

# Rising Brook Surgery

## Quality Report

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Date of inspection visit: 20 June 2016

Date of publication: 01/08/2016

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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rising Brook Surgery on 20 June 2016. Overall, the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice was aware of the needs of the local population and had tailored services to reflect this.
- Staff felt supported in their work. The practice had significantly invested in the staff team to develop their skills and knowledge to improve outcomes for patients. There was an ethos of developing the right skill mix which ensured access to the appropriate clinician.
- Risks to patients were not always assessed and well managed; there was a lack of immunisation status records for staff, incomplete recruitment checks and lack of overview of safety systems such as legionella checks and fire drills.
- Patients said they were treated with compassion, dignity and respect. The results from the GP Survey reflected these comments and showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available on the same day.
- Information about services and how to complain was available and easy to understand. The practice actively reviewed complaints and improvements were made to the quality of care as a result of complaints and concerns.
- 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 the management team. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

The provider must:

- Ensure that staff and patients are protected from the risk of health care acquired infections.
- Ensure that all persons employed have timely access to training such as fire safety training and basic life support training.
- Ensure recruitment checks for staff meet legislative requirements.

In addition, the provider should:

- Carry out an annual analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Improve the number and quality of completed clinical audits to show where improvements made are implemented and monitored.
- Assure themselves that all of the necessary safety checks on the building are completed and copies of records obtained.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was a system in place for reporting and recording significant events. Although we saw clear learning points from significant events had been documented and shared, the practice had not carried out an annual analysis of incidents to identify any common trends, maximise learning and help mitigate further errors. The practice had identified this as an area for improvement.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were not always assessed and well managed; there was a lack of immunisation status records for staff, incomplete recruitment checks and lack of overview of safety systems such as legionella checks and fire drills.
- The practice did not have effective systems in place to help manage unplanned events. For example ensuring staff had up to date training in basic life support and fire safety.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Patients received care and treatment from an effective skill mix of staff. Staff were well supported with their personal development and had the skills, knowledge and experience to deliver effective care and treatment. Most staff had received an appraisal of their work but were not all up to date with essential training.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken but there was a lack of completed audits to demonstrate quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey published in January 2016 showed patients rated the practice higher than others in all aspects of care with the exception of seeing or speaking with their preferred GP.
- Patients said they were involved in decisions about their care and treatment and were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice offered flexible and double appointments when required for patients with complex health and medical needs.
- The practice had a register of carers. Information was available to signpost carers to external agencies providing support.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice offered a range of services to reflect the needs of the population.
- Patients could access appointments and services in a way and at a time that suited them. Urgent appointments were available on the same day.
- The practice had a triage system to prioritise appointments and home visits.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. The practice responded quickly to issues raised.
- 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.

## Are services well-led?

The practice is rated good for being well-led.

Good



- The practice had a vision and strategy to deliver high quality care and had identified areas of challenge and improvement. However, not all staff were clear about the vision and values of the practice.
- There was a clear leadership structure and staff felt supported by management who encouraged a culture of openness and honesty.

# Summary of findings

- The practice had a number of policies and procedures to govern activity.
- There was a focus on continuous learning and improvement at all levels. Staff were supported with significant opportunities for professional development.
- The practice sought feedback from staff and patients, which it acted on. There was an active patient participation group in place.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice offered a dementia screening service, flexible appointments and home visits for patients who were unable to attend the practice and those with enhanced needs.
- There was a robust call and recall system to ensure that older people attended their appointments when necessary with a GP, nurse or health care assistant.
- Older people who had been discharged from hospital received a telephone call to review their care needs.
- The practice had developed good links with local nursing homes, were involved in a nursing home initiative project, and were looking to roll out Skype (video) virtual consultations shortly.
- The practice had very recently employed a pharmacist to undertake medication reviews in people's own homes for patients who have difficulty attending the practice.
- Older people had a named GP to help with their continuity of care.
- A phlebotomy service was provided by the surgery, which enabled easier access for older people requiring a blood test.

