

Dr Harbidge & 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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Harbidge & Partners on 6 October 2016. Overall the practice is rated as requires improvement.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Clinical audits demonstrated quality improvement in patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, regular reviews to identify common trends had not been carried out.
- The practice had systems in place for notifiable safety incidents. However, this needed to be improved to evidence the action taken to ensure patient safety.
- Effective systems were not in place for the monitoring of patients receiving high-risk medicines.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment and refresher training had been arranged.
- Data showed that some patient clinical outcomes were below local and national averages, however unpublished data showed an improvement.

Summary of findings

- Information about services and how to complain was available and easy to understand. However, verbal complaints had not been documented to help identify any common trends.
- There was a leadership structure and staff felt supported by the partners.
- Most patients said they found it easy to make an appointment with urgent appointments available on the same day.
- The results from the most recent GP national patient survey showed patients expressed higher satisfaction levels in relation to the experience of their last GP appointment and lower rates of patient satisfaction in relation to access to appointments.
- The provider was aware of and complied with the duty of candour.
- A practice matron had been appointed to support and provide a patient focused holistic service to meet the needs of housebound patients, their carers and those in local care homes. This included undertaking tailored care plans and regular health monitoring of these patients. They were able to provide acute illness advice to these patients and care homes and provide all necessary vaccinations as required for the patients who were unable to attend the surgery. Clinical issues were regularly addressed preventing patient deterioration and ongoing monitoring to prevent unnecessary acute hospital admission.

The areas where the practice must make improvements are:

- Introduce a system to follow up children who did not attend hospital appointments.

- Improve governance arrangements for assessing and monitoring risks and the quality of the service provision.

The areas where the practice should make improvements are:

- Introduce an effective system which demonstrates that all medicines and equipment alerts issued by external agencies are acted upon.
- Implement an effective the system for ensuring patients receive the necessary monitoring before prescribing high risk medicines to ensure continuing patient safety, and to minimise potential risks.
- Ensure outcomes of significant events are shared with all staff and carry out a regular analysis to identify any common trends, maximise learning and help mitigate further errors.
- Record verbal complaints to enable trends to be identified.
- Consider ways of improving the systems in place to enable the practice to receive and act on patient feedback on the quality of the service. For example, by developing the role of the patient participation group (PPG).
- Review the security arrangements for the storage of paper patient records.
- Ensure staff receive refresher training at the earliest opportunity.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, outcomes were not shared with all staff and a regular analysis to identify any common trends and maximise learning had not been carried out.
- When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information and an apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The system for prescribing high-risk medicines on a shared care basis was not effective in limiting the possibility of patients receiving medicines when they had not had the recommended monitoring.
- The practice had systems in place for external alerts received about medicines that may affect patients' safety. However, systems were not effective to evidence the action taken for all alerts received.
- The practice maintained appropriate standards of cleanliness and hygiene and had developed an action plan to address the findings in their recent audit.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical audits were undertaken and the findings used to drive improvement in patient outcomes.
- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly below local and national averages. For example, the practice achieved 78% of the total number of points available in compared to CCG average of 93% and the national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- All staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals for staff.

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 similar to local and national averages for questions relating to the care received.
- Information for patients about the services available was easy to understand and accessible.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a carers' register and had systems in place, which highlighted to staff patients who also acted as carers. The number of carers registered was 106, which represented 1.13% of the practice list size.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Most patients said they found it easy to make an appointment, with urgent appointments available the same day. Some staff shortages had impacted on access to appointments, however the salaried GP was due to join the practice as a full-time partner increasing the number of appointments available.
- Staff were aware of how to support patients with making a complaint. Information about how to complain was readily accessible. Verbal complaints had not been documented to identify common trends.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a leadership structure in place and staff felt supported by the partners and had been encouraged to develop within their role. Staff had regular performance reviews and attended staff meetings and events.
- The practice had a number of policies and procedures to govern activity. However, we saw a small number of areas of governance that needed more attention. For example, improvements in acting on all patient safety alerts, carrying out an analysis of significant events to identify any common trends and improving the monitoring of patients receiving high risk medicines.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from patients via comments, compliments, complaints and the National GP Patient Survey. The practice did not have an active patient participation group in place but were hoping to develop this in the near future. The practice provided regular patient newsletters informing patients of events such as flu days in addition to health promotion and access to appointments.

