

Drs Przyslo and Partners

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Przyslo and Partners on 12 September 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff worked with other professionals to improve the care offered for patients with dementia and substance misuse tendencies.
- Patients told us that it was difficult to contact the practice by telephone and future appointments

could only be booked by online methods. Some patients told us they did not have internet access and they had no option but to call the practice on the day they needed an appointment.

- The practice recorded complaints although investigation into them lacked detail? and did not consider the factors that contributed to the event.
- Data showed that the practice had a significant number of patients who had been recorded as clinical exceptions to receiving treatment or interventions. Staff were not aware of this outlying data and the reasons for it.

The areas where the provider must make improvements are:

- Improve the process for investigating, reviewing and learning from significant events.
- Improve the quality and experience of the service for patients attempting to contact the practice

Summary of findings

investigating the reasons for higher than average clinical exception reporting data and lower than average patient satisfaction for contacting the practice by telephone and making appointments.

- Improve the investigation of, and learning from, patient complaints.
- Improve the quality of record keeping for management of delivering services, for example meeting minutes.

In addition the provider should:

- Review the practice cold chain policy to reflect any changes in guidance or practice since the last update.

- Consider expanding the emergency medicines held to include anti-histamine medicine or risk assess why this is not necessary.
- Review the methods for patients who are wheelchair users to gain access to staff within the reception area.
- Review the practice business plan to ensure alignment with the services provided.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- The practice method of investigating and learning from significant events had weaknesses. Although staff felt able and encouraged to raise events, the practice did not investigate occurrences thoroughly to establish the cause. Events were discussed at clinical meetings, but nursing staff did not attend and the records of meetings lacked detail to enable practice wide learning.
- Although staffing levels had been established, we saw staff experiencing difficulties with answering telephone calls promptly due to the volume of calls not being matched by adequate staffing.
- The practice had procedures in place, and staff had received training, for risk from fire and other building risks.
- The practice had equipment and medicines available to assist in a medical emergency. These did not include anti-histamine medicines used as a second line treatment to allergic reactions.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed that clinical exception reporting in national performance indicators was significantly higher than local and national levels. These affected patients in a number of conditions.
- The practice demonstrated quality improvement through clinical audit.
- 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.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Feedback from patients reported that access to making planned appointments and contacting the practice by telephone was difficult. Patients could book future appointments online, however those without access to the internet could only phone the practice on the day they required an appointment. Patients told us this frustrated them as often appointments ran out shortly after the practice opened each morning.
- Data in the national GP patient survey showed patient satisfaction with contacting the practice was lower than local and national averages. For example, 56% of patients found it easy to contact the practice by telephone compared to the clinical commissioning group (CCG) average of 77% and the national average of 73%.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that investigations into complaints were thorough and took account of the contributing factors that led to the occurrence/incident.

Requires improvement



Are services well-led?

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

- We saw that the practice vision and strategy were not well aligned. The practice had developed a business plan although the written contents sometimes differed from the reality of services being provided.
- Governance within the practice was mixed. Although some areas of risk had been mitigated others relating to performance, patient experience and service delivery had not.
- Record keeping, at times, was below an acceptable standard. We reviewed meeting minutes that did not give clear information on discussions, actions and learning points.

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as good for caring services and this includes this population group. The practice was rated as requires improvement for safe, effective, responsive and well-led services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- We received feedback from older patients that it was difficult for them to make an appointment that met their needs.
- The practice offered patients aged 75 and over an annual health check.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as good for caring services and this includes this population group. The practice was rated as requires improvement for safe, effective, responsive and well-led services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- Clinical exception reporting across the range of long-term conditions was significantly worse than local and national averages.
- The practice achieved 100% of the points available in the Quality and Outcomes Framework (QOF) for the 11 outcomes for diabetes compared with the clinical commissioning group (CCG) average of 88% and national average of 89%. Clinical exception reporting was 21% compared to the CCG average of 14% and national average of 12%. The practice 2015/16 clinical exception reporting rate was 20%. The numbers of patients recorded with diabetes was 471.
- The practice appointment system did not give assurance that patients with a long-term condition would receive timely care. Patients told us it was difficult to get through on the telephone and appointments often ran out shortly after opening hours.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as good for caring services and this includes this population group. The

