulated to relevant staff members.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- Support had been given to other practices in the local CCG. For example, other local practices had been supported when temporarily without a practice manager in post.
- The practice manager had voluntarily assisted and supported the CCG new initiatives, projects and strategy planning within Primary Care

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

The practice was engaged with patients and reviewed the results of the GP Patient Survey published in January 2016. There was an established Patient Participation Group (PPG)

Are services well-led?

Outstanding



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

that met with both GP partners and the practice manager quarterly. We met with members of the group on the day of inspection and received very positive comments on how the practice listened and responded to patient feedback.

The PPG had raised a number of issues with the practice and told us that action had been taken as a result. For example, the PPG had performed an audit of the premises to evaluate the experience for patients with vision impairment. Actions taken as a result included the introduction of written signs to distinguish male and female toilets in addition to the pictorial signs. A summary of talking points and subsequent actions was displayed in the patient waiting area. The patient participation group (PPG) had undertaken patient led assessments of the cleaning standards.

Continuous improvement

Staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. Time was set aside for protected learning. For example, training was given to members of the reception team so they could provide phlebotomy services to patients. The practice had been an accredited training practice since 2004.

There was evidence of extensive training having been initiated and coordinated by the practice. The senior GP coordinated five protected learning events per annum for local GPs. The practice was the local lead on the Choose Well campaign, a national project to educate patients on the range of services available to them when requiring urgent care. Education events had been organised for local practices and CCG as a whole on a number of subjects. For

example, a session was organised on diagnosis and treatment deep vein thrombosis (DVT). An audit conducted demonstrated a reduction in A&E attendances for DVT in the 12 months after the event. The practice had also provided training for patients that included AgeUK, First Aid, Dementia Awareness and the Carers Association. The practice and PPG member also supported East Staffordshire PPG open day, ensuring representation on the day and providing all promotional and educational materials for the event.

Innovation

There were a number of examples of how an innovative approach had led to the practice pioneering or piloting projects. The senior GP was the GP education lead for the local CCG and leads on innovation for the locality (localities are groups of practices geographically linked that work together). The practice had been used as a pilot site for the Friends and Family Test and had supported other local practices with the implementation of the scheme. The practice had initiated a working partnership with Changes and Staffordshire Cares. These have been rolled out to other practices both locally and in the wider area. The practice had requested and implemented electronic prescribing in April 2016 and was working on a project of collaborative working with other local practices.

The practice was an involved research centre accredited Royal College of General Practitioners (RCGP). Most recent research projects in which it participated included CANDID, a study into bowel cancer, and HEAT, a study into patients who were prescribed aspirin.