### People with long term conditions

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

Good



- The practice shared clinical responsibility for patients with long-term conditions. There was a robust call and recall system in place including telephone calls regarding test results. A number of clinics were provided by specialist nurses to meet the needs of this population group.
- The practice held bi-monthly multidisciplinary and palliative care meetings to share and discuss the needs of patients. The practice had developed positive working relationships with community services.
- Performance for the five diabetes related indicators were comparable or better than the local and national averages. For

# Summary of findings

example, the percentage of patients with diabetes, on the register, with a record of foot examination and risk classification within the preceding 12 months was 94% compared with the local average of 91% and national average of 88%.

- Longer appointments and available when needed.
- Patients had an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had recently employed a pharmacist to assist with medication reviews and provide specialist support to patients taking multiple medicines and those with complex needs.

## Families, children and young people

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 on child protection plans. Staff had developed positive links with health visitors based within the same premises.
- Childhood immunisation rates were comparable to local averages for all standard childhood immunisations.
- Same day urgent appointments were available for young children. Routine appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%.
- A full range of family planning services were provided by the practice including oral contraception, implant fitting and coil insertion.

Good



## Working age people (including those recently retired and students)

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

- The needs of 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.

Good





# Summary of findings

- The practice offered extended hours with GPs and with nurses to help ease accessibility for patients.
- Telephone consultations were available with a GP.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- An electronic prescription service was available allowing late access to chemists for working people and students.
- The practice was based in a local health centre and patients were conveniently able to access other services within the same premises. As an active member of the local GP Federation, the practice promoted access for patients via the Prime Ministers Challenge Fund that operated every Saturday morning from 9am to 1pm at another local practice.

## People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for vulnerable patients including those with a learning disability.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients 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.
- A child protection register was maintained and updated and staff were made aware of those on the register.
- The computer system alerted staff to vulnerable patients including those requiring extra assistance.
- An interpreter service was available.

Good



## People experiencing poor mental health (including people with dementia)

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

- Patients with severe poor mental health were invited for an annual review of their health. 89% of these patients had a comprehensive, agreed care plan in place compared with the CCG average of 90% and national average of 88%.

Good



# Summary of findings

- The practice regularly worked with other health care teams in the case management of patients experiencing poor mental health, drug, and alcohol dependence and for those with dementia. For example, weekly substance misuse clinics were being held at the practice with a counsellor to see patients from the local area.
- There was a robust call and recall system in place to ensure patients were effectively monitored. Patient health questionnaires were used to assess and monitor patients presenting with depression.
- Patients experiencing poor mental health had information about how to access various support groups and voluntary organisations. Double appointments were offered to allow sufficient time to deal with any complex issues that may be relevant to a patient's health and care.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had doubled their dementia register during 2015/16.
- 82% of patients with dementia had their care reviewed in a face-to-face meeting in the preceding 12 months. This was broadly in line with the CCG average of 83% and national average of 84%.

# Summary of findings

## What people who use the service say

We reviewed the national GP patient survey results, which were published in January 2016. The results showed the practice was performing above local and national averages. The survey invited 279 patients to submit their views on the practice, and a total of 102 forms were returned. This was a response rate of 37%, which was comparable with the national response rate of 38%. The practice performance scored higher than local and national averages across all of the questions with the exception of patients who said they were able to see or speak with their preferred GP. One patient told us they preferred not to discuss their ailments with a receptionist when requesting an appointment.

- 88% of patients found it easy to get through to this practice by phone compared to the local average of 77% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 77% and the national average of 76%.

- 94% of patients described the overall experience of this GP practice as good compared to the local average of 88% and national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 82% and national average of 79%.

We spoke with eight patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 19 comment cards, which were all positive about the standard of care and treatment received. Patients felt the staff were kind and caring and said they were always treated with dignity and respect. Many patients described their care and treatment as excellent and commendable. Only one person commented about their experience of obtaining a GP appointment and another person commented on the extensive waiting time they spent at the surgery prior to being seen.