Requires improvement



Summary of findings

practice was rated as requires improvement for safe, effective, responsive and well-led services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 90% compared with the clinical commissioning group (CCG) average of 80% and national average of 82%. Clinical exception reporting rates were 21% compared to the CCG and national averages of 6%. 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.
- We saw positive examples of joint working with health visitors to safeguard children.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as good for caring and effective services in this population group. The practice was rated as requires improvement for safe, effective, responsive and well-led services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- Patients were able to make appointments and order prescriptions online.
- The practice had a large proportion of patients in this group and provided services via a branch practice at a local university.
- Health promotion and screening was offered that met the needs of this population group.
- Extended appointments were offered on a Thursday from 7am to 8am and 6:30pm to 8pm. The practice also offered planned appointments on a Saturday morning from 9am to 12pm.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as good for caring services and this includes this population

Requires improvement



Summary of findings

group. The practice was rated as requires improvement for safe, effective, responsive and well-led services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- The practice appointment system did not give assurance that patients whose circumstances make them vulnerable would receive timely care as patients told us it was difficult to get through on the telephone and daily appointments often ran out shortly after opening hours.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

People experiencing poor mental health (including people with dementia)

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

The practice was rated as good for caring services and this includes this population group. The practice was rated as requires improvement for safe, effective, responsive and well-led services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- The practice appointment system did not give assurance that patients experiencing poor mental health would receive timely care. Patients told us it was difficult to get through on the telephone and daily appointments often ran out shortly after opening hours.
- Clinical exception reporting for patients experiencing poor mental health including dementia was significantly worse than local and national averages.
- The practice achieved 88% of the points available in the Quality and Outcomes Framework (QOF) for the three outcomes for dementia compared to the clinical commissioning group (CCG) average of 94% and the national average of 95%. Clinical exception reporting was 25% compared to the CCG average of 7% and national average of 8%. The practice 2015/16 clinical exception reporting rate was 24%.

Requires improvement



Summary of findings

What people who use the service say

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 44 completed cards, of which all were positive about the caring and compassionate nature of staff. We also spoke with 14 patients including three members of the patient participation group (PPG). They told us they were happy with the caring nature of services provided. All of the patients we spoke with told us they had been dealt with in a kind, respectful and compassionate way.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2016. The survey invited 369 patients to submit their views on the practice, a total of 102 forms were returned. This gave a return rate of 28%. The average national return rate in the survey was 38%.

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

- 89% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 98% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 91% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.
- 92% found the receptionists helpful compared to the CCG and national averages of 87%.

Survey results for patient satisfaction with nurses was lower than local and national averages:

- 89% said that the nurse was good at giving them enough time compared to the CCG average of 93% and the national average of 92%.
- 91% of patients said the nurse was good at listening to them compared to the CCG average of 93% and the national average of the same.

Survey results showed mixed rates of patient satisfaction in relation access to appointments when compared to local and national averages:

- 56% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 96% of patients said the last appointment they made was convenient compared to the CCG average of 95% and national average of 92%.
- 57% of patients felt they did not have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.
- 62% of patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%. Of note, the number of patients who gave a poor response to this question was 19% compared to the CCG average of 9% and national average of 12%.

The comments we received from patients about the appointments system showed a trend of being less positive.

Areas for improvement

Action the service MUST take to improve

- Improve the process for investigating, reviewing and learning from significant events.
- Improve the quality and experience of the service for patients by investigating the reasons for higher than average clinical exception reporting data and lower than average patient satisfaction for contacting the practice by telephone and making appointments.
- Improve the investigation of, and learning from, patient complaints.

Summary of findings

- Improve the quality of record keeping for management of delivering services, for example meeting minutes.

