

Potteries Medical Centre

Quality Report

Beverley Drive
Stoke-on-Trent
ST2 0JG

Tel: 01782208755

Website: www.potteriesmedicalcentre.co.uk

Date of inspection visit: 10 August 2016

Date of publication: 26/09/2016

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

Requires improvement



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?

Requires improvement



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 Potteries Medical Practice on 10 August 2016. Overall the practice is rated as requires improvement.

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. However regular reviews of significant events had not been carried out to identify trends.
- Most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients were positive about their interactions with staff and said they were treated with compassion, dignity and they were involved in decisions about their care.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Risks to patients were not always assessed and well managed; there was a lack of overview of safety systems such as legionella checks, gas safety checks, fire drills and staff recruitment processes.
- Urgent appointments were available on the same day. Patients told us they found it easy to get an appointment.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Staff felt valued and supported in their work by the management team.
- Information about how to complain was not readily accessible. The practice had only received verbal complaints but these had not been consistently recorded or analysed to identify any common trends.
- Results from the national GP patient survey showed that patients rated their experiences and satisfaction higher for all but two aspects of care compared with the Clinical Commissioning Group (CCG) and the national averages.

Summary of findings

- We saw a number of audits had been completed and results were used to drive improvement.

However, there were areas where the provider must make improvements. The provider must:

- Implement effective systems for identifying, assessing, monitoring and mitigating risks.
- Ensure recruitment arrangements cover all necessary employment checks for all staff employed.
- Risk assess the need for inclusion of atropine within the emergency drugs kit for use in the event of cervical shock when performing a coil fitting as per best practice guidance.
- Ensure that a risk assessment for Legionella is carried out in respect of the building.
- Ensure safety checks are carried out on the gas boiler in accordance with the manufacturer's instructions.
- Maintain a log of fire tests and carry out regular fire drills.

In addition the provider should:

- Implement an effective process to check that patients on high risk medicines are being monitored before issuing prescriptions.

- Carry out a regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Review the arrangements for the storage of patient files and emergency medicines.
- Produce a written risk assessment as to why an Automated External Defibrillator AED is not required.
- Hold clinical and practice meetings on a more regular basis.
- Ensure all staff have an annual appraisal and timely access to training.
- Improve the procedure to log, review, discuss and act on alerts received that may affect patient safety.
- Improve the recording of all complaints received and the identification of trends.

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.

Requires improvement



- 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. However, the practice did not review significant events to analysis for trends over time.
- The practice had clearly defined and embedded safeguarding procedures in place. Staff knew how to respond and report safeguarding concerns and had received the appropriate level of training in safeguarding children or vulnerable adults relevant to their role.
- The provider was not doing everything reasonably practicable to mitigate risks to patients. For example, checks on water supplies for Legionella, gas safety checks and fire drills had not been carried out as required. Not all of the required checks had been obtained prior to staff commencing employment at the practice.
- The practice had some systems in place to help manage unplanned events. These included most staff having training and most of the suggested equipment and medicines available. However, the practice did not have an Automated External Defibrillator (AED) on site or a supply of atropine for use in the event of cervical shock when performing coil fittings.
- The practice system for prescribing high risk medicines on a shared care basis was not effective in limiting the possibility of patients receiving medicines when they had not had the recommended monitoring.
- There was not a consistent system to log, review, discuss and act on patient safety alerts received that may affect patient safety, although evidence seen showed action had been taken.
- The practice had a lead for infection control and most staff had received training.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Most staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for established staff but these had not been done at the required frequency for some staff.
- Most staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff meetings and clinical meetings were not formalised; there had been some informal clinical meetings between the partners but these were not held on a regular basis. Multi-disciplinary team meetings took place to discuss the needs of particular patients, however the partners acknowledge the need to increase the frequency of these.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016, showed patients rated the practice higher than others for all but two aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Home visits were triaged by a GP to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- Routine appointments were usually available with a clinician within 48 hours. Same day appointments were available for children and those patients with medical problems that required urgent consultation.

