

Snowhill Medical Centre

Quality Report

Shelton Primary Care Centre
Norfolk Street
Shelton
Stoke on Trent
Staffordshire
ST1 4PB
Tel: 01782 222930
Website: www.snowhillmedical.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Snowhill Medical Centre on 29 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement is:

- Investigate further methods to improve cervical screening uptake rates.
- Improve the identification of patients who may be carers.

Summary of findings

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The rate of emergency admissions to hospital for patients with conditions where effective management and treatment may have prevented admission was 28% lower than the local average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had information available for, and supported patients who were carers. Although the overall number of carers identified was lower than expected.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had been commissioned to offer appointments to any person who was homeless.
- The number of patients attending A&E during GP opening hours was 10% lower than the clinical commissioning group average.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice did not have a formal written vision and values, although staff we spoke with gave their individual aims with the intention of providing patients with a professional, quality and caring service.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had offered health assessments to all patients aged 80 years and over as part of a clinical commissioning group Local Improvement Scheme (LIS). Patients were offered an extended appointment at the practice or home visit by a GP and healthcare assistant as appropriate to the patients' circumstances.

Good



People with long term conditions

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

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 87% of patients with asthma had a review of their condition within the previous year. This was higher than the CCG and national averages of 75%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who were admitted to hospital in an emergency was 36% below the CCG average.

Good



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 and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were lower than local and national averages, although the practice did promote screening to relevant patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors

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.
- 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.

Good



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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 93% of patients with dementia had a face to face review of their condition in the last 12 months. This was higher than the CCG average of 85% and national average of 84%.
- 98% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

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 404 patients to submit their views on the practice, a total of 99 forms were returned. This gave a return rate of 25%.

- 90% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 84% said that the GP was good at giving them enough time compared to the CCG average and national averages of 87%.
- 70% of patients found it easy to contact the practice by telephone compared to the national average of 73%.
- 87% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.

We spoke with 12 patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. Most of the patients we spoke with told us they were treated with care, dignity, respect and understanding. Two patients felt that on occasion they had not been treated empathetically. Both patients were aware of the complaints procedure and had not raised the issue formally, although felt able to do so.

We received 37 completed cards, of which all were positive about the caring and compassionate nature of staff

We received feedback on appointments from 49 patients. Most of the feedback of the feedback about the access to, and experience of making an, appointments was positive. Patients told us both urgent and pre-bookable appointments were available. Some patients felt that at times it could be difficult to get through to the practice by telephone.

Areas for improvement

Action the service **SHOULD** take to improve

- Investigate further methods to improve cervical screening uptake rates.

- Improve the identification of patients who may be carers.

Snowhill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Snowhill Medical Centre

Snowhill Medical Centre is registered with the Care Quality Commission (CQC) as a partnership provider based within Shelton Primary Care Centre. The practice holds a Personal Medical Services contract with NHS England.

At the time of our inspection the practice had 4,479 patients. The practice locality is one of higher deprivation when compared with both the clinical commissioning group (CCG) and national averages. The practice has a much higher proportion of patients in the birth to four years, and 20 – 34 years age groups than the national average. Conversely, the practice has a smaller proportion of patients than the national average in the aged 40 years and over group.

Staffing at the practice includes:

- Two GPs (one female and one male) working in partnership.
- Three part time GPs (two female and one male).
- One female practice nurse.
- Two female healthcare assistants.

- A practice manager and administrative team.

The practice is open from 8:30am to 6:30pm on weekdays. During these times telephone lines and the reception desk are staffed and remain open. Extended hours appointments are offered on Monday from 6:30pm to 7:45pm. When the practice is closed patients can access help by telephoning the practice, after which their call is transferred to the NHS 111 service for assistance.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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

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?

Detailed findings

- 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 our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey. We informed NHS England and NHS Stoke on Trent Clinical Commissioning Group that we would be inspecting the practice and received no information of concern.

During the inspection we spoke with members of staff including GPs, the practice nursing team, the practice manager and administrative staff. We also spoke with a member of the patient participation group.

We gathered feedback from patients by speaking directly with them and considering their views on comment cards left in the practice for two weeks before the inspection.

Are services safe?

Our findings

Safe track record

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events.
- Significant events had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team.