Action the service SHOULD take to improve

- Review the practice cold chain policy to reflect any changes in guidance or practice since the last update.
- Consider expanding the emergency medicines held to include anti-histamine medicine or risk assess why this is not necessary.
- Review the methods for patients who are wheelchair users to gain access to staff within the reception area.
- Review the practice business plan to ensure alignment with the services provided.

Drs Przyslo and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience.

Background to Drs Przyslo and Partners

Drs Przyslo and Partners is registered with CQC as a partnership provider. The practice holds a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The provider's main practice is situated in Harley Street Medical Centre, Hanley, Stoke on Trent.

There is a branch practice situated within Staffordshire University, Leek Road, Stoke on Trent. The branch practice has just reopened after being closed for the university summer break. We did not visit the branch practice as part of our inspection as when the inspection was planned the location was still planned to be closed. The data contained in this report relates to all patients. Patients can use either practice as they so desire.

At the time of our inspection the practice had 9,399 registered patients. The practice demographic has differences to local and national averages:

- 57% of patients are aged 15 to 44 years compared to the clinical commissioning group (CCG) of 40% and national average of 41%.

- The practice has fewer patients aged 18 years and under and 65 years and over when compared to local and national averages.
- The practice area is more deprived than both the CCG and national average.
- Turnover of patients at the practice is over twice local and national levels. This is accounted by a changing student population associated with the university.

The main practice is open:

- Monday to Friday 8am to 6:30pm.

During these times the phone lines and reception desk remain open.

Extended appointments are offered on a Thursday from 7am to 8am and 6:30pm to 8pm. The practice also offers planned appointments on a Saturday morning from 9am to 12pm.

The university branch practice is open:

- Monday, Tuesday, Wednesday, Friday 8am to 5pm.
- Thursday 8am to 1pm.

When the practice is closed patients can access primary medical care by telephoning 111. Both the 111 service and GP out-of-hours service in the area are provided by Staffordshire Doctors Urgent Care.

Staffing at the practice includes:

- Eight GPs (six male, two female) giving a whole time equivalent (WTE) of 5.4.
- One male prescribing pharmacist working full time.
- The practice nursing time includes four qualified nurses (three female, one male) and a female healthcare assistant.

Detailed findings

- The practice manager is assisted by a deputy assistant manager and leads a team of 16 administrative/reception staff.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 September 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the management team and administrative staff.
- Gained feedback from three health professionals who work with the practice.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with three members of the patient participation group (PPG) and a further 11 patients about their views on the practice.

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).

Are services safe?

Our findings

Safe track record and learning

The practice had recorded 34 significant events in the previous year. Significant events can be described as a positive or negative occurrence that are analysed in a detailed way to learn and improve practice.

Significant events were discussed regularly at practice meetings although the system in place demonstrated mixed effectiveness:

- The practice shared wider occurrences with external agencies. For example, issues with secondary care were reported on a clinical commissioning group (CCG) risk reporting system. This allowed wider sharing of events and assisted with identification of trends within the local area.
- Investigation of individual events was not dynamic as often wider implications had not been considered. For example, how often the event had happened and analysis of the contributing factors of the cause.
- Significant events were not analysed for trends or reviewed to establish if they had reoccurred.
- One significant event involved an adverse occurrence with a vaccine. Although this had direct implications for the practice nursing staff, discussion with the nursing team was not recorded. When we spoke with members of the nursing team they could not recall any recent significant event. Nursing staff did not attend clinical meetings within the practice, although the lead nurse told us this had changed recently and they now attended clinical meetings with the intention of disseminating information to the wider nursing team.
- Practice staff were unable to describe when they had changed the way they worked following a significant event.