Good



Summary of findings

- Online services were available for booking appointments, ordering repeat prescriptions and requesting a summary of care records.
- Information about how to complain was not readily accessible. The practice had only received verbal complaints but these had not been consistently recorded or analysed to identify any common trends.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The partners encouraged a culture of openness and honesty and staff felt supported by the management team.
- The practice had a number of policies and procedures to govern activity.
- Governance processes at the practice did not assure that all risks that could be reasonably predicted were minimised; there was a lack of overview of safety systems and governance arrangements.
- The practice proactively sought feedback from staff and patients, which it acted on with the exception of advising patients of how to complain if they were unhappy with the service.
- The patient participation group was active and worked openly with the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

Requires improvement



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 requires improvement for the safe and well-led domains. The concerns that led to these ratings apply to all population groups.

- 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.
- Patients aged 75 and older had a named GP and were offered a health check to review their health and wellbeing.
- Patients in this population group were offered flu, pneumonia and shingles vaccines.
- The practice had a hospital admissions avoidance register and facilitator.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the safe and well-led domains. The concerns that led to these ratings apply to all population groups.

- Indicators for treatment of patients with diabetes were in line with local and national averages.
- 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 professional to deliver a multidisciplinary package of care.
- Patients at the highest risk to unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the safe and well-led domains. The concerns that led to these ratings apply to all population groups.

Requires improvement



Summary of findings

- 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.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates for the vaccinations given were in line with the CCG average for all standard childhood immunisations with dedicated clinics held.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 83%. This was higher than the CCG average of 80% and the national average of 82%.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the safe and well-led domains. The concerns that led to these ratings apply to all population groups.

- The practice offered a range of online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Clinics were offered until 6.30pm. Extended hours appointments with GPs and nurses were available until 8pm on a Tuesday evening.
- NHS Health checks were available for patients aged 40 to 74 years.
- Online services were available for booking appointments and ordering repeat prescriptions.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the safe and well-led domains. The concerns that led to these ratings apply to all population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and for those who needed longer with a GP to discuss their health needs.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the safe and well-led domains. The concerns that led to these ratings apply to all population groups.

- 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.
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91%. This was above the CCG average of 86% and the national average of 88%.
- The percentage of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months was 100%, which was above the CCG average of 85% and the national average of 84%. The exception reporting was 4% compared to the CCG and national averages of 8%.

Requires improvement



Summary of findings

What people who use the service say

We reviewed the national GP patient survey results, which were published in July 2016. The survey invited 289 patients to submit their views on the practice, 115 forms were returned. This was a completion rate of 40%. The results from the GP national patient survey showed patients expressed high satisfaction levels in relation to the experience of their last GP appointment. For example:

- 93% of patients found it easy to get through to this practice by telephone. This was higher than the local average of 75% and the national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local and national average of 78%.

We spoke with seven patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 11 completed cards and these showed a high level of patient satisfaction. Patients commented that the care and treatment they received was of a high standard, that staff were caring, helpful and their privacy and dignity was upheld.

Potteries Medical Centre

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 advisor and a practice manager specialist advisor.

Background to Potteries Medical Centre

Potteries Medical centre is located in Bentilee, Stoke On Trent and is registered with the CQC as a partnership provider. The provider holds a General Medical Services contract with NHS England and is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG). The premises is a single storey building with a patient car park located to front of the building.

The practice is owned and managed by three GP partners (two male and one female) two whole time equivalent (WTE). The partners are assisted by one advanced nurse practitioner, one practice nurse, a practice manager and a team of five reception and administrators. The practice is a teaching practice for GP trainees and medical students.

At the time of our inspection the practice had around 4,600 registered patients. The practice age distribution is higher than CCG and national averages for patients aged 0-29 years and patients aged 55 and older. The practice has a higher percentage (9%) of unemployed patients compared to the national average of 5%, and the CCG average of 8%. The percentage of patients with a long-standing health condition is 55%, which is comparable to the local average of 57% and the national average of 54%.

The practice is open from 8am to 6.30pm Monday to Friday and 8am to 1.00pm on a Thursday. The practice offers extended hours on a Tuesday evening with a GP or advanced nurse practitioner from 6.30pm to 8pm. Routine appointments can be booked in person, by telephone or on-line. Home visits were triaged by a GP to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

The out-of-hours service provider is Staffordshire Doctors Urgent Care. Patients may also call 111 or 999 for life threatening emergencies. The practice is a short distance away from the University Hospital of North Midlands.

