Dr P D Miles

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr P D Miles on 17 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. Verbal complaints were not recorded however.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Have medicines available to treat possible complications associated with diabetes and ensure the stock of emergency medicines are within their expiry date.

In addition the provider should:

- Consider implementing a recorded system of sharing practice wide learning and governance issues with the whole staff team.
- Include staff telephone numbers within the business continuity plan.
- Consider keeping a log of verbal complaints so that discussions with patients are recorded and analysed any lessons learnt recorded.
- Review the practice's policies and procedures to reflect current best practice and current legislation.

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?

Requires improvement

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

- There was a system in place for reporting and recording significant events, however lessons were not shared with all relevant members of the team to make sure action was taken to improve safety in the practice.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Risks to patients were assessed and well managed.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, but these could be strengthened. The practice did not have medicines available to treat possible complications associated with diabetes. Another medicine used to treat a suspected myocardial infraction (heart attack) had passed its expiry date.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

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

Are services responsive to people's needs?

Good

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.
- 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.
- 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 although the practice was not recording verbal complaints.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, not all 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 but some were outdated.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents but information was not routinely shared with all staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of emergency hospital admission had a care plan which was reviewed six monthly.
- The practice offered health assessments to all patients aged 75 and over which included dementia blood screening.

People with long term conditions

Good

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 percentage of patients with diabetes, on the register, who had influenza immunisation was 100%, this was higher than the CCG average and the national average of 94%.
- Longer appointments and home visits were available when needed.
- Patients had 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.
- The practice had a robust call and recall system to ensure that patients attended their medical appointments.
- The clinical team has a range of experience and qualifications to enable to manage and treat patients with long term conditions effectively.
- Educational events are held so patients have the opportunity to learn about conditions such as diabetes.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 85% which was higher than the CCG and the national average.
- Same day emergency appointments were available for children.

The surgery offered contraception services including oral contraception, intrauterine devices and contraceptive implants.

Working age people (including those recently retired and students)

Good

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 reflects the needs for this age group.
- Extended hours appointments were available. The practice offered appointments between the hours of 8:00 and 7:00 Monday to Friday.
- Patients could register for online access, where they were able to order repeat medication and book appointments.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and were sent health questionnaires prior to their appointment.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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)

Good

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in

  a face-to-face review in the last 12 months was 100% compared with the CCG average of 83% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other

  psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 97% compared with the CCG average of 86% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months was 100% compared with the CCG average and the national average of 90%.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. There were wellbeing prescriptions on the reception desk for patients to self-refer if they so wished.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. 217 survey forms were distributed and 108 were returned. This represented 3% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Patients told us that they felt they received excellent care and treatment by caring, polite and professional staff. Patients told us they felt they were listened to, that their privacy and dignity was respected and that the staff explained things to them well.

Patients spoken to on the day of the inspection also told us that they were happy with the service provided and that they didn't have to wait long for an appointment.

Dr P D Miles

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 Dr P D Miles

The practice of Dr P D Miles is registered with CQC as a partnership provider operating out of modern purpose built premises in Stoke on Trent. The practice holds a General Medical Services contract with NHS England and is part of the NHS Stoke on Trent Clinical Commissioning Group. Car parking, (including disabled parking) is available at this practice.

The practice area is one of higher deprivation when compared with the local and the national average. The practice has larger than average female patients over the age of 60 and larger than average male patients over the age of 65.

At the time of our inspection the practice had 3,961 registered patients. The practice is registered to undertake minor surgery.

The practice is a teaching and training practice and supports medical students from Keele University.

The practice staffing comprises of:

- Two GP's on partnership (two males).
- One practice nurse and one health care support worker.
- The practice manager, assisted by an assistant practice manager, oversees the operational delivery of services with a team of administrative and reception staff.

The practice is open 08.00am to 7.00pm Monday, Tuesday and Wednesday and 8.00am to 1.00pm on Thursday and 8.00am to 6.00pm Friday.

Appointments are from 08.00am to 12.30pm each morning. Afternoon appointments are from 2.30pm to 7.00pm on Monday, Tuesday and Wednesday and 3.00pm to 6.00pm on Friday.