# Rising Brook Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager.

## Background to Rising Brook Surgery

Rising Brook Surgery is registered with the Care Quality Commission (CQC) as a partnership provider. The provider holds a Personal Medical Services contract with NHS England. The practice is situated within a health centre to the south of Stafford Town and dates back to the 1960s. The practice has a branch site called Cross Street Surgery, which is owned by the partners and is situated in the north of Stafford Town at New Street Stafford, ST16 3BD. Due to the age of the branch building, the refurbishment required and the difficulties with recruiting staff, the branch is due to close on 30 June 2016. NHS England have approved the closure and the practice staff have been supporting patients with this planned closure. We did not inspect the branch surgery as part of this inspection.

Patients are able to access either site for their care and treatment. The patient list size is around 9,700 patients. The patient demographic is broadly similar to the national average although the practice has a slightly higher proportion of patients aged 49 to 79 years. 62% of patients have a long-standing health condition compared to the local and national averages of 54%. The practice has a higher than average deprivation but a lower unemployment rate of 3%, which is the same as the local average and lower than the national average of 5%.

The practice is an accredited training practice for medical students, foundation doctors and GP registrars and is managed by a team of two male and one female GP partners. There is also a salaried female GP. The GPs work a combined number of sessions equivalent to 3.6 whole time doctors. A locum GP currently provides two or three sessions per week and is planned to provide some holiday cover over the Summer period. The partners are assisted by a clinical team of two female advanced nurse practitioners (ANPs), a female nurse prescriber, three female senior practice nurses, a female health care assistant, a phlebotomist and a practice pharmacist. Clinical staff are assisted by a range of administration and reception staff that includes the practice manager and a patient services team leader.

The main practice is open from 8am until 6.30pm Monday to Friday. The branch practice at Cross Street is open Monday to Friday from 8am to 1pm but will permanently close as of 30 June 2016. Pre-bookable extended hours appointments are available Monday, Wednesday and Thursday mornings from 7.30am at the main practice. Nurses are available during this period on a Monday and a Wednesday. Evening appointments with a GP are available on a Tuesday until 7pm. These appointments are usually for people who would otherwise find it difficult to see a GP during normal opening hours. Routine appointments can be booked up to 4 weeks in advance.

Patients are advised to call the practice in the event of urgent medical problems during surgery hours or NHS 111 for problems occurring during surgery closure. The Out of Hours service is provided by Staffordshire Doctors Urgent Care. The nearest hospital with an A&E unit is the Stafford County Hospital, Stafford; however, this is not a 24-hour service. Alternatively, patients have to travel to University Hospital of North Midlands (Stoke) or Wolverhampton.

# 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 the inspection, we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data such as the GP Patient Survey published in January 2016. We carried out an announced visit on 20 June 2016.

During our visit, we spoke with a range of staff including two GPs, the practice manager, an advanced nurse practitioner, a practice nurse, nurse prescriber, the practice pharmacist, patient services team leader, secretaries, administrators and receptionists. We also spoke with eight patients to include three members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. We reviewed 19 completed CQC comment cards where patients and members of the public shared their views and experiences of the service. We observed interactions between patients and staff and reviewed records relating to the management of the practice.

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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 CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform their immediate line manager or the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice had recorded 22 significant events in the previous year. We saw significant events were documented and were discussed at GP partner and nurse meetings and shared with staff during their protected learning time. Although we saw clear learning points from significant events had been documented, the practice had not carried out an annual analysis of incidents to identify any common trends, maximise learning and help mitigate further errors. The practice had identified this as an area for improvement.
- Serious incidents relating to cancer were also shared in palliative care meetings held with health professionals. Some of the staff we spoke with were able to recall examples of recent serious untoward incidents. For example, a clinician had not responded appropriately to a blood test result, this had been discussed by the partners and the patient received an apology and the incident was followed through.