The practice had a process and was able to demonstrate that they had taken action on recent medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Overview of safety systems and processes

The practice had a number of processes in place to promote safety within the practice:

- The practice held regular meetings with a named health visitor to discuss children known to be at increased risk of harm. We spoke with the health visitor who told us that the safeguarding lead GP was proactive in reviewing children at increased risk and identifying potential issues and raising them appropriately. The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs this was level three in safeguarding children. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of patients with safeguarding concerns by computerised alerts on their records. We saw examples of when staff had acted on safeguarding concerns.
- Chaperones were available when needed. A notice in the waiting room 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 had a lead person identified for ensuring that the latest infection prevention and control (IPC) measures were applied. The lead had received appropriate training, knew their responsibility and had mitigated risks effectively. IPC audits of the whole service had been undertaken annually, with the most recent one completed in August 2016. We saw action had been taken following audits and changes in IPC guidance. The practice had appropriate levels of personal protective equipment available for staff.
- The practice followed national guidance on the storage of medicines. The medicines we checked were stored appropriately, in date and secure. We did identify an issue with the way the practice recorded the monitoring of refrigerated vaccines, although it was established that the cold chain had not been compromised. Changes for recording fridge temperatures were made at the time of inspection to strengthen the process.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken

Are services safe?

prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for all relevant staff.

There were two areas where medicines processes had not been well managed:

- We reviewed the Patient Group Directions (PGDs) used by practice nurses. The documents had not been fully completed in line with legislative requirements in that they had not been authorised by a senior named GP at the practice. This was corrected at the time of the inspection.
- The practice cold chain policy had last been updated in 2012.

Monitoring risks to patients

The practice had procedures in place to deal with risks to patients, staff and visitors:

- 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 plans and equipment in place to deal with the fire risks.
- A recent infection control audit had been undertaken and staff were immunised against appropriate vaccine preventable illnesses.

On the day of our inspection we observed the increased risk of patients not being able to contact the practice by telephone. At times one member of staff was answering four incoming telephone lines. We saw the volume of

incoming calls was high and placed the staff member under increased pressure. We attempted to speak with members of administrative staff but were unable to do this as it would have increased the time telephone calls would have been answered. We spoke with this management team about this they accepted that the staffing on the day was not sufficient and told us this was due to sickness. They also said they had taken action by reallocating staff from other areas in the practice to assist with answering the telephones.

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and staff knew their location. The practice did not have anti-histamine medication as one of the follow up medicines to treat an allergic reaction. Importantly the practice did have adrenaline to administer as a first line treatment for an allergic reaction.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff told us they 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.
- Staff told us they were aware of their individual responsibility to keep up to date professionally with changes to guidelines and guidance.
- The lead GP received changes to national guidance by email and tabled those viewed relevant to the clinical meeting.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published QOF data at the time of our inspection was for 2014/15:

- The practice achieved 97% of the total number of points available this was higher than the national and clinical commissioning group (CCG) averages of 95%.
- Clinical exception reporting was 19%, which was significantly higher than the CCG and national averages of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.

We spoke with the practice team about the published rates of clinical exception reporting. Staff told us they were surprised about the high rates and were unaware of the reasons for them. We were unable to explore the 2014/15 data further as the practice had changed computer systems in the previous year and the licence on the legacy computer system had expired.

The practice was able to supply us with their 2015/16 data which had been collated although not yet published. The most recent data demonstrated high clinical exception reporting although a direct comparison could not be made as the clinical commissioning group (CCG) and national averages were awaited. When considered in line with results from previous years, it would be reasonable to consider the 2015/16 rates will be significantly higher than local and national averages.

The 2014/15 QOF performance in clinical domains included:

- The practice achieved 100% of points available for the six outcomes for Chronic Obstructive Pulmonary Disease (COPD) compared to the CCG average of 98% and national average of 96%. Clinical exception reporting was 32% compared with the CCG average of 14% and national average of 12%. The practice 2015/16 clinical exception reporting rate was 40%. The number of patients recorded with COPD was 471.
- The practice achieved 88% of the points available for the three outcomes for dementia compared to the CCG average of 94% and national average of 95%. Clinical exception reporting was 25% compared to the CCG average of 7% and national average of 8%. The practice 2015/16 clinical exception reporting rate was 24%. The number of patients recorded with dementia was 52.
- The practice achieved 100% of the points available for the 11 outcomes for diabetes compared with the CCG average of 88% and national average of 89%. Clinical exception reporting was 21% compared to the CCG average of 14% and national average of 12%. The practice 2015/16 clinical exception reporting rate was 20%. The numbers of patients recorded with diabetes was 471.
- The practice achieved 93% of the points available in the seven indicators for poor mental health which was the same as the national average compared to the CCG average of 91%. Clinical exception reporting was 22% compared to the CCG average of 9% and national average of 11%. The number of patients recorded with poor mental health was 91.