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 August 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including two GPs, a nurse, an advanced nurse practitioner, the practice manager, receptionists and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the 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 were aware of the practice process for reporting significant events and could recall recent occurrences. We saw that seven significant events had been reported in the previous year and most staff were made aware of the learning process. However, the practice had not carried out an annual analysis of incidents to identify any common trends, maximise learning and help mitigate further errors.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

A member of staff shared an example of where changes had been made to improve patient safety following the same immunisation being given to the identical child on two separate occasions. All relevant parties were advised of the error. As a result, a dedicated baby immunisations clinic had been implemented to ensure the clinician responsible had dedicated time to focus on providing this service only.

The practice did not have a formal process in place to evidence how they had acted upon and followed up on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received by the practice manager and GP and disseminated to clinical staff and action had been taken but not recorded. We were advised the medicines management from the Clinical Commissioning Group visited the practice fortnightly and supported searches relating to medicine alerts.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to

nationally recognised standards, for GPs and nurses this was level three in safeguarding children. The practice had a designated GP identified as the safeguarding lead. The staff we spoke with knew their individual responsibility and were aware of the appropriate process to follow should any safeguarding concerns be identified. We saw staff were made aware of vulnerable patients by computerised alerts on their records.

- Chaperones were available when needed. Most staff who acted as chaperones had received training, had a disclosure and barring services (DBS) check 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 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.
- The practice nurse was the lead person identified for ensuring that the latest infection prevention and control (IPC) measures were applied. They had received appropriate training and attended infection control bi-monthly meetings with the Clinical Commissioning Group. The lead knew their responsibility and had mitigated risks effectively. IPC audits of the whole service had been undertaken annually and information summarised and an action plan developed.
- 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 however, the systems in place to monitor their use could be improved to include the monitoring of prescriptions not collected.
- The practice had procedures in place for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The newly recruited advanced nurse practitioner was an independent prescriber, had received appropriate training and was suitably experienced to fulfil this role.
- The Practice nurse used Patient Group Directions (PGDs) to administer immunisation and vaccines in line with legislative requirements.

Are services safe?

- We saw that patients who took high-risk medicines that required close monitoring for possible side effects had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. A shared care protocol was in place however, it was not clear how the practice was advised in the event of adverse results or patients who did not attend for monitoring. For example, if a patient missed a blood test at the hospital. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines on the patient records we reviewed.
- We reviewed five personnel files and found most 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 (DBS). However we found no written references had been obtained for one clinician and their DBS check was received three weeks post their start date. No risk assessment had been completed in the interim. We were told verbal references had been obtained but not documented. The practice had medical indemnity insurance arrangements in place for all relevant staff.

Monitoring risks to patients

The practice had some processes in place to manage risks from buildings, equipment and safe staffing levels but these were not always well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety audits were carried out six monthly. The practice had fire risk assessments in place and we saw evidence that fire safety audits were completed annually. Weekly fire alarm testing was carried out but a log of these checks had not been maintained and evacuation drills had not been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A gas boiler had been installed in 2013; however, this was not routinely serviced to check its safety.
- The practice had a variety of other risk assessments in place to monitor safety of the premises however, they

did not have a regime in place to assess the risk of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice considered they were low risk due to not having air conditioning or showers installed, however a risk assessment for assessing the risk of Legionella had not been completed.

- There were arrangements in place to cover for staff sickness and leave to ensure appropriate staffing levels were maintained. Staff told us they covered for one another in the event of sickness and leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Existing staff had received annual basic life support training with the exception of new staff.
- The practice did not have an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm). This had not been formally risk assessed or considered against nationally recognised guidance from the UK Resuscitation Council that suggested, within primary care, an AED should be immediately available.
- Emergency medicines and oxygen were accessible to treat a range of sudden illness that may occur within a general practice and all staff knew of their location. However, these were not stored in a secure area of the premises on the day of the inspection. Therefore the provider agreed to review the storage arrangements. All the medicines we checked were in date and we saw checks were maintained to ensure they were fit for use. However, the practice had not completed a risk assessment and did not have a supply of atropine, for use in the event of cervical shock when performing a coil fitting. A supply was immediately ordered on the day of the inspection.
- The practice had a comprehensive business continuity plan in place for major incidents such as loss of power or building damage.

