

GeneralMedicalServices Ltd

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at GeneralMedicalServices Ltd (Five Towns GP Surgery) on 29 June 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.

- Most 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.

We saw an area of outstanding practice:

The practice reached out to the local community to provide information on living healthier lifestyles. For example:

- The practice was sensitive to the cultural needs of patients. Information was provided on how to manage diabetes during Ramadan. They also raised awareness of how to minimise the emergence of Vitamin D deficiency whilst remaining respectful to cultural belief and practise.
- Annual health events for the community were arranged during Eid. The practice and PPG arranged

Summary of findings

events which were open to the whole community. Information and advice was provided on topics such as the methods and importance of breast screening, blood pressure and body mass index checks. The event identified patients that required further assessment which included patients that did not receive their individual care at the practice.

- The advanced nurse practitioner provided asthma information sessions to children at two local primary

schools. The importance of having individual asthma plans in place in the school setting was discussed with the teaching staff. This was part of a wider practice initiative to improve the outcomes of patients with asthma.

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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff took the opportunity to provide healthy lifestyle advice for patients. This extended outside of the practice and took place in the community.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Staff were sensitive to patients' cultural needs and went above the requirements of their position to provide assistance and support. For example, the GPs told us they had attended patients who had died during the out-of-hours period to provide support to families and make arrangements to ensure that a funeral could take place within time frame in line with customary practise.
- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

Good



Summary of findings

- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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. This included providing an admissions avoidance facilitator to review patients' attendance at A&E to provide support when required.
- Patients said they found it easy to make an urgent appointment. Some patients commented it could take longer to secure an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand 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 took the opportunities available to provide additional services for their patients.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 had a lower than average number of patients in this age group.
- The practice was responsive to the needs of older people, and offered yearly health checks to all those aged 75 and over.
- Patients in this group who had not attended the practice within six months were contacted to establish their well-being.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was taking action to improve the outcomes for patients with asthma. This was by providing self-management plans and high levels of community education.
- 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.

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.
- The advanced nurse practitioner provided asthma information sessions to children at two local primary schools. The importance of having individual asthma plans in place in the school setting was discussed with the teaching staff. This was part of a wider practice initiative to improve the outcomes of patients with asthma.

Good



Summary of findings

- The practice offered appointments to suit patients in this group. This included evening appointments and after school hours.
- All children aged 12 and under with were given same day access to a clinician.

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 of 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 25 with a learning disability. All patients with a learning disability had received an annual health assessment.
- 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



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).

Good



Summary of findings

- Performance for poor mental health indicators was higher than local and national averages. For example, 96% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%.
- Staff had received awareness training and had become Dementia Friends. A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action
- Practice staff were aware of the population demographic and actively screened for symptoms in those at higher risk of poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

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 information from the national GP patient survey published in January 2016. The survey invited 401 patients to submit their views on the practice, a total of 51 forms were returned. This gave a return rate of 13%. The average national return rate in the survey is 38%.

The results from the GP national patient survey showed patients expressed satisfaction levels in line with others in relation to the experience of their last GP appointment. For example:

- 92% said that the GP was good at giving them enough time compared to the CCG and national averages of 87%.
- 95% had confidence in the last GP they saw or spoke with which was the same as the CCG and national averages.
- 92% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.
- 85% 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%.
- 78% found the receptionists helpful compared to the CCG and national averages of 87%.
- 71% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.

- 91% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 79% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 77% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 77% and national average of 76%.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 42 completed cards, of which 40 were positive about the caring and compassionate nature of staff.

We spoke with 14 patients including two members of the patient participation group (PPG). Patients were highly positive about how the way dignified way they were treated. In particular:

- Twelve patients mentioned that the lead GP treated them with kindness and compassion.
- All of the patients who spoke about the advanced nurse practitioner said they had a positive experience.
- Most of the patients we spoke with were positive about their interaction with reception staff and felt they were caring and respectful.