We looked at the care provided to a selection of patients and saw in the records viewed that exception reporting had

Are services effective?

(for example, treatment is effective)

been appropriate. However, the practice was unaware of this significant area of outlying data regarding clinical exception reporting and had not performed further interrogation of it.

We reviewed data from the Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent CCG to improve the health outcomes of local people. During 2014/15 QIF data showed that emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission were lower than the local average.

The practice used local and nationally recognised pathways for patients whose symptoms may have been suggestive of cancer. Data from 2014/15 from Public Health England showed that 60% of patients with a newly diagnosed cancer had been via a fast track referral method (commonly known as a two week wait). This was higher than the CCG average of 55% and national average of 48%. Earlier identification and appropriate referral is generally linked with better outcomes for patients in this group.

We looked at data from 2014/15 from the NHS Business Services Authority on the practice performance on prescribing medicines in four groups including hypnotics, antibiotics and anti-inflammatories. The practice had been identified as a higher than average prescriber of hypnotic medicines. Action had been taken in relation to this and over two years the practice had reduced prescribing in this area by 25%.

The practice had undertaken two clinical audits during the previous year. One audit into the prescribing of hypnotic medicines had completed three cycles and had demonstrated improvement. The remaining audit was to establish if the prescribing of a particular antibiotic had been appropriate. This audit had completed two cycles showing performance improvement following the initial audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care plans, medical records and investigation and test results.
- We spoke with a local dementia primary care nurse about the way the practice provided care for patients diagnosed with dementia. They told us that the practice was responsive to the sensitive needs of patients with dementia. Examples of changes made included longer appointment times and joined up appointments with practice nurses and the dementia primary care nurse for annual condition reviews. The impact of the joint appointments reduced the need for patients to attend two separate appointments and by working in partnership with the practice the dementia team were able to offer more appointments for patients who needed them at the memory clinic.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Meetings took place on a three monthly basis.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice provided a range of services intended to improve health outcomes for patients.

- 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 offered a comprehensive range of travel vaccinations.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.

- Childhood immunisation rates were higher than the CCG average in all indicators.
- The practice's uptake for the cervical screening programme was 90% compared with the CCG average of 80% and national average of 82%. Clinical exception reporting rates were 21% compared to the CCG and national averages of 6%.

Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was in line with, or lower than, local and national averages:

- 75% of eligible females aged 50-70 had attended screening to detect breast cancer. This was the same as the CCG average and higher than the national average of 72%.
- 52% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 55% and national average of 58%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 44 completed cards, of which all were positive about the caring and compassionate nature of staff. We also spoke with 14 patients including three members of the patient participation group (PPG). They told us they were happy with the caring nature of services provided. All of the patients we spoke with told us they had been dealt with in a kind, respectful and compassionate way.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2016. The survey invited 369 patients to submit their views on the practice, a total of 102 forms were returned. This gave a return rate of 28%. The average national return rate in the survey was 38%.

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

- 89% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 98% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 91% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.

- 92% found the receptionists helpful compared to the CCG and national averages of 87%.

Survey results for patient satisfaction with nurses was lower than local and national averages:

- 89% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 91% said the nurse was good at listening to them compared to the CCG average of 93% and national average of the same.

Care planning and involvement in decisions about care and treatment

The feedback we received from patients about them feeling involved in their own care and treatment was universally positive.

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

- 84% said the last GP they saw was good at involving them about decisions about their care compared to the national average of 82%.
- 86% said the last GP they saw was good at explaining tests and treatments which was the same as the CCG and national averages.