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. For example, one clinician showed us they used an online NICE tool that provided quick and easy access, topic by topic, to the range of NICE guidance. Staff told us NICE guidance was discussed in clinical meetings. We saw the practice had carried out a clinical audit when guidance had changed in regards to diagnosis of hypertension (high blood pressure).

Management, monitoring and improving outcomes for people

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

- Achieved 99% of the total number of points available. This was higher than the Clinical Commissioning Group (CCG) and national averages of 95%.
- The overall clinical exception reporting was 6%, which was 3% below the CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The individual clinical domain performance data from 2014/15 showed:

- All patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months compared with the CCG average of 85% and the national average of 84%. The practice exception reporting was better at 4% compared to the CCG average 8% and the national average of 10%.

- 76% of patients with asthma had received a review of their condition within the last year compared with the CCG average and national averages of 75%.
- 91% of patients with severe mental health conditions had an agreed care plan in place in the preceding 12 months, compared with the CCG average of 86% and the national average of 88%.
- 89% of patients with diabetes had received a recent blood pressure reading in the preceding year, compared with the CCG average of 80% and the national average of 78%.
- 90% of patients with hypertension (high blood pressure) had a recent blood pressure reading within an acceptable range compared with the CCG average of 85% and national average of 83%.

The practice had carried out a range of clinical audits including minor surgery infection audit, diagnosis of hypertension (high blood pressure) and gout. The two audits we reviewed were full cycle audits and demonstrated improvement. For example, the practice had carried out an audit of the diagnosis of hypertension using 24 hour ambulatory blood pressure monitoring (ABPM). The results of the re-audit showed a significant improvement in the use by the practice of APBM and home blood pressure monitoring (HBPM) as per NICE guidance.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. New staff were provided with a welcome pack, an introduction to the building and policies and procedures and were mentored and had a probationary review.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the clinician responsible for administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They were able to demonstrate how they stayed up to date with changes to the immunisation programmes, for example

Are services effective?

(for example, treatment is effective)

by access to on line resources. One clinician told us had obtained two additional professional qualifications appropriate to their work through a previous employer and felt very supported in their work.

- Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work through training events organised twice a year through the Clinical Commission Group (CCG). However, staff did not have access to e-learning to meet their essential training requirements. For example, we identified a non-clinician, who had worked at the practice for five months, had not received any essential training and there were gaps in other staff training to include the Mental Capacity Act 2015 and information governance. The practice manager shared a schedule of forthcoming statutory and essential training planned for November 2016 with the CCG. A clinician told us they were responsible for co-ordinating their own learning and development. They said they were provided with protected learning time and was able to confidently block time out of their schedule to attend training updates as and when required to support their own learning and development. We saw they maintained a copy of their own continuous professional development (CPD).
- Most established staff had received an annual appraisal. One clinician told us they had not received an appraisal of their work for two years but arrangements had been made for one to be undertaken shortly.

Coordinating patient care and information sharing

We reviewed the system the practice used for receiving, handling and acting on information about patients' wellbeing, care and treatment. We saw the information needed to plan and deliver care and treatment was available to relevant staff. This was handled in a timely and accessible way through the practice's patient record system and their intranet system

- This included hospital discharge summaries, out-of-hours and A&E patient contact summaries 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. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.

- The care of patients approaching the end of their lives was reviewed and care plans we saw demonstrated a clear process but there was no evidence of routine review. The practice had developed good links with external service providers such as the emergency services and the community nursing team and had shared relevant information.
- 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. There were arrangements in place to follow up patients with complex conditions that had been discharged from hospital. However, the practice acknowledged the need to improve the frequency of meetings held with external professionals.

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, however not all staff had received training in the Mental Capacity Act 2005 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were able to share examples of how they sought and obtained patient consent. For example, written consent was obtained for minor surgery and procedures such as ear irrigation.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients nearing the end of lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. We saw patients had

Are services effective?

(for example, treatment is effective)

access to appropriate support, health assessments and checks. These included stop smoking clinics, dietary, health and lifestyle advice, new patient checks and NHS health checks.

- Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable.
- The practice offered travel advice and a range of travel available on the NHS.
- The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 80% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice sent letters to patients who had not responded to their initial invitation to attend the screening.

Data showed that the number of patients who engaged with national screening programmes was lower than local and national averages:

- 68% of female patients aged 50 to 70 years had attended screening to detect breast cancer in the last 3 years. This was lower than the local average of 75% and the national average of 72%.
- 45% of eligible patients aged 60-69 had been screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was lower than the CCG average of 55% and national average of 58%. Information about the bowel cancer screening programme was available on the practice website.