The practice used the NHS Friends and Family test for benchmarking their performance. The results were positive from 673 responses a total of 93% of patients recommended the practice to others.

Outstanding practice

The practice reached out to the local community to provide information on living healthier lifestyles. For example:

- The practice was sensitive to the cultural needs of patients. Information was provided on how to

manage diabetes during Ramadan. They also raised awareness of how to minimise the emergence of Vitamin D deficiency whilst remaining respectful to cultural belief and practise.

- Annual health events for the community were arranged during Eid. The practice and PPG arranged

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events which were open to the whole community. Information and advice was provided on topics such as the methods and importance of breast screening, blood pressure and body mass index checks. The event identified patients that required further assessment which included patients that did not receive their individual care at the practice.

- The advanced nurse practitioner provided asthma information sessions to children at two local primary schools. The importance of having individual asthma plans in place in the school setting was discussed with the teaching staff. This was part of a wider practice initiative to improve the outcomes of patients with asthma.

GeneralMedicalServices Ltd

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser 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 GeneralMedicalServices Ltd

GeneralMedicalServices Ltd (Five Towns GP Surgery) is a registered with the Care Quality Commission as an organisation provider.

The provider has two GP practices within Stoke on Trent, our inspection focussed on the services provided at Five Towns GP Surgery in Shelton Primary Care Centre.

The practice demographic is not representative of the national averages for a GP practice in a number of areas, including:

- 83% of patients are aged less than 45 years of age compared with the clinical commissioning group (CCG) average of 57% and national average of 58%.
- 80% of patients are from black or minority ethnic origin compared with the CCG average of 10% and national average of 16%.
- Deprivation in the area is higher than both national and local averages. This factor is known to increase the demand on a GP practice

The practice has evolved as it was initially run by a legacy out-of-hours GP provider. The existing provider began to

provide services under an Alternative Medical Provider Services contract with NHS England at the premises in July 2011. Since July 2011, the patient list size at the practice has increased by over 50%. At the time of our inspection the practice had 3,745 registered patients.

The practice is open on Monday, to Friday from 8am to 6:30pm. During these times telephone lines and the reception desk are staffed and remain open. Extended hours appointments are offered on a Monday until 7:30pm. 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 out-of-hours services to their patients, these services are provided by Staffordshire Doctors Urgent Care.

Staffing at the practice includes:

- Five GPs (four male, one female) of which two work full time and three work part time.
- A female nurse practitioner and healthcare support worker/admission avoidance facilitator.
- A practice manager, assistant practice manager and four reception/administrative staff.

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

Detailed findings

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 June 2016.

During our visit we:

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

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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.
- Significant events were discussed at both practice and clinical meetings on a monthly basis.
- All occurrences were reviewed for trends and when needed changes were made to promote a safe culture.
- Ten significant events had been recorded within the previous 12 months. They included both positive and less positive occurrences.

We reviewed records, meeting minutes and spoke with staff about the measures in place to promote safety. Staff knew the processes and shared recent examples of wider practice learning from incidents.

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).

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 had a number of systems in place to minimise risks to patient safety:

- 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 this was level three in safeguarding children. The lead GP was identified as the safeguarding lead within the practice.

The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records.

- Chaperones were available when needed. All staff who acted as chaperones had received appropriate 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 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, with the most recent one completed in March 2016. Staff had their handwashing technique assessed regularly and feedback was given when appropriate. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff.
- The practice had well organised 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 nursing team consisted of an experienced nurse practitioner (NP) and health care support worker. The NP was an independent prescriber and had received appropriate training and was suitably experienced to fulfil this role effectively. Blank prescriptions were securely stored and there were systems in place to monitor their use.
- 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 practice had implemented an appropriate system to minimise the potential for a missed opportunity that a patient may receive the medicine without having received the necessary monitoring.

Are services safe?