We saw the practice had a system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were sent to the surgery email address and to the practice manager, who was the safety alerts co-ordinator. These were then distributed by the reception team leader on the computer system for staff to access. The system was able to audit which staff had read the alerts. Actions from alerts were agreed with a GP or nurse prescriber and searches were performed appropriately. We saw alerts had been actioned accordingly to improve safety in the practice.

### Overview of safety systems and processes

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

- There were arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined whom they should contact for further guidance if they had concerns about a patient's welfare. The practice had produced a safeguarding children and vulnerable adults leaflet. These were displayed on notice boards in consulting rooms and detailed examples of the different forms of abuse, the signs, how to respond and the contact details of external agencies. Staff knew who the lead GP was for safeguarding and they had received on-line training. GPs and nurses had received safeguarding adults and also safeguarding children level three training.

- The practice held a child protection register and staff were aware of children on the register via an icon on their computer. They had improved how they identified vulnerable patients to include patients with no fixed address and these patients would be seen by a clinician at the earliest opportunity and encouraged to attend a new patient check and follow up checks where necessary. Patient information packs were also provided, detailing the services available.
- A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. Information about chaperones was also detailed in the new patient pack. All staff, who acted as chaperones, had received training and a Disclosure and Barring Service (DBS) check completed. (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 visibly clean and tidy. All clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons.
- An advanced nurse practitioner was the infection control clinical lead assisted by a practice nurse. Discussions held with the clinical lead demonstrated they had a clear understanding of the role and responsibilities. There was an infection control protocol in place and most staff had received up-to-date training. Cleaning services were provided externally. The clinical lead had carried out an infection control audit and had developed an action plan. The action identified a need

# Are services safe?

to provide pedal bins in all rooms and replace chairs that were not easily cleanable within 12 months. Staff and patients were not completely protected from the risk of health care acquired infections because the immunisation status of staff had not been confirmed. There were no risk assessments in place to demonstrate how the risks to clinical staff involved in direct patient care would be managed and recorded.

- There were arrangements in place for managing medicines, including emergency medicines, vaccines and patients prescribed high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The reception staff checked the prescription box regularly during the day and procedures were in place if a prescription had not been collected. Processes were in place for handling repeat prescriptions and we saw there was a policy in place. GPs were responsible for initiating repeat prescriptions and these could be authorised by a GP, advanced nurse practitioner who had qualified as independent prescriber, and the in-house pharmacist. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw discussions about PGDs had taken place during nurse meetings. The health care assistant was trained to administer vaccines and medicines against a specific prescription or direction from a prescriber. The practice had very recently employed a pharmacist to assist with medication reviews and offer specialist support to patients taking multiple medicines and those with complex needs. We saw the practice had a recruitment and selection policy in place. We reviewed five personnel files and found that the majority of appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, satisfactory evidence of conduct (for example references) had not been obtained for a locum GP who had been regularly working at the practice. We were advised a verbal reference had been sought but nothing had been documented. We saw references had been obtained for another member of staff post their start date.

## Monitoring risks to patients

Risks to patients were assessed and managed.

- We saw the practice had procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice manager was the designated lead. We saw the practice had a health and safety risk assessment in place. We were advised that NHS Property Services maintained the building and carried out the required safety checks. An unplanned fire drill had been carried out in October 2015. Records available showed the previous fire drill was undertaken in 2012. We saw most staff had received fire safety training but some required updates. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However, the practice had not assured themselves that the necessary checks for legionella had been completed. A Legionella risk assessment was not available on the day of the inspection (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, checks to show the system had been tested were later obtained from Facilities and Estates Department of Staffordshire and Stoke-on-Trent Partnership NHS trust and forwarded to us.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff we spoke with considered there were sufficient staff employed to meet patient need. The majority of staff worked part time and covered each other during periods of holiday and occasional sickness. Staff had an understanding of each other's roles. The practice had experienced challenges with the retention and recruitment of GPs. Four GPs had retired in the previous four years. A new partner had joined the practice and salaried GP had been employed and a locum GP was providing part-time support to the practice to help with managing patient demand.