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 was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Twenty two percent of the patient population were over 65 years. A practice matron had been appointed to support and provide a patient focused holistic service that included meeting the needs of this patient group, their carers and those in local care homes. This included undertaking tailored care plans and regular health monitoring of these patients. A proportion of this population group had a care plan in place under the admission avoidance scheme.
- The practice was responsive to the needs of older people, and offered home visits, urgent and extended appointments for those with enhanced needs.
- Clinicians worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with complex needs.
- Weekly visits to local care homes were provided by the practice matron for continuity of care.
- The practice offered flu, pneumococcal and shingles vaccinations.

Requires improvement



People with long term conditions

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice provided a range of designated clinics for patients with long-term conditions such as diabetes, coronary heart disease and asthma led by nurses with specialist knowledge in disease areas. Patients at risk of hospital admission were identified as a priority.
- Complex patients with multiple conditions and at risk of hospital admission were included on the admission avoidance register and offered a specialised tailored care plan, contact by a nurse within three days of hospital discharge, priority phone access to a clinician and same day appointments where appropriate.

Requires improvement



Summary of findings

- The practice had a lead member of staff responsible for the call and recall of patients for chronic disease reviews.
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Weekly dedicated baby clinics were provided for health checks and postnatal checks. The practice was a breast-feeding friendly practice.
- Young people were able to gain sexual health advice, support and contraception available on a scheme.
- The practice had systems in place to identify those at risk. However, the practice did not have a system in place to follow up on children who failed to attend hospital appointments to help identify risk and take any necessary action.
- The practice offered dedicated child immunisations clinic. Published data showed immunisation rates were comparable to the local Clinical Commissioning Group (CCG) for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the local CCG and national averages of 82%.

Requires improvement



Working age people (including those recently retired and students)

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 provided a flexible appointment system, telephone consultations and a text messaging for results and appointment reminders. The practice advertised health screening and promotion on a social network site.

Requires improvement



Summary of findings

- The practice was proactive in offering online services. Appointments and prescriptions could be booked online for patients registered for this service.
- The practice provided an extended hours service three mornings per week from 7am Monday to Wednesday and a late evening on a Wednesday until 7.30pm to accommodate working patients.
- The practice provided NHS health checks to patients over 40 to assess their health and wellbeing.

People whose circumstances may make them vulnerable

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and carers. Home visits were available and carried out by designated nurse for people with a learning disability who had difficulty accessing the practice for appointments and annual health reviews.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice offered longer appointments for patients with a learning disability and those with complex needs.
- 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.
- All patients on the practice palliative care register were regularly reviewed and their care adjusted to meet their individual needs.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement in safe and well led and good in the domains of effective, responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- Patients experiencing poor mental health were provided with information about how to access various support groups and voluntary organisations and referred to other services where necessary.
- Performance for poor mental health indicators was lower than the local CCG and national averages. For example, 67% of eligible patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 87% and the national average of 88%. Clinical exception reporting was 18% compared with the CCG average of 12% and the national average of 13%. Unpublished data for 2015/16 showed this had increased with 90% of patients having had a care plan agreed.
- The percentage of patients diagnosed with dementia who had received a face-to-face review in the preceding 12 months was 76%, which was lower than the local CCG average and national average of 84%.
- Staff were working towards becoming a dementia friendly practice by January 2017 to help them understand and support their patients with dementia.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published July 2016. Two hundred and forty five survey forms were distributed and 104 were returned, this represented a return rate of 42%.

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,

- 99% of patients had confidence in the last GP they saw or spoke with compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) of 89% and the national average of 87%.
- 90% of patients said that the last GP they saw was good at listening to them compared with the CCG and the national averages of 89%.