- 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 building landlord 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 building landlord performed regular water temperature testing and flushing of water lines. (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. The layout of the building had been considered when siting emergency medicines, for example where immunisations took place emergency allergy medicines were to hand.
- 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.
- Changes to guidelines were shared and discussed at practice meetings.

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 95% of the total number of points available this was the same as the national and clinical commissioning group (CCG) averages.
- Performance for poor mental health indicators was higher than local and national averages. For example, 96% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%. There had been no clinical exceptions reported compared with the CCG average of 10% and 13%. 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 had received the treatment or medicine.
- Performance for asthma indicators was higher than local and national averages. For example, 94% of patients with asthma had received a review of their condition within the last year compared with the CCG average of 85% and national average of 88%. Clinical exception reporting was 3% compared to the CCG average of 6% and national average of 8%.

The practice had a higher proportion of patients with diabetes when compared with national averages:

- The prevalence of diabetic patients at the practice was significantly higher than local and national averages. One in 10 patients had been identified with diabetes compared with the national average of one in every 16 patients.
- Performance for diabetes related indicators was mixed when compared with local and national averages. The overall screening rates for patients with diabetes were higher than local and national levels. For example, 82% of patients had a recent blood pressure measurement within an acceptable range compared with the CCG average of 80% and national average of 78%.
- Performance related to the achievement of lower blood glucose levels was lower than local and national averages. For example, 61% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was in the mid-range QOF indicator, compared with the CCG average of 75% and national average of 77%. Clinical exception reporting was 5% compared with the CCG average 9% and national average of 12%. The measurement of longer term diabetic control is intended to reduce the risks of complications associated with the condition.
- The practice was aware that the performance was lower than local and national levels and staff were fully aware of how to provide evidenced based diabetic care. Patients had been provided with appropriate information and advice on how to best manage their condition.

The practice was engaged in the Quality Improvement Framework (QIF) which is a local programme with the CCG area to improve the detection and management of long-term conditions.

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

- Additional funding to provide service improvements for patients with asthma and older patients had been secured.
- The practice participated in the avoiding unplanned admission enhanced service. Two per cent of patients,

Are services effective?

(for example, treatment is effective)

many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Children were included in the admission avoidance provision at the practice.

The practice used local and nationally recognised pathways for patients whose symptoms may have been suggestive of cancer. Data from 2014/15 from Public Health England showed that 67% of patients with a newly diagnosed cancer had been via a fast track referral method (commonly known as a two week wait). This was higher than the CCG average of 55% and national average of 48%. Earlier identification and appropriate referral is generally linked with better outcomes for patients in this group.

There had been three clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored. The audits included that medicines had been prescribed appropriately and that the monitoring of some medical conditions was appropriate. Where necessary audits had been discussed by the practice team and changes to practice made as needed.

Effective staffing

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

- Clinical staff had undertaken additional training in areas including substance misuse, sexual health and leadership.
- The advanced nurse practitioner had undertaken appropriate training to operate in their extended role and was experienced in delivering care.
- 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.
- There was a process for clinical staff to review blood test results and communications from hospitals and other care providers. The practice was up to date with the management of reviewing communications about patients.
- 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 practice team met with other professionals to discuss the care of patients that involved other professionals. This included patients at increased risk of unplanned admission to hospital. These meetings took place on a six to eight weekly basis.
- At the time of our inspection the practice did not have any patients identified as approaching the end of their life. There were processes in place to monitor, and discuss, the care of patients with end of life care needs when required.

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.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.
- Consent for the benefits and possible side-effects from procedures such as minor surgery was discussed and recorded appropriately.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice worked with the patient participation group (PPG) to promote health promotion topics both within the practice and wider community.

- Annual health events for the community were arranged during Eid. The practice and PPG arranged events open to the whole community. Information and advice was available on topics such as the methods and importance of breast screening, blood pressure and body mass index checks. The event identified patients that required further assessment which included patients that did not receive their individual care at the practice.
- The advanced nurse practitioner provided asthma information sessions to children at two local primary schools. The importance of having individual asthma plans in place in the school setting was discussed with the teaching staff. This was part of a wider practice initiative to improve the outcomes of patients with asthma.

