

Mill Bank

Quality Report

Mill Bank Surgery,
Water Street
Stafford
ST16 2AG
Tel: 01785 258348
Website: www.millbanksurgery.nhs.uk

Date of inspection visit: 17 May 2016
Date of publication: 05/07/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Mill Bank	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mill Bank Surgery on 17 May 2016. Overall, the practice is rated as Good.

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

- There was a system in place for reporting and recording significant events and opportunities for learning.
- Risks to patients were assessed and 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. They felt supported and were provided with opportunities for career development.
- 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.

- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day. A few patients shared concerns about the length of time spent in the waiting area before their consultation.
- 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 the management team. The practice sought feedback from staff and patients, which it acted on.

The areas where the provider should/must make improvement are:

The provider must:

Summary of findings

- Share information about serious incidents, with other relevant individuals or bodies without delay.

The provider should:

- Develop the significant event reporting process and ensure all incidents are recorded, reported and audited to maximise learning.

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.

Good



- There was a system in place for reporting and recording significant events.
- Most lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- The practice had systems in place to help manage unplanned events. These included staff training, systems and equipment available in the event of a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff were proactive and effective in following patients up to maximise the opportunity of them receiving a health/condition assessment.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients had access to a team of multi linguistic GPs to help communicate with patients whose first language was not English.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them. Urgent appointments were available on the same day.
- The practice had 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.
- The practice had carried out annual health checks at a local care home for people with complex needs who had difficulty with accessing medical 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.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. However not all staff were clear about the vision and values of the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- Although action had been taken concerning a significant incident that had been identified, information about the incident had not been shared with other relevant individuals or bodies as required.
- There was no audit trail of reviewed actions taken after implementation of significant events in place.
- Staff were supported with opportunities for professional development.

Requires improvement



Summary of findings

- 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 practice sought feedback from staff and patients, which it acted on. There was not an active patient participation group in place.

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.
- Older people who were at risk of hospital admission or re-admission had a care plan in place and their care was reviewed with them on discharge and information shared during fortnightly practice meetings.
- The practice was responsive to the needs of older people, and offered home visits, telephone appointments and urgent appointments for those with enhanced needs. The practice was also supported by the Acute Visiting Service (AVS). This service assisted the practice with meeting the needs of patients requiring urgent medical service at their home including care homes. The practice provided medical support to patients in 12 local care homes.
- The practice was responsive to the needs of older people, and offered home visits, rapid access and telephone appointments for those with enhanced needs who were unable to attend the practice. This included patients in local care homes.
- Older people had a named GP to help with their continuity of care.
- A phlebotomy service was provided by the surgery, which enabled easier access for older people requiring a blood test.

People with long term conditions

Good



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

- Patients at risk of hospital admission were identified as a priority.
- One GP was identified as the lead for chronic illness and the nursing staff had lead roles in chronic disease management including asthma, coronary heart disease and chronic obstructive pulmonary disease (COPD).
- Performance for the five diabetes related indicators were comparable or better than the local and national averages.

Summary of findings

For example, the percentage of patients with diabetes, on the register, in whom a blood pressure reading was recorded was 92% compared with the local average of 73% and national average of 78%.

- 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 practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients were able to enrol onto a system that enabled them to monitor their own blood pressure readings within their own environment after presenting to the GP with a high reading.
- The practice held registers of people with long-term conditions.
- The practice worked closely with Macmillan nurses, district nurses and the local hospice.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children on child protection plans.
- Childhood immunisation rates were comparable to local averages for all standard childhood immunisations.
- Patients had access to a Community Paediatric Nurse in addition to a midwife who held anti-natal clinics at the practice. Patients were provided with a maternity pack developed within the practice containing a range of information. New parents had access to newborn baby checks.
- Same day urgent appointments were available for children.
- Routine appointments were available outside of school hours and the premises were suitable for children and babies.
- Flu clinics were held during half-term holidays at a time to suit parents and children.
- The practice offered family planning and contraceptive services including implant fitting and coil insertion with a lead GP.

Summary of findings

- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%.

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 practice offered extended hours with GPs to help ease accessibility for patients.
- The needs of the working age population, those recently retired and students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- An electronic prescription service was available allowing late access to chemists for working people and students.
- A chlamydia testing service was available to young people up to the age of 25.
- The practice provided free NHS health checks for patients aged 40-74.

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 those with a learning disability. The learning disability facilitator regularly updated the register.
- The practice offered longer appointments for patients with a learning disability and offered annual health reviews.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A child protection register was maintained and updated and staff were made aware of those on the register.

Summary of findings

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).