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 94% to 98% and five year olds from 93% to 100%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Screens 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.

We spoke with seven patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 11 completed cards. All highlighted a high level of patient satisfaction. Patients commented that the care and treatment they received was of a high standard, that staff were caring, helpful and their privacy and dignity was upheld. We spoke with the Chair of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed the national GP patient survey results, which were published in July 2016. The survey invited 289 patients to submit their views on the practice, 115 forms were returned. This was a completion rate of 40%. Results showed patients felt they were treated with compassion, dignity and respect. The practice scored higher than the Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time, which was higher than the CCG and the national averages of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national averages of 85%.

- 99% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 99% 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 93% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national averages of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 98% 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%.
- 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 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The patient self-check in facility provided a range of

Are services caring?

languages and there was also a language identification poster displayed in reception for patients to identify their preferred choice of language to reception staff if required.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 107 patients as carers (2.3% of the practice list). We saw written information was

available in the practice and on the practice website to direct carers to the various avenues of support available to them. We were able to ask a patient who was also a carer, about the support they received from the practice.

They spoke highly of the continued support they had received from the GPs and all the staff. They told us GPs and nurses were approachable and very responsive to their needs as a carer and that they were able to secure appointments for their family member as they needed them.

A clinician told us they had undertaken an audit last year to identify how they could improve service awareness with carers. They also advised us they had met with a member of a local support agency for Carers and received regular communication.

Information in times of bereavement was available on the practice website.

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.

- Home visits were triaged by a GP to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- Routine appointments were usually available with a clinician within 48 hours. On the day of the inspection a routine appointment was available on the same day.
- Same day appointments were available for children and those patients with medical problems that required urgent consultation.
- There were longer appointments available for those that needed them including patients with a learning disability and complex medical needs.
- Online services were available for booking appointments, ordering repeat prescriptions and requesting a summary of care records.
- Patients were able to receive travel advice and vaccinations available on the NHS.
- A variety of clinics and services were available for people to access. These included health screening, child health checks, diabetes, asthma, contraception services and minor surgery.
- The practice provided a designated car parking space. There was level access to the building and a bell at the front door to alert staff for patients that required assistance to access the building. A hearing loop was not provided for patients with impaired hearing.
- Translation services were available for patients who did not have English as a first language. The patient self-check in facility provided a range of languages. A language identification poster was displayed for patients to identify their preferred choice of language to reception staff if required.
- An advanced nurse practitioner (ANP) had recently been appointed to improve patient access to the service.
- Data showed that the number of emergency admissions to hospital was 1.6% per 1,000 patients, compared to the Clinical Commissioning Group (CCG) average of 1.9% per 1,000 patients and the national average of 1.5% per 1,000 patients.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and 8am to 1.00pm on a Thursday. The practice offered extended hours on a Tuesday evening with a GP or advanced nurse practitioner from 6.30pm to 8pm. Routine appointments could be booked in person, by telephone or on-line for those registered for this service. Home visits were triaged by a GP and were available to patients with complex needs or for those who were unable to attend the surgery.

The out-of-hours service provider was Staffordshire Doctors Urgent Care Limited. Patients may also call 111 or 999 for life threatening emergencies. The practice is a short distance away from the University Hospital of North Midlands.

Results from the National GP Patient Survey published in July 2016 showed that patient satisfaction with how they could access care and treatment was higher compared to local and national averages.

- 93% of patients were satisfied with the practice's opening hours. This was higher than the CCG average of 81% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone, which was higher than the CCG average of 75% and the national average of 73%.
- 97% of patients said the last appointment they made was convenient compared to the CCG average of 95% and national average of 92%.
- 96% of patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 97% of patients said they found receptionists helpful compared to the CCG average of 87% and national average of 87%.

The feedback we received about access to the service was very positive. All of the patients we spoke with on the day of the inspection told us they were able to get appointments when they needed them. This was also reflected in the comment cards we received.

Listening and learning from concerns and complaints

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs? (for example, to feedback?)

- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information was not readily available to help patients understand the complaints system. A complaints leaflet was not available in the practice or available on the practice website.
- None of the patients we spoke with during the inspection were aware of the complaints procedure but told us they had not had the need to make a complaint about the service they had received.