## Arrangements to deal with emergencies and major incidents

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



## Are services safe?

- There was an instant messaging system on the computers, which alerted staff across the practice to any emergency.
- Not all staff had received basic life support training. Following the inspection the practice manager advised that training had been sourced and booked for outstanding staff
- The practice had a defibrillator available on the premises and this was checked regularly.
- There were emergency medicines and oxygen available and staff were aware of the location in the event of a medical emergency.
- All the medicines we checked were in date and stored securely. Medicine to treat a sudden allergic reaction was also available and those requiring refrigeration were stored and managed effectively.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice manager held a copy outside of the practice and a copy was also held at the branch surgery.



# Are services effective?

(for example, treatment is effective)

## Our findings

### 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. Staff were aware of their own responsibilities for processing, recording and acting on any information received. 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.
- Staff had protected learning time and practice and clinical meetings were held. These provided opportunities for discussion.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice was based within a health centre and therefore health professionals were easily accessible, for example health visitors. The practice could refer patients to other staff for further assessment and treatment, these included health visitors, district nurses, physiotherapy, speech and language and the mental health team. Meetings took place bi-monthly with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. For example, meetings with the palliative care team and telephone discussions held with community nurses. The practice had developed good links with local nursing homes to ensure patient care was co-ordinated.

### Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and were able to provide examples of how they obtained consent from patients. They had a clear understanding of the need to act in the best interest of each patient.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Information about consent for children's treatment (under the age of 16) was detailed in the practice information pack and staff demonstrated an understanding of their role and responsibility in gaining consent.
- The process for seeking consent could be monitored through patient records. For example, we saw written consent had been obtained from patients prior to minor surgery, and the fitting of intrauterine devices (coil) and implants.

### 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, weight, smoking cessation and those with a learning disability.
- A well person clinic was provided by a nurse for patients aged 35 to 75 years providing advice on general health matters and a basic health check. Routine health screening was provided by the health care assistant for new patients registered with the practice.
- Information was displayed in the waiting room to include details about a women's health centre open day at the local hospital.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.

- The practice's uptake for the cervical screening programme was 81% compared with the CCG average of 80% and national average of 82%. Clinical exception reporting in this area was 7%, compared to the CCG average of 4% and the national average of 6%. A patient told us they had received several reminders to attend the practice for screening but had declined through choice.

## Are services effective?

(for example, treatment is effective)

- 71% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was below the CCG average of 73% and the national average of 72%.
- 58% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was below the CCG average of 62% but the same as the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 98% and five year olds from 89% to 98%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Throughout the inspection, we observed members of staff were courteous and very helpful to patients who attended or telephoned the practice. Patients were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Patients were encouraged to queue away from the main desk to promote patient confidentiality.
- All of the reception staff were trained in customer service.

We spoke with eight patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 19 completed cards. Patients felt the staff were kind and caring and said they were always treated with dignity and respect. Many patients described their care and treatment as excellent and commendable.

The practice had an active patient participation group. We met with two members of this group. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected.

We reviewed the most recent data available for the practice on patient satisfaction from the national GP patient survey published in January 2016. The survey invited 279 patients to submit their views on the practice, a total of 102 forms were returned. This was a response rate of 37%. Results showed patients felt they were treated with compassion, dignity and respect. The practice performance scored above CCG and national averages for its satisfaction on consultations with GPs and nurses, with the exception of patients who said they were able to see or speak with their preferred GP. For example:

- 94% of patients described their overall experience of their GP surgery as fairly good or very good compared to the clinical commissioning group (CCG) average of 88% and the national average of 85%.

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 97% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 98% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG average of 94% and national average of 92%.

### Care planning and involvement in decisions about care and treatment

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.

## Are services caring?

- 94% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

Translation services were also available for patients to access if English was not their first language. The practice had developed a patient information pack for new patients to take home with them. The pack provided lots of useful information about the practice. This included information about appointments, test results, access to patient records, clinics, prescriptions, complaints procedure and the practice charter.