- Patients with severe poor mental health were invited for an annual review of their health including a full physical and mental assessment with the practice nurse and Community Mental Health Nurse who attended the practice fortnightly. 89% of these patients had a comprehensive, agreed care plan in place compared with the CCG average of 90% and national average of 88%.
- Patients with poor mental health were offered regular appointments and advised of the risks and benefits of their prescribed medicines such as controlled drugs. GPs were working with a small selection of patients to reduce their prescribed medicines.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, drug, and alcohol dependence and for 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.
- Patients diagnosed with dementia had annual reviews with the GP and were offered home visits when necessary. 76% of these patients had their care reviewed in a face-to-face meeting in the last 12 months. This was below the national average of 83% and CCG average of 84%. We saw information was displayed in the waiting area about dementia awareness week.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results, which were published in January 2016. The results showed the practice was performing above local and national averages. The survey invited 238 patients to submit their views on the practice, a total of 114 forms were returned. This was a response rate of 48%, which was 10% higher than the national response rate. The practice performance scored higher than local and national averages across all of the questions.

- 88% of patients found it easy to get through to this practice by phone compared to the local average of 79% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local and national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the local average of 88% and national average of 85%.

- 92% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 83% and national average of 79%.

As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, which were all very positive about the standard of care received. Patients felt the staff were kind and caring and said they were always treated with dignity and respect. Many patients described their care and treatment as excellent with just three patients commenting on the extensive waiting times they spent at the surgery prior to being seen. The practice had identified this was an area for improvement. Two of the seven patients we spoke with shared similar concerns but were satisfied with their care and treatment.

Mill Bank

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mill Bank

Mill Bank Surgery is registered with the Care Quality Commission (CQC) as a partnership provider. The provider holds a General Medical Services contract with NHS England and is located in Stafford. The practice originated in 1930 and relocated to the present building in 1994. The premises is a two-storey purpose-built level access building and offers limited car parking facilities. There is disabled access. There are plans to extend the clinical space to the first floor through renovating an existing empty suite of rooms and installing a passenger lift.

The practice is owned and managed by a team of four male and two female GP partners. There is also a salaried female GP. The combined hours worked by the GPs equated to six whole time equivalent GPs. The partners are assisted by two practice nurses and two health care assistants/phlebotomists, a practice manager, a reception manager, a medical secretary and a team of administration and reception staff

The practice is open from 8am until 6pm Monday to Friday. The practice is closed for staff training each Wednesday from 1pm to 2pm. Appointment times are generally offered between 8am to 6pm. Pre-bookable extended hours appointments are available certain early mornings from

7.15am and late evenings to 8.15pm. These appointments are usually for people who would otherwise find it difficult to see a GP during normal opening hours. Nursing services are not provided during extended opening hours.

When the practice is closed, patients are advised to call the surgery and calls are automatically diverted to an answering machine where patients receive full details regarding emergency arrangements. The nearest hospital with an A&E unit is the County Hospital, Stafford; however, this is not a 24-hour service.

The practice serves a population of 10,134 patients living in the Stafford and Surrounds CCG area. The population distribution shows slightly above national average numbers of patients over 70 years of age in comparison with England averages. The practice is in a less deprived area and has lower unemployment when compared to national averages.

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 the inspection, we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data such as the GP Patient Survey published in January 2016. We carried out an announced visit on 17 May 2016.

During our visit, we spoke with a range of staff including six GPs, the practice manager, reception manager, finance administrator, two practice nurses, a healthcare assistant/phlebotomist and three receptionists. We also spoke with seven patients to include two members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. We also reviewed 45 completed CQC comment cards where patients and members of the public shared their views and experiences of the service. We observed interactions between patients and staff and reviewed records relating to the management of the practice. We spoke with four local care and nursing homes that received a service from the practice to gain their views about the services provided.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff knew how to record and report significant events that occurred within the practice and were able to provide examples. Significant events were recorded using a form that was accessible to all staff on the practice's computer system and reported to the practice manager or reception manager.
- Staff told us significant events were discussed in practice meetings held and shared as part of learning and implementing actions.
- We saw the practice had six significant events in the previous year. All these had been actioned but one had not been recorded or shared with external agencies. The partners had identified the need to audit reviewed actions as an area for improvement.

There was a system in place for monitoring safety alerts, high-risk medicines and medicine usage for patients with long-term conditions and those on a shared care arrangement. We saw the practice was generally reactive to alerts received. Alerts were monitored by the practice manager and reception manager and forwarded to the GPs and nurses. Searches were carried out and action taken where necessary and placed on the agenda for the next clinical/practice meeting. The practice sought advice and received visits from the local medicines management team.