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 the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 17 August 2016.

During our inspection we spoke with a range of staff including the GPs, practice nurse, health care support worker, practice manager and deputy practice manager, and members of the reception team. We observed how

Detailed findings

people were being cared and reviewed the personal care or treatment records of patients. We 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events. We saw that learning from significant events was discussed between the two partners and the practice manager. However the learning was not discussed with the nurses and where appropriate, with administration staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. 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). We checked three recent alerts and found that the practice had acted on these.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.The nurse had received level two training and health care support worker and other staff had received level one training.
- Staff were made aware of children with safeguarding concerns by computerised alerts on their records. All letters from A&E for multiple attendances in children were screened by the lead GP to identify any issues relating to child safety including child protection.
- A message on the practice's telephone system advised patients to let reception staff know if they required a chaperone. Signs on display in consultation rooms also advised patients that chaperones could be requested. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. The laundering of privacy curtains was the responsibility of the landlord. At the time of the inspection the practice was unable to tell us when these curtains had last been laundered, which would be necessary to reduce the risk of cross contamination. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). However, these were not always fully effective as we found shortfalls in the management of some emergency medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line

with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. These were found to be signed and up to date.

- We reviewed four 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

Arrangements were 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.
- All staff received annual basic life support training. There were emergency medicines available to treat a range of sudden illness that may occur within a general practice. These were securely stored and accessible to staff. Staff knew of their location. We saw that the practice did not have medicines available to treat possible complications associated with diabetes. Another medicine used to treat a suspected myocardial infraction (heart attack) had passed its expiry date by two years. We found the practice was using a named patient's medicines, which had been dispensed in 2011, as part of their emergency medicines stock.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan however did not include emergency contact numbers for staff.

Good

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.

- 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 between the partners and practice manager at their weekly clinical meetings but not with the wider team. The practice did not organise regular whole staff meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). The most recent published results showed that the practice had achieved 100% of the total number of points available. This was higher than the local CCG average of 95% and the national average of 94.8%. The clinical exception rate was 7.4%, which was lower than the CCG rate of 9.0% and the national rate of 9.19%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from October 2015 showed:.

Performance was higher than the local and national average in all of the diabetes related indicators. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the last 12 months, was 84% which was higher than the CCG and of 75% and the national average 78%. Clinical exception reporting for the practice was 9% which was the same as the CCG average and lower than the national average of 12%.
- The percentage of patients with diabetes, on the register, who had influenza immunisation was 100%, this was higher than the CCG average and the national average of 94%. Clinical exception reporting for the practice was 16% compared with the CCG average of 20% and the national average of 18%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 98% compared to the CCG average of 86% and the national average of 88%. Clinical exception reporting for the practice was 6% compared with the CCG average of 9% and the national average of 8%.

  The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 was 140/80 mmHg or less was 87%. This was higher than the CCG average of 80% and national average of 78%. Clinical exception reporting for the practice was 6% compared with the CCG average of 20% and the national average of 18%.

Performance for mental health related indicators were higher than the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 100%, which was higher than the CCG average of 85% and the national average of 84%. Clinical exception reporting for the practice was 3% compared with the CCG average of 8% and the national average of 8%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 97% compared with the CCG average of 86% and the national average of 88%. Clinical exception reporting for the practice was 3% compared to the CCG average of 10% and the national average 13%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months

was 100% compared with the CCG average and the national average of 90%. There was no clinical exception reported for the practice compared with the CCG average of 8% and the national average of 10%.

There was evidence of quality improvement including clinical audit. There had been a number of audits completed in the last two years that had been both internally and externally driven. Some of these audits were completed audit cycles, where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of their antibiotic prescribing. The practice had discussed how to lessen the amount of antibiotic prescribing and implemented the learning. A second cycle audit showed a 27% reduction in antibiotic prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.
- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care. The practice also supported patients at risk of developing a long-term condition such as diabetes through

Good

Are services effective?

(for example, treatment is effective)

health promotion clinics. Healthy lifestyle clinics were also held, which provided advice on smoking cessation and weight management. Patients were signposted to the relevant support service.