The practice offered a range of services in house to promote health and provided regular review for patients with long-term conditions:

- NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns.
- Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable. For example, 87% of patients with hypertension (high blood pressure) had a blood pressure reading of 150/90 mmHg or less (the NICE guideline for patients with treated hypertension) compared with the CCG average of 85% and national average of 84%.
- The practice offered a comprehensive range of travel vaccinations.

- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- Childhood immunisation rates were mostly in line with, or higher than, the CCG average in all indicators.
- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- The practice's uptake for the cervical screening programme was 65% compared with the CCG average of 80% and national average of 82%. This was a known concern within by the practice and the wider geographical area affecting other practices. The practice had provided information directly to patients and via external agencies, to promote the importance of screening. The practice had a culturally diverse patient base, and some patients individually chose not to receive the screening.

The practice held a register of patients living in vulnerable circumstances including 25 with a learning disability. All patients with a learning disability had received an annual health assessment.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than local and national averages:

- 63% of eligible females aged 50-70 had attended screening to detect breast cancer. This was lower than the CCG average of 74% and national average of 72%.
- 29% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 55% and national average of 58%.

The practice had held a number of educational events both internally and externally to promote the importance of health promotion issues including cancer screening.

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.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 42 completed cards, of which 40 were positive about the caring and compassionate nature of staff.

We spoke with 14 patients including two members of the patient participation group (PPG). Patients were highly positive about the dignified way they were treated. In particular:

- Twelve patients mentioned that the lead GP treated them with kindness and compassion.
- All of the patients who spoke about the advanced nurse practitioner said they had had a positive experience.
- Most of the patients we spoke with were positive about their interaction with reception staff and felt they were caring and respectful.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in January 2016. The survey invited 401 patients to submit their views on the practice, a total of 51 forms were returned. This gave a return rate of 13%. The average national return rate in the survey is 38%.

The results from the GP national patient survey showed patients expressed mainly positive satisfaction levels in relation to the experience of their last GP appointment. For example:

- 92% said that the GP was good at giving them enough time compared to the CCG and national averages of 87%.
- 95% had confidence in the last GP they saw or spoke with which was the same as the CCG and national averages.
- 92% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.
- 85% 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%.
- 78% found the receptionists helpful compared to the CCG and national averages of 87%.

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 highly positive, patients felt involved in their own care and treatment.

The GP patient survey information we reviewed showed a positive 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;

- 87% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81% and national average of 82%.
- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 86% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 87% and national average of 85%.
- 92% 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%.

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

- The lead GP acted as an advocate for healthier living and promoted health issues at local mosques and churches.

Are services caring?

- The practice was sensitive to the cultural needs of patients. Information was provided on how to manage diabetes during Ramadan. They also raised awareness of how to minimise the emergence of Vitamin D deficiency whilst remaining respectful to cultural belief and practise.
- The GPs, between them, were able to converse in six languages and had access to interpreters in person or by telephone when required.

Patient and 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. For example, one patient told us about the high level of support as a family they had received when their relative was ill. There were two comments that were less positive, although no theme was identified to these.

Staff had received awareness training and had become Dementia Friends. A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action

Staff told us that they supported families at times when additional support was required. For example, the GPs had attended patients who had died during the out-of-hours period to provide support to families and make arrangements to ensure that a funeral could take place within time frame in line with customary practise. This had been by providing families with alternative telephone numbers or relaying the information to the GP out-of-hours service.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 27 patients as carers (0.8% of the practice list). Due to the age demographic of patients, this would not be considered to be a low number. All registered carers had been all been contacted and offered an annual health check and seasonal flu vaccination. The practice had also undertaken a recent audit to establish the wellbeing of carers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered evening appointments until 7:30pm one evening a week.
- The practice was responsive to the needs of older people, and offered yearly health checks to all those aged 75 and over. Patients in this demographic who had not attended the practice within six months were contacted to establish their well-being.
- Online services for booking appointments and ordering repeat prescriptions were available.
- Same day appointments were available for children and those with serious medical conditions.
- Emergency admissions to hospital were reviewed and an admissions avoidance facilitator contacted patients to review their care needs if required.
- There were disabled facilities 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 related to patient attendance at A&E departments showed:

- The number of patients attending A&E during GP opening hours was lower than the CCG average. For example, 99 patients per 1,000 attended A&E during GP opening hours compared to the CCG average of 104 patients per 1,000.
- The number of patients attending A&E at any time was higher than the CCG average. For example, 281 patients per 1,000 attended A&E at any time compared to the CCG average of 257 patients per 1,000.

The practice had taken a number of proactive measures in relation to patients attending A&E out of core opening hours. These included:

- Emergency admissions to hospital and A&E attendances were reviewed and an admissions avoidance facilitator contacted patients to review their care needs if required
- Following up some patients who attended A&E with a survey to help understand the reasons for them attending.
- The practice added additional appointment capacity on a Monday morning and Friday afternoon to deal with any issues or concerns both before and after the weekend.
- Emergency admissions to hospital and A&E attendances were reviewed and an admissions avoidance facilitator contacted patients to review their care needs if required.

Access to the service

The practice was open Monday to Friday from 8am to 6:30pm. During these times telephone lines and the reception desk were staffed and remained open. Extended hours appointments were offered on a Monday until 7:30pm. 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. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with some GPs and nurses the next working day.

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

- 71% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 91% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 79% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 77% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 77% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

The feedback we received from patients about access to the service was mostly positive. Most patients told us that they were able to access appointments when they needed them. Three patients told us that it could be difficult to get through on the telephone in the morning. Two patients commented that it could be difficult to secure a routine appointment with the GP of their choice.

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 within 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 no written complaints in the last 12 months. Other methods of patient comment or complaint were monitored and the practice had considered and responded to two less positive comments made on an external website. Over time the practice could demonstrate that there was an appropriate complaints system in place.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- Staff told us about their desire to provide patients with caring, responsive and professional care. One staff member told us that they put patients at the heart of everything they did.
- The number of patients choosing to receive care at the practice had increased by over 50% since 2011.
- The practice took the opportunities available to them to provide patients with more services. For example, provision of an admission avoidance facilitator and minor surgery 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:

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

Leadership and culture

Staff told us that they felt valued and that the clinical leadership and overall management of the practice was open and supportive.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

The practice had an active patient participation group (PPG) who worked with staff to improve services. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). The PPG members told us that they worked in partnership with the practice to promote health education within the local community. The practice provided the PPG with a budget to organise health promotion events that took place both within the practice and in wider community locations to coincide with religious and cultural events. They also told us that the lead GP was well-respected in the local community and seen as very approachable. Action had been taken following discussion with the PPG, for example an additional line had been installed to improve telephone access.

The practice used the NHS Friends and Family test for benchmarking their performance. The results were positive from 673 responses a total of 93% of patients recommended the practice to others.

Staff told us they felt able to provide feedback and discuss any issues in relation

Continuous improvement

The culture within the practice was one of continuous improvement.

The leadership team were in touch with the needs of patients and provided services tailored to their demographic. Any areas of performance that were not in line with expected levels were known and measures had been taken to improve. For example, emergency attendances to hospital for patients with asthma were higher than the clinical commissioning group (CCG) average. The practice had taken action by following up all patients with asthma who had attended A&E, offering same day access for patients with asthma. This had resulted in a reduction in this group of patients attending A&E.

Are services well-led?

Good 

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

The practice was a teaching and training practice for both medical students training to become doctors and registrars training to become GPs. We spoke with a GP registrar who told us that the practice had been very supportive and encouraging during their training.