Overview of safety systems and processes

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

- We saw there were arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff knew who the lead GP was for safeguarding and had received training directly from them and through on-line training. They understood their responsibilities in safeguarding and had received training to the appropriate level. A GP was able to share an example of

the action they had taken to ensure a vulnerable adult who had presented with injuries and bruising was safeguarded. A multi-agency plan was put in place following involvement of the multi-disciplinary team.

- The practice held a case management register of all children and young patients with a high number of A&E attendances. Any concerns were identified and raised with the community paediatric nurse based at the hospital. Although staff were aware of children on the child protection register, via an icon on their computer, they did not know why the children were on the register.
- A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. 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 visibly clean and tidy. All clinical rooms were well equipped and staff had access to personal protective equipment that included disposable gloves and aprons. A practice nurse was the infection control clinical lead. Discussions held with them demonstrated they had a clear understanding of the role and responsibilities. There was an infection control protocol in place and staff had received up-to-date training. The lead and the practice manager carried out infection control audits.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Processes were in place for handling repeat prescriptions. A receptionist checked the prescription box on a weekly basis to check all the prescriptions that patients had not collected during the previous month. The practice had identified a small number of patients in receipt of high-risk medicines and worked with patients to reduce their medicines. The practice had reduced its antibiotic prescribing in the last

Are services safe?

year. The practice liaised with the local medicines management team. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- 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 managed.

- We saw the practice had procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a designated lead, supported by the practice manager. We saw the practice had a health and safety risk assessment in place. A detailed fire risk assessment was in place and a fire drill had very recently been carried out and proved efficient. 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. Staff we spoke with considered

there were sufficient staff employed to meet patient need. Staff covered each other during periods of holiday or sickness and had an understanding of each other's roles. Bank nurses were utilised where required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers, which alerted staff across the practice to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available. Staff were aware of the location in the event of a medical emergency.
- The practice had a defibrillator available on the premises and this was checked daily.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Medicine to treat a sudden allergic reaction was also available and those requiring refrigeration were stored and managed effectively. The practice had acted appropriately following a fridge failure in March 2015.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the practice manager and partners kept copies outside of the practice.

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
- Guidelines were shared and discussed in practice meetings.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provides comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective in reducing referrals.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed that the practice achieved 99% of the total number of points available; this was higher than the local and national average of 95%. The overall clinical exception reporting for the practice was 11%, which was the same as the CCG average and higher the national average of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally, lower rates indicate more patients have received the treatment or medicine.

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

- 73% of patients with asthma had a review of their condition within the previous year. This was lower than the CCG average of 77% and the national average of 75%.
- Performance for the diabetes related indicators was higher than the CCG and national averages. For

example, 92% of patients with diabetes had received a recent blood pressure reading in the previous year, compared with the CCG average of 73% and the national average of 78%.

- 84% of patients had received a blood test in the previous year to indicate their longer-term diabetic control, compared to the CCG and the national averages of 78%.
- 89% of patients with severe poor mental health had a comprehensive care plan completed within the previous 12 months compared to the CCG average of 90% and the national average of 88%.
- 86% of patients with hypertension had received a blood pressure reading in the previous year, compared to the CCG average of 81% and the national average of 84%.
- 91% of patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) had a review of their condition in the previous year, compared to the CCG average of 94% and the national average of 90%.

We saw a number of clinical audits had been completed within the practice. Four of these were completed clinical audits where the improvements made were implemented and monitored. These included prediabetes audits and aortic aneurysm (a swelling of the aorta), and medicines. Changes were made when necessary and learning was shared within the staff team.

The practice had encouraged patients to participate in research. Trials included the ALL HEART study for patients with ischaemic heart disease in addition to a trial of the self-management of chronic obstructive pulmonary disease (COPD). The trial provided telephone health coaching to help patients manage their condition, including symptoms, treatment and lifestyle changes. The practice told us their patients had benefited from participating in the study.

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 and provided them with welcome notes to aid their learning. These notes included information on staff, their roles, their location in the practice, contact details of external professionals and information on

Are services effective?

(for example, treatment is effective)

health and safety and car parking arrangements.