### **Patient and carer support to cope emotionally with care and treatment**

We saw patient information leaflets and notices were displayed in the waiting area, which told patients how to access a number of local support groups and organisations. For example, a monthly Alzheimer's support evening and mental health helpline.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 113 carers (1% of the practice list) and offered flu vaccinations to all carers. The new patient information pack advised carers that a register was held at the practice and encouraged carers to inform a receptionist if they were a carer. Information and newsletters were also displayed in the waiting area about the Carers' Hub, a service that provided support to carers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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 patients who needed them as well as for patients with a learning disability. The practice had 30 patients with a learning disability registered at the practice. A member of staff had met with the learning disability lead for the local area to improve the recall levels of patients with a learning disability.
- The practice offered advanced, book on the day and emergency appointments. Patients were able to book routine appointments four weeks in advance and these appointments could also be booked on-line.
- Home visits were available each day for older patients and patients who had clinical needs, which resulted in difficulty attending the practice. These were undertaken by GPs or an advanced nurse practitioner who worked within their limitations.
- Same day appointments were available for young children and those patients with medical problems that required same day consultation.
- Patients were able to receive advice and travel vaccinations available on the NHS from the practice nurses as well as those only available privately.
- There were disabled facilities and a split level reception desk suitable for wheelchair users. Translation services available for patients with language barriers.
- The practice was based in a local health centre and patients were conveniently able to access other health services.
- The practice had recently employed a pharmacist to assist with medication reviews and provide specialist support to patients taking multiple medicines and those with complex needs.
- Comprehensive information packs were provided to new patients containing valuable information that included the range of services available.

### Access to the service

The main practice was open from 8am until 6.30pm Monday to Friday. The branch practice at Cross Street was open Monday to Friday from 8am to 1pm. The branch was

due to close permanently as of 30 June 2016. Pre-bookable extended hour's appointments were available Monday, Wednesday and Thursday mornings from 7.30am at the main practice. Nurses were available during this period on a Monday and a Wednesday. Evening appointments with a GP were available on a Tuesday until 7pm. These appointments were usually for people who would otherwise find it difficult to see a GP during normal opening hours. Routine appointments could be booked up to four weeks in advance. As an active member of the local GP Federation, the practice promoted access for patients via the Prime Ministers Challenge Fund that operated every Saturday morning from 9am to 1pm at another local practice. This is a scheme to help improve access to general practice.

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

- 86% of patients were satisfied with the practice's opening hours compared to the local average of 76% and national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to CCG average of 77% and the national average of 73%.
- 78% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 77% and the national average of 76%.
- 62% of patients felt they did not normally have to wait too long to be seen compared to the CCG average of 61% and national average of 58%.

On the day of the inspection only one person commented negatively about their experience of obtaining a GP appointment and another person commented on the extensive waiting time they spent at the surgery prior to being seen. A duty GP was available each day to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the designated responsible person who handled all complaints in the practice and was supported by the reception manager. The complaints policy and procedures were in line with

# Are services responsive to people's needs?

(for example, to feedback?)

recognised guidance and contractual obligations for GPs in England. Staff we spoke with were aware of the complaints policy and procedure and knew what to do in the event of receiving a concern or complaint directly from a patient.

We saw that information was available to help patients understand the complaints system. There was a poster displayed in the waiting informing patients about how to complain. A complaints and comments leaflet was included in the practice information pack for new patients, a copy was available in the reception area and also detailed on the practice website. Not all of the patients we spoke with during the inspection were aware of how to make a complaint, although most of them said they had not had cause to complain. Members of the patient

participation group told us the practice manager had shared feedback in relation to a concerns raised about the telephone system and that the practice was working to address to situation.

The practice manager was the lead for handling complaints. There had been nine complaints recorded over the previous 12 months. We found these were well documented and were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with each complaint. We saw complaints had been dealt with in line with the policy and no common themes had been identified. There were no outstanding complaints at the time of the inspection. The practice manager advised us that the practice made every effort to resolve issues.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They demonstrated an awareness of their strengths and the areas for improvement.