We reviewed safety records, minutes of meetings and asked staff about the measures in place within the practice to promote patient safety. Significant events were discussed as a standing item within practice and clinical meetings, or sooner if required. One example of learning was that the practice identified that one of their registered patients had attended another healthcare facility and was prescribed a medicine that had already been prescribed once. The practice identified this and liaised with the other healthcare facility to establish how this had occurred. The practice contacted the patient with advice about the medicines. The learning from this occurrence was that the practice had acted with diligence and there was reinforcement that their process for reviewing patient communications had been robust.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved. We saw that the practice did not always record the actions they had taken in response to alerts, although other evidence demonstrated they had taken action. We spoke with the practice about this and shortly after our inspection the practice shared a new procedure on recording MHRA information with us.

A culture to encourage duty of candour was evident through the significant event reporting process. 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, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

The practice team had specific areas of responsibility assigned to them to keep patients safe and minimise the risk of harm, these included:

- All staff knew their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. All staff had received role appropriate training to nationally recognised standards, for example GPs had attended level three training in Safeguarding Children.
- Chaperones were available when needed, all staff who acted as chaperones had received training, been vetted and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken annually, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nurse used Patient Group Directions to allow them to administer medicines in line with legislation. We saw that blank prescriptions were stored securely.
- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The system for ensuring patients had received the necessary monitoring before prescribing of the medicine differed between clinicians. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. However, there was a possibility that patients may still receive the medicine if they had not received the required

Are services safe?

monitoring. For example if a patient missed a blood test at the hospital. We spoke with the practice about this, two days after our inspection they changed the process for the issuing of high risk medicines to ensure that before issue a check was performed to ensure patient condition monitoring had been undertaken.

- We reviewed three personnel files and found 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. The practice had medical indemnity insurance arrangements in place for all relevant staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.

- Regular infection control audits were held and staff were immunised against appropriate vaccine preventable illnesses.
- The practice performed regular water temperature testing and flushing of water lines and had a written risk assessment for Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- 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).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and staff knew their location.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed 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.

We saw that the monitoring of patients with diabetes had been inconsistent as the time period of monitoring patients with stable HbA1c (indicating longer term blood glucose control) levels varied. The most recent guidance from NICE suggested that monitoring of HbA1c levels should be at a six-monthly interval once the levels were stable. We saw that a number of patients with stable HbA1c levels had monitoring undertaken at six to 12 monthly intervals. We spoke with the practice about this and the issue was identified as an inconsistency on a computer template. Action was taken straight away to follow up and invite any patients with monitoring outside of the guidelines to attend the practice for follow up.

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 that within the practice:

- The practice achieved 97% of the total number of points available; this was higher than the national average of 94.8% and clinical commissioning group (CCG) average of 95%.
- Clinical exception reporting was 10% compared with the CCG and national averages of 9%. 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.

- 98% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%.
- 87% of patients with asthma had a review of their condition within the previous year. This was higher than the CCG and national averages of 75%.
- 93% of patients with dementia had a face to face review of their condition in the last 12 months. This was higher than the CCG average of 85% and national average of 84%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- The Quality Improvement Framework (QIF) is a local programme with the CCG area to improve the detection and management of long-term conditions.
- The practice participated in the avoiding unplanned admission enhanced service. Two per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge. The care plans were available in the patient's home to enable other health professionals who may be involved in their care to have comprehensive information about them.

We reviewed the practice performance, from 2014/15 in The Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent Clinical Commissioning Group (CCG) to improve the health outcomes of local people. The data demonstrated that fewer patients had been admitted to hospital in urgent circumstances, when compared with local averages. For example:

- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who were admitted to hospital in an emergency was 36% below the CCG average.
- The rate of emergency admissions to hospital for patients with conditions where effective management and treatment may have prevented admission was 28% lower than the local average.
- The number of children admitted to hospital with a lower respiratory tract infection (chest infection) was 24% lower than the CCG average.

Are services effective?

(for example, treatment is effective)

There had been two completed two-cycle clinical audits completed in the previous year. The audits were to ensure that certain medical conditions had been treated in line with nationally recognised guidance.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a small number of patients approaching the end of their life. Formal meetings about their care had taken place with other health care professionals on three occasions in 2015, when required details were discussed with professionals straight away. A GP told us due to the number of patients and availability of professionals it had been challenging to hold more regular formal meetings, although at all times the practice had oversight of the patients' care needs. The practice had a meeting planned in the days after our inspection and had planned dates for three monthly meetings in the coming year.

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.

Supporting patients to live healthier lives

The practice had offered health assessments to all patients aged 80 years and over as part of a CCG Local Improvement Scheme (LIS). Patients were offered an extended appointment at the practice or home visit by a GP and healthcare assistant as appropriate to the patients' circumstances. The health checks were aimed at establishing the ongoing health of older patients and the emergence of previously unknown health concerns.