Training 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. For example, for those reviewing patients with long-term conditions. One nurse told us they had attended additional training in respiratory illnesses and diabetes and had gained diplomas in COPD and asthma to support them in their role. Another nurse had also obtained a diploma in COPD and was a certified practitioner for smoking cessation. A health care assistant, who previously held the role of a receptionist at the practice, told us the provider had supported them to train to become a phlebotomist (taking blood samples from patients). Another receptionist had also commenced their training in phlebotomy.
- 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 best practice and changes to the immunisation programmes, for example by access to on line resources such as the green book, which has the latest information on vaccines, and attending immunisation training updates held locally.
- The learning needs of staff were identified through a system of appraisals and staff requests for additional specific training. Staff told us they felt supported in their work and had access to appropriate training to meet their learning needs and to cover the scope of their work. They told us they attended regular meetings held within the practice and nurses attended training outside of the practice with the CCG as part of their protected learning time. We noted that nurses were appraised by the practice manager rather than a clinician. The practice manager told us this arrangement has since been reviewed and changed to the GPs following our inspection.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and

accessible way through the practice's patient record system and their intranet system. Staff were aware of their own responsibilities for processing, recording and acting on any information received. This included:

- Care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services or with out of hours (OOH) service for patients with complex care needs. One nurse told us they obtained the contact details of the specialist respiratory nurse following a recent meeting held in the event they needed to contact them for specialist advice.
- Practice and clinical meetings were held and provided opportunities for discussion.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. 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 regular 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 and were able to provide examples of how they obtained consent from patients.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent could be monitored through patient records.
- Written consent was obtained from patients undergoing minor surgery, coil insertion and implant fittings.
- We saw patients had access to detailed information about consent. This included details about children

Are services effective?

(for example, treatment is effective)

under the age of 16 who have sufficient understanding and intelligence to enable them to understand fully what is proposed (known as Gillick Competence), then they are competent to give consent for themselves.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and were signposted to the relevant service.
- Patients were able to access advice in relation to smoking cessation from a certificated practitioner based at the practice. One receptionist and a health care assistant were also advisors.
- Information to include the benefits of healthy eating and physical activity had been developed and displayed in a treatment room. This provided a visual display and was used during consultations held with patients.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer

screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice's uptake for the cervical screening programme was 81% compared with the CCG average of 80% and national average of 82%. Clinical exception reporting in this area was 6%, which was the same as the CCG and national averages.

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 85% to 97% and five year olds from 89% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. 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 spoke with seven patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 45 completed cards. All but three of the comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent or very good service and staff were helpful, caring and treated them with dignity and respect.

The practice had a virtual patient participation group known as the 'Mill Bank Matters' forum. Patients supplied their email address in order to join the forum and were then contacted by email. The partners and management team told us they were looking to develop a 'real time' PPG where the group physically met for discussions. We met with two members of the PPG. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the group would benefit from meeting in person in order to develop the group.

We reviewed the most recent data available for the practice on patient satisfaction from the national GP patient survey published in January 2016. The survey invited 238 patients to submit their views on the practice, a total of 114 forms were returned. This was a response rate of 48%. This was 10% higher than the national average. Results showed patients felt they were treated with compassion, dignity and respect. The practice scored above CCG and national averages for its satisfaction on consultations with GPs and nurses. For example:

- 96% of patients described their overall experience of their GP surgery as fairly good or very good compared to the clinical commissioning group (CCG) average of 88% and the national average of 85%.
- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG average of 94% and national average of 92%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. 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 above 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 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average and national average of 82%.

Are services caring?

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

The practice provided facilities to help patients be involved in decisions about their care. We saw patients were able to access GPs who were able to speak in a number of languages including Hindi, Marathi, Gujarati, Punjabi, Urdu, Malayalam and Portuguese. Translation services were also available for patients to access if English was not their first language. Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

We saw patient information leaflets and notices were displayed in the waiting area and available in a directory

file, which told patients how to access a number of local support groups and organisations. The directory also contained useful information about products and local services to include contact details of care homes and domiciliary care agencies.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers (0.89% of the practice list). During the inspection, we saw a person being supported by a receptionist to register as a carer. We saw the practice had a carers' notice board displayed in the waiting area advising carers how to become registered with the practice. Information was also displayed about the Carers' Hub, a service that provided support to carers. The practice had agreed to become the pilot site for the Carers' Hub and a meeting was scheduled to take place shortly. The practice was in the process of appointing a lead for carers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- There were longer appointments available for patients with a learning disability. A local care home for people with a learning disability told us the practice was excellent and very responsive to the needs of their clients. They told us GPs visited the home to carry out annual health checks for the people who had difficulty attending the practice due to their complex needs.
- The practice offered advanced, book on the day and emergency appointments. Patients were able to book routine appointments one month in advance and these appointments could also be booked on line.
- There was an average of ten home visits available each day for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a low reception desk, hearing loop, translation services and braille signage on consulting rooms.
- The practice planned to expand the practice and install a passenger lift to increase the scope of its services.
- Shared care agreements were not robust. For example, we were told that not all hospitals were good at giving plans for patients on shared care, but there was no evidence of action taken in response to this.