- The practice had a mission statement. This included offering the highest standards of health care and advice to their patients, within the resources available and providing a team approach to patient care. We saw this was also detailed in the practice charter that was included in the patient information pack. However, the mission statement was not widely known to all of the staff we spoke with.
- The practice was able to articulate a clear direction for the business and had identified areas of challenge and improvement, which was shared and discussed in governance meetings and documented in their business plan. These included recruitment, managing patient demand and expectation on a reduced budget, reviewing the cycle of significant events and palliative care register and a new build.

### Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. Governance arrangements included:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Policies and procedures were implemented and were available to all staff on the practice's computer system. Staff we spoke with were aware of how to access them.
- A review cycle of significant events had not been completed. The practice had identified this as an area for improvement.
- There was evidence that systems for monitoring and recording staff training and maintaining personnel records were not fully robust.
- The practice had not assured themselves that the necessary checks for legionella had been completed. A Legionella risk assessment was not available for us to view on the day of the inspection. (Legionella is a

bacterium, which can contaminate water systems in buildings). However, checks to show the system had been tested were later obtained from Facilities and Estates Department of Staffordshire and Stoke-on-Trent Partnership NHS trust and forwarded to us.

- Fire drills had not been carried out at a regular frequency.
- There were arrangements for identifying, recording and managing risks, issues and implementing
- There was some evidence that clinical and internal audits took place although more full cycle clinical audits were needed to clearly evidence improvements made are implemented and monitored.
- The practice had developed an action plan as a result of the GP Patient Survey published in January 2016.

### Leadership and culture

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

The provider was aware of the duty of candour and although they did not have a formal policy, there was evidence from reviewing complaints and significant events that they understood their responsibilities regarding the requirements of this. (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:

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

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so.



# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported by the partners and the management team. 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 sought patients' feedback in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG), complaints and through surveys to include the NHS Friends and Family Test. The PPG consisted of 10 members and a virtual group. They assisted in submitting proposals for improvements to the practice management team. During the inspection, we spoke with two members of the group. They told us the group met quarterly with representatives of the practice and the meetings held were productive and minuted. They said they had been consulted with regarding the results of the GP Patient Survey, closure of the branch surgery and the consideration for patients' welfare post the closure and extended hours. They reported that patient confidentiality had also improved at the desk following better signage and a mirror being placed opposite the reception area so that people queued in the corridor and the receptionists had a better view of patients waiting. The members told us they were looking to promote the PPG and encourage patients to join from the range of population groups.
- We saw the practice had acted on complaints received from patients and had responded accordingly.
- 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. For example, members of the nursing team were supported with expanding their skills and knowledge to enable the practice to meet the needs of the patients.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Protected time was given to staff to complete training and personal development. The practice had significantly invested in the staff team to develop their skills and knowledge to improve outcomes for patients. There was an ethos of developing the right skill mix which ensured access to the appropriate clinician.

The practice was a training and research practice with links to a local university medical school. Medical students, foundation doctors and GP registrars were supported in their training.

The practice had developed good links with local nursing homes, and were involved in a nursing home initiative project, and were looking to roll out Skype (video) virtual consultations shortly.

Four GPs had retired from the practice in the previous four years. A new partner had joined the practice and a salaried GP had been recruited, the practice was actively recruiting for GPs. The practice recognised the challenges of recruiting GPs and therefore provided a range of other clinical practitioners to complement the clinical staff team. For example, a part-time pharmacist had recently joined the practice to assist with medication reviews and general medicine related queries and three nurses had an extended range of skills and worked within their own limitations and expectations.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>How the regulation was not being met:</b>  The risk to staff and patients from the risk of health care acquired infections had not been assessed and mitigated against.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>How the regulation was not being met:</b>  The provider had not ensured that all persons employed by the service to carry out regulated activities had timely access to training such as fire safety training and basic life support training.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>How the regulation was not being met:</b>  The provider had not obtained all of the required information as outlined in Regulation 19 and Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for all staff employed by the practice.