Satisfaction rates regarding interactions with nurses were lower than local and national averages:

- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 89% 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%.

Staff felt the lower than average satisfaction rates with nurses were as a result of previous lower numbers of nursing staff. During the previous 12 months the practice had employed additional nurses and were monitoring for higher satisfaction rates in the next survey publication.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We

heard a number of positive experiences about the support and compassion they had received. For example, one older patient told us about the high level of support they received during a period of poor health.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 140 patients as carers (1.5% of the practice list). All registered carers had all been contacted and offered an annual health check and seasonal flu vaccination. The practice had appointed a carers champion with a view to increasing the number of identified carers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided services to a large student contingent, which meant it had seasonal variations on demand patterns. Services had been adapted to meet the needs of patients in the following ways:

- The practice offered early morning and evening appointments one day a week and Saturday morning appointments.
- The practice worked with other health professionals to provide care at one appointment. We saw examples of joint working with dementia nurses and shared care for substance misuse that joined up the care patients received.
- There were translation services available.
- The practice had adapted some areas of the building to meet the needs of patients and visitors with poor mobility. There were automatic opening doors and corridors were wide. The reception desk was relatively high and had no lowered areas for a patient who used a wheelchair to speak easily with staff. Two patients commented that the reception desk was too high for them to converse easily.

Access to the service

The main practice was open:

- Monday to Friday 8am to 6:30pm.

During these times the phone lines and reception desk remained open.

Extended appointments were offered on a Thursday from 7am to 8am and 6:30pm to 8pm. The practice also offered planned appointments on a Saturday morning from 9am to 12pm.

The university branch practice was open:

- Monday, Tuesday, Wednesday, Friday 8am to 5pm.
- Thursday 8am to 1pm.

Our observations, and feedback from patients, on the day of the inspection demonstrated that patients were experiencing difficulty in accessing appointments that met their needs:

- We spoke with 14 patients of which seven mentioned the appointment system. Five out of the seven patients told us it was difficult to get through to the practice by

telephone in the morning. For example, one older patient told us they had tried calling the practice for an hour from 8am on the two previous days and was told when their call was answered there was no available appointments left. Although the practice offered bookable appointments via the internet, this patient was not an internet user and could not secure an appointment by any other method than telephoning on the day. Comments from patients we spoke followed a similar trend in relation to access to appointments.

- We received 44 comment cards of which 15 mentioned the appointment system. Ten patients out of the 15 expressed dissatisfaction with the method of not being able to book future appointments unless via the internet. Similar trends detailing difficulty in contacting the practice by telephone were observed.

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

- 56% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 96% of patients said the last appointment they made was convenient compared to the CCG average of 95% and national average of 92%.
- 57% of patients felt they did not have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.
- 62% of patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%. Of note, the number of patients who gave a poor response to this question was 19% compared to the CCG average of 9% and national average of 12%.

The practice had undertaken an internal patient satisfaction survey in all of the previous five years. The most recent results from 2016 related to experiences of patients at the main practice. Results followed a similar trend to the national survey although demonstrated that 2016 had been a challenging year for the practice as results were worse than previous years.

We spoke with the practice about the appointments system. They had discussed the findings and had produced an action plan that included consideration of offering bookable appointments by telephone and use of additional allied clinical staff to increase appointments.

Are services responsive to people's needs?

(for example, to feedback?)

The action plan did not detail timescales or include if any immediate action needed to be taken to improve the situation. When viewed over time patient satisfaction levels for access by telephone in the national GP patient survey had been at least 10% below the national average since 2012.

Listening and learning from concerns and complaints

The practice had received 13 complaints in the last 12 months. The practice did not analyse the complaints for trends. The complaints we reviewed had been acknowledged and responded to in a timeframe in line with the practice complaints policy and contractual requirements.

Learning from complaints was not clearly evident. We saw at times the practice approach to investigating complaints lacked detail and did not take consideration of any other factors. For example, we looked at a patient complaint about a delay in sending information to a secondary care facility. The practice recorded the learning outcome as being that the correct information was sent as soon as the error was identified. However, this did not take account of understanding the cause of the occurrence or make any assessment of how to reduce the chance of it happening again.