Access to the service

The practice was open from 8am and 6pm Monday to Friday and closed for staff training each Wednesday from 1pm to 2pm. Appointment times were generally offered between 8am to 6pm. Pre-bookable extended hours appointments were available certain early mornings from 7.15am and late evenings to 8.15pm. These appointments were for people who would otherwise find it difficult to see a GP during normal opening hours. Nursing services were not provided within extended opening hours.

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

- 86% of patients were satisfied with the practice's opening hours compared to the local average of 79% and national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to CCG average of 79% and the national average of 73%.
- 78% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 76% and the national average of 76%.
- 58% of patients felt they did not normally have to wait too long to be seen compared to the CCG average of 61% and national average of 58%.

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. A new triage system (the process of determining the priority of patients' treatments) had been in place for three months and its effectiveness was due to be reviewed by the team at the next team meeting.

Three CQC comment cards we received mentioned the length of time patients were kept waiting in the surgery prior to their consultation. We observed some patients were kept waiting at busy periods of the day. We saw there was a message on the screen in the waiting area advising patients when GPs were running late.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the designated responsible person who handled all complaints in the practice and was supported by the reception manager. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Staff we spoke with were aware of the complaints policy and procedure and knew what to do in the event of receiving a concern or complaint directly from a patient.

We saw there was a poster displayed near the entrance informing patients about how to complain. Patient information guidelines on comments, suggestions and

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

complaints were also available. Not all of the patients we spoke with during the inspection were aware of how to make a complaint, although all but one person said they had not had cause to complain.

The practice has received six complaints in the last 12 months. We found these had been dealt with in line with the policy. No common themes had been identified. We saw the practice kept a file of compliments received from patients and feedback was excellent.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They told us that they believed one of their strengths was the level of availability and continuity of care they provided to their patients. They demonstrated an awareness of their strengths and the areas for improvement. The partners aimed to become a training practice in the future, recruit additional staff and expand the building to increase the scope of services provided.

The practice had a mission statement, which was to deliver high standards of clinical care, providing an ethical, comprehensive and compassionate service to their patients. Staff told us the vision and values had been shared and discussed with them although not all staff we spoke with were able to recall these. The practice had a business plan in place, which reflected the vision and values of the practice. The practice manager told us they and the GPs operated an open-door policy and staff supported one another. This was reflected in discussions we held with staff.

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 areas such as recording and reporting. For example, we found the partners had acted on a significant event in relation to the prescribing of controlled drugs but had failed to record it or share it with external relevant bodies, such as NHS England. Following the inspection, we received written confirmation that action had since been taken in order to identify if there were any further issues that needed to be addressed.

- 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 via their shared drive. Staff were aware of how to access them.
- A comprehensive understanding of the performance of the practice was maintained

- An audit of the review of significant events and complaints had not been completed. The practice were fully aware of this and planned to implement an annual review process.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Nurses did not receive their annual appraisal from a GP. This arrangement has since been reviewed following our inspection.

Leadership and culture

Staff told us the GPs and management team were visible, approachable and always took the time to listen to them.

The provider 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, appropriate feedback and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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 at practice meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and management team. Staff were encouraged to offer suggestions to improve the service.

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

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

- The practice had gathered feedback from patients through a virtual patient participation group (PPG) known as "Mill Bank Matters" forum. Patients supplied their email address in order to join the forum and were contacted by email. A survey was prepared and 200

Are services well-led?

Requires improvement 

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

were distributed to patients over a two-week period in February 2015. The practice had 197 responses and shared the responses with the forum and an action plan formulated. As a result of patient feedback, air conditioning has been provided in the waiting area, catch up slots have been implemented due to delays in waiting time in addition to car park monitoring and replacement armchairs. We spoke with two members on the virtual group. They told us the group had been inactive of late and would welcome meetings. This was acknowledged by the practice.

- We saw the practice had acted on complaints received from patients and had responded accordingly. The practice had received a number of compliments from patients about the care and treatment they had received.

- Staff told us they would feedback and discuss any concerns or issues with colleagues and the management team. The management team told us that during weekly meetings held, staff were encouraged to offer suggestions for improving the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Protected time was given to staff to complete training and personal development.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider's systems and processes for monitoring and improving the quality and safety of the service did not operate effectively. They did not share all information relating to risks and incidents with relevant bodies appropriately. Regulation 17(2)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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.