The practice told us they had not received any formal written complaints in the last three years. We were told any verbal concerns received were immediately actioned. We saw five verbal complaints had been received in the last three years and had been documented but did not detail the outcome. The practice acknowledged the need to document, discuss and analyse all concerns and complaints received to help identify any common trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care.

- A mission statement had recently been developed and this was due to be shared with the staff team.
- The practice had a business plan in place.
- The practice had identified what they did well and the areas for development.

Governance arrangements

We identified that the governance arrangements within the practice was mixed.

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities and these were well established across the practice. We saw some staff were assigned areas of key responsibility, for example, infection control and this was due to be reviewed following the recent appointment of an advanced nurse practitioner.
- Staff understood how to access specific policies and we saw these were available to all staff.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, some of the underlying processes of running the practice had been overlooked. These included:

- Ensuring a risk assessment was completed to minimise the risk of Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).
- Recording weekly fire safety checks and carrying out fire drills.
- Ensuring all of the required recruitment checks had been obtained prior to new staff commencing work.
- Ensuring staff had timely access to essential training.
- Ensuring clinical and practice meetings were regularly undertaken. The practice had acknowledged the need to improve the frequency of these to monthly following the expansion of the clinical team.

- Ensuring all patient records and emergency medical equipment and medicines were securely stored. We were told this would be addressed following our feedback on the day of the inspection.

Leadership and culture

Staff told us the practice manager and partners promoted an open culture and took the time to listen them. The GPs were visible within the practice and staff told us they were approachable. Staff told us no formal practice meetings had taken place but the partners and practice manager were always accessible. Staff felt valued and supported within their role and the team functioned well. They told us that they felt supported and were able to make suggestions for improvement.

GPs accepted that they needed to make regular clinical meetings a priority, but that staff shortages caused by the absence of a GP had added to time pressures. They advised they would be doing this with following the recent recruitment of a new clinician to the team.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG). We met with the Chair of the PPG. They told us the group was established with around ten members and they had worked hard to recruit more members to represent the diversity of the patients at the practice. They said they were happy with the services provided at the practice and the practice welcomed suggestions for improvement. They had submitted proposals for improvements to the practice management team. For example, a door bell had been fitted to the front door to aid better access for patients with mobility difficulties and music had been provided in the waiting area to promote patient confidentiality at the desk. They told us they had been consulted regarding the future plans for the practice. Minutes of meetings held were not available at the time of the inspection. A patient survey had been carried out in 2015. We saw feedback from patients who had completed the survey was positive.

Are services well-led?

Requires improvement 

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

- Feedback from patients was also considered via the national GP national survey and NHS Friends and Family Test (FFT). The FFT helps service providers and commissioners understand whether patients are happy with the service provided. Results from the national GP patient survey showed that patients rated their experiences and satisfaction higher for all but two aspects of care compared with the Clinical Commissioning Group (CCG) and the national averages. 93% of patients said they would recommend the practice to someone new to the area. Feedback gained from the FFT was again very positive.
- There was an absence of regular clinical meetings, business meetings, appraisals and formal practice

meetings held, however, staff told us they would not hesitate to give feedback and discussed any concerns or issues with colleagues and the management team on a daily basis.

Continuous improvement

The practice had experienced difficulties recruiting a GP and therefore had recently appointed an advanced nurse practitioner to aid patient access to appointments.

The practice was a teaching practice for GP trainees and medical students and had plans to become a training practice.

The practice had identified areas of strength and areas for improvement.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have an effective systems in place for identifying and assessing the risks to the health and safety of service users and others. This included:</p> <p>A formal risk assessment for minimising the risk of Legionella had not been carried out.</p> <p>The provider had not obtained a gas safety certificate.</p> <p>The provider had not maintained a log of fire tests or undertaken fire drills.</p> <p>A risk assessment for inclusion of atropine within the emergency drugs kit had not been carried out for use in the event of cervical shock when performing a coil fitting as per best practice guidance.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The provider did not demonstrate that effective governance was in place.

Not all risks were identified and mitigated.

Not all patient files were securely stored.

The complaints system was not effective to ensure learning and identification of trends.

The provider had not obtained all pre-recruitment checks on staff prior to employment.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.