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 written vision contained within their statement of purpose of 'providing a high standard of safety, effectiveness, caring and good leadership in our general practice'.

We saw that the practice vision and strategy were not well aligned. The practice had a business plan in place. We found the written contents sometimes differed from the reality of the service provision. For example, the practice business plan stated the practice had four telephone lines in operation for patient ease and that patients could book appointments four weeks in advance. Performance data in the form of patient feedback through national and internal surveys and our findings at the inspection did not support this statement.

Governance arrangements

Governance within the practice was mixed. We saw areas of risk that had been mitigated:

- The practice ensured that contact with children at increased risk of harm was tracked and information was shared regularly and proactively with health visitors.
- The practice had acted on national alerts about patient safety.
- Incidents that involved care settings outside of the practice were reported on a clinical commissioning group (CCG) computer system to ensure wider learning.
- The practice performed recruitment checks on staff.

We saw other areas of governance that had not been well managed:

- The process for dealing with significant events lacked thorough investigation and learning was not clearly evident.
- Lower than average for clinical exception reporting performance in the Quality and Outcomes Framework (QOF) was not identified and understood. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.

- We saw examples of poor record keeping about service delivery. For example, meeting minutes detailed that a significant event or complaint had been discussed. The meeting minutes we reviewed did not refer to what the complaint or event was about or the discussion that had taken place.

Leadership and culture

The practice had a known and internally recognised leadership structure. The staff we spoke with told us they felt supported.

We were unable to speak with some administrative staff to seek their views on the practice. This was due to them being heavily engaged with dealing with the demand of administrative duties including answering the telephones. The nursing staff we spoke with told us that they felt supported and able to make suggestions for improvement.

We spoke with three healthcare professionals who gave positive feedback about the culture within the practice. They both felt that the practice was proactive and all staff approachable.

It was recognised that a number of recent changes to the practice partnership and an impending retirement of a long-standing partner had impacted and challenged the practice. The practice had secured new GP partners and detailed the next 12 months as a period of consolidation before considering future direction.

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

The practice had sought the views of patients and could evidence patient surveys undertaken for at least the previous five years. Results showed mixed results although patients were positive about the interaction with receptionists, GPs and nurses, they were less positive about contacting the practice by telephone.

We spoke with three members of the patient participation group (PPG) about how they worked with the practice. All three members felt that the practice listened to the views of patients and sought wider views. They told us they felt valued and shared examples of when the practice had improved services following suggestions. For example, one PPG member told us the group had played an important role in securing improvements to the number of incoming telephone lines to the practice. Future improvements to be discussed at the next meeting included the appointment system.

Are services well-led?

Requires improvement 

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

Continuous improvement

The practice was an established training practice to provide qualified doctors a platform to work with a GP trainer in their training to become GPs.

A member of the nursing team told us they had been supported to commence training in advanced clinical assessment and independent prescribing.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They did not operate an effective significant event process to investigate and learn from incidents. Staff could not recall significant events or describe how changes to services had mitigated the risk of reoccurrence.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person did not operate an effective system to investigate and take proportionate action following complaints. We saw records of actions from handling complaints that did not take into consideration the underlying reasons or contributing factors in relation to the complaint subject.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not assessed, monitored or improved the quality and safety of the services provided: <ul style="list-style-type: none">• The practice had recorded clinical exception reporting figures in the Quality and Outcomes Framework (QOF) significantly higher than local and national averages. The provider was unaware of this and the reasons for it.

Requirement notices

- The practice had recorded lower than average satisfaction rates in the national GP patient survey for patient experience in contacting the practice by telephone since 2012. Any improvements made had not been effective as the most recent results published in July 2016 showed further performance deterioration.

The registered person had not maintained records necessary in relation to the management of providing the regulated activities:

- Meeting records did not reflect accurate notes of the discussions undertaken and lacked detail to identify the subject matter and area.