The practice offered NHS Health Checks for patients aged 40 to 74 years of age to detect for emerging health issues such as diabetes and hypertension. All new patients were given a health check.

The practice's uptake for the cervical screening programme was 85% which was higher than the CCG and the national average.

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 100% and five year olds from 96% to 100%.

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

Good

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.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that they felt everything was explained well to them and their questions answered with kindness.

Results from the national GP patient survey published on the 7 July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

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

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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. We also saw that care plans were personalised.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average and the national average of 82%.
- 87% of patients said the last nurse they saw 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. Information was also available on the practice's web site.

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 61 patients as carers, which equated to 1.5% of the practice list. Information about support groups was available on the

Good

Are services caring?

practice website. Staff told us that carers were offered an annual health check. The practice had included information on the check-in screen on how to go about registering themselves as a carer.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. The practice would also provide advice on how to find a support service where required.

Good

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.

- Appointments were offered outside of normal working hours. Working patients who could not attend during normal opening hours or patients who relied on working relatives to bring them to surgery could attend appointments with the GPs up to 7pm on Monday, Tuesday and Wednesday evenings.
- The practice offered flexibility in the way patients could book an appointment, including face-to-face, telephone and online booking.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open 08.00am to 7.00pm Monday, Tuesday and Wednesday and 8.00am to 1.00pm on Thursday and 8.00am to 6.00pm on Friday.

Appointments were from 08.00am to 12.30pm each morning. Afternoon appointments were from 2.30pm to 7.00pm on Monday, Tuesday and Wednesday and 3.00pm to 6.00pm on Friday.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was in line with or higher than local and national averages, in some instances significantly lower, for example:

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 94% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG and the national average of 85%
- 61% of patients felt they didn't normally have to wait too long to been seen compared to the CCG average of 60% and national average of 58%.
- 99% of patients said the last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 96% of patients describe their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary; and

The urgency of the need for medical attention.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Full details of how to make a complaint was written within the practice's information leaflet. Information was also available on the practice's website signposting people to the relevant information on how to make a complaint.

We looked at three complaints received in the last 12 months. We found that they were satisfactorily handled,

Good

Are services responsive to people's needs?

(for example, to feedback?)

dealt with in a timely way, and with openness and transparency. There was however no details about lessons learnt from individual concerns and complaints. There was also no record of verbal complaints received.

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 statement of purpose, which was to provide a quality service for their patients within a safe environment and by working together. Although the partners were aware of their vision and strategy, this was not always clearly communicated to the rest of the staff team.

Staff spoke positively about their work and felt proud to be part of the team

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care although improvements were required in some areas.

- 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. However some practice policies were not reviewed and regularly updated. For example, some of the policies seen were dated 2004 and therefore required updating in line with current best practice and legislation.
- 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. The practice however needed to strengthen their monitoring of emergency medicines to ensure medicines were in date and available to treat the range of complications that patients may experience (including diabetes).

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. They commented that staff morale was good and that they couldn't ask for a better team to work within.

The provider was aware of and complied 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). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents but the sharing of learning with other staff could be improved.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with their manager. Staff told us however that the practice did not hold regular team meetings or away days but could call a meeting should they feel they needed to discuss anything of concern. The practice had identified this as an area for improvement.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, staff told us they could put forward suggestions for clinical audits.

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) and through surveys and complaints received. The PPG met bi-monthly, carried out patient surveys and submitted proposals for improvements to the practice management team. A member of the PPG told us that they felt listened to and the practice had implemented changes as suggested by the group. The practice held education events associated with long-term conditions such as heart failure and diabetes which were organised with the help of the PPG.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through day to day discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was part of a pilot trial, using skype for consultations in care homes.

Medical education was integral to the practice. The practice was both a teaching practice for medical students and training practice for GP registrars training to become qualified GPs.

The practice was also a research accredited practice in partnership with Keele University.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not ensured that there was a sufficient quantity of medicines to ensure the safety of service users and to meet their needs. The practice had not ensured that medicines were available to treat possible complications associated with diabetes. Medicine used to treat a suspected myocardial infraction had passed its expiry date by two years and we found the practice was using a named patient's medicines which had been dispensed in 2011 as part of their emergency medicines stock. Regulation 12