The practice's uptake for the cervical screening programme was 91% compared with the CCG average of 80% and national average of 82%. Clinical exception reporting in this area was 32% compared with the CCG and national averages of 5%. The practice was aware of this and had followed up patients who had not attended screening with reminders about their importance. The demographic of the practice area was one of high ethnic diversity. Staff told us that some patients culturally chose not to attend for screening. The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 86% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice advertised and offered a confidentiality booth for patients to discuss more sensitive issues in the reception area in private.

We spoke with 12 patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 37 completed cards, of which all were positive about the caring and compassionate nature of staff. Most of the patients we spoke with told us they were treated with care, dignity, respect and understanding. Two patients felt that on occasion they had not been treated empathetically. Both patients were aware of the complaints procedure and had not raised the issue formally, although felt able to do so.

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 404 patients to submit their views on the practice, a total of 99 forms were returned. This gave a return rate of 25%.

The results from the GP national patient survey showed patients were broadly satisfied with how they were treated and that this was with compassion, dignity and respect. For example:

- 90% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 84% said that the GP was good at giving them enough time compared to the CCG and national averages of 87%.
- 91% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 94% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 91% said the practice nurse was good at listening to them with compared to the CCG average of 92% and national average of 91%.

Care planning and involvement in decisions about care and treatment

Individual patient feedback we received from patients about involvement in their own care and treatment was positive, all patients felt involved in their own care and treatment.

The GP patient survey information we reviewed showed a comparable patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in January 2016 showed;

- 79% said the last GP they saw was good at involving them about decisions about their care compared to the national average of 82%.
- 86% said the last GP they saw was good at explaining tests and treatments which was the same as the CCG and national averages.
- 85% said the last nurse they saw was good at involving them about decisions about their care which was the same as the national average.
- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received.

Are services caring?

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 28 patients as carers (0.6% of the practice list). A member of practice staff led in this area by attending carers' association events and ensuring that written information was available to direct carers to the various avenues of support available to them.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.

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 had been commissioned to offer appointments to any person who was homeless.
- Evening appointments were available each Monday.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were disabled facilities, a hearing loop and translation services available.

We reviewed the practice performance from 2014/15 in The Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent CCG to improve the health outcomes of local people. The data demonstrated less of the practice's patients presented at hospital Accident and Emergency (A&E) departments in practice opening hours when compared with the CCG average:

- The number of patients attending A&E during GP opening hours was 10% lower than the CCG average.
- The overall number of patients attending A&E at any time was 5% higher than the CCG average.

Access to the service

The practice was open from 8:30am to 6:30pm on weekdays. During these times telephone lines and the reception desk were staffed and remained open. Extended appointments were offered on Monday from 6:30pm to 7:45pm. When the practice was closed patients could access help by telephoning the practice, after which their call was transferred to the NHS 111 service for assistance.

Patients could book appointments in person, by telephone or online for those who had registered for this service. We saw that the practice had availability of appointments with GPs and nurses within a few working days.

We received feedback on appointments from 49 patients. Most of the feedback about the access to, and experience of making an, appointments was positive. Patients told us both urgent and pre-bookable appointments were available. Some patients felt that at times it could be difficult to get through to the practice by telephone.

Results from the national GP patient survey published in January 2016 showed comparable rates of patient satisfaction when compared to local and national averages:

- 70% of patients found it easy to contact the practice by telephone compared to the national average of 73%.
- 87% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 54% of patients felt they did not have to wait too long to be seen compared to the CCG average of 60% and national averages of 58%.
- 95% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 74% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and a practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received one complaint in the last 12 months. We tracked the complaint and saw it had been acknowledged, investigated and responded to in line with the practice complaints policy. When received complaints were discussed with the staff and at clinical meetings. The process for learning from complaints was evident.

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 did not have a formal written vision and values, although staff we spoke with gave their individual aims with the intention of providing patients with a professional, quality and caring service.

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:

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

The GPs and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. All of the practice administrative staff were very experienced and had worked at the practice for a number of years. All staff had received recent appraisals.

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

The practice had a patient participation group (PPG). Staff and the PPG met to discuss services provided and demonstrated they had made changes based on feedback:

- Appointments on a Monday had been changed to book on the day, to improve access after the weekend.
- More staff had been made available to answer the telephone at 8:30am in the morning. Following this patient satisfaction levels in the national GP patient survey had improved.

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.

Continuous improvement

We spoke with a practice nurse, who had joined the practice in October 2015. They told us they had been supported into their role and had dedicated protected time each week with a GP for learning and development. They felt this had been important to improving their performance and knowledge in the role.

The practice had recently been approved to become a training practice to qualified doctors in their training to become GPs.