Survey results for patient satisfaction with nurses was mostly higher than local and national averages. For example,

- 95% of patients said that the nurse was good at giving them enough time compared to the CCG average of 94% and the national average of 92%.
- 94% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 83% of patients said the last nurse they saw was good at involving them in decisions compared to the CCG average of 86% and the national average of 85%.

Survey results showed lower rates of patient satisfaction in relation to access to appointments when compared to local and national averages. For example,

- 38% of patients found it easy to contact the practice by telephone compared to the CCG average of 72% and the national average of 73%.
- 91% of patients said the last appointment they made was convenient compared to the CCG average of 95% and the national average of 92%.
- 32% of patients felt they did not have to wait too long to be seen compared to the CCG average of 63% and the national average of 58%.
- 51% of patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 16 comment cards in addition to speaking with a representative of the patient participation group (PPG). Comments were positive about the standard of care received. Only one comment was in relation to the difficulty experienced with getting an appointment. Patients described staff as being excellent, fantastic, friendly and caring and spoke very positively about their personal experiences in relation to the care and treatment they received.

The practice shared the feedback they had received from the Friends & Family Test. The FFT is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The tool is also an indicator as to how the practice is performing. Data showed that patients who had completed the tool in the last six months had provided positive feedback on their experience of the practice.

Areas for improvement

Action the service MUST take to improve

Introduce a system to follow up children who did not attend hospital appointments.

Improve governance arrangements for assessing and monitoring risks and the quality of the service provision.

Summary of findings

Action the service **SHOULD** take to improve

Introduce an effective system which demonstrates that all medicines and equipment alerts issued by external agencies are acted upon.

Implement an effective the system for ensuring patients receive the necessary monitoring before prescribing high risk medicines to ensure continuing patient safety, and to minimise potential risks.

Ensure outcomes of significant events are shared with all staff and carry out a regular analysis to identify any common trends, maximise learning and help mitigate further errors.

Record verbal complaints to enable trends to be identified.

Consider ways of improving the systems in place to enable the practice to receive and act on patient feedback on the quality of the service. For example, by developing the role of the patient participation group (PPG).

Review the security arrangements for the storage of paper patient records.

Ensure staff receive refresher training at the earliest opportunity.

Dr Harbidge & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Dr Harbidge & Partners

Dr Harbidge & Partners is registered with CQC as a partnership provider and is located in Kidsgrove, Staffordshire. The practice is part of the NHS North Staffordshire Clinical Commissioning Group. The practice has very recently moved from a Personal Medical Services (PMS) contract with NHS England to a General Medical Services (GMS) contract. 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 premises is a purpose built single storey building, and is owned and shared with another GP provider. The total patient population on the day of the inspection was 9418. The practice is in an area considered as one of the least deprived nationally. The practice has a higher proportion of patients aged 65 years (22%) compared to the national average of 17%.

The staff team currently comprises of three GP partners plus a salaried GP (one female, three male). The salaried GP was due to join the partnership in October 2016 providing four whole time equivalent (WTE) GPs. The

practice team includes a practice manager, a practice matron, a clinical nurse practitioner, three practice nurses, a clinical nursing assistant, a health care assistant and a team of reception and administration staff.

Surgery opening and appointment times are Monday and Tuesday from 7am to 6pm, Wednesday 7am to 7.30pm, Thursday 8am to 4.30pm and Friday 8am to 6pm. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements commissioned by the North Staffordshire CCG for patients to be seen when the practice is closed.

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

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?

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We spoke with a representative of the patient participation group (PPG). We carried out an announced inspection on 6 October 2016. During our visit, we spoke with a range of staff, which included three GP's, the practice manager, the practice matron, clinical nurse lead, health care assistant and administrative and reception staff. We reviewed 16 comment cards where patients shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events. There was a culture to encourage duty of candour and this was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- There had been ten recorded events in the preceding 12 months. All events were recorded and documented and most staff spoken with were able to share an example of a significant event and the action taken. However, significant events were not analysed for trends or reviewed to establish if they had reoccurred.

We reviewed safety records, incident reports and patient safety alerts. The practice had a process in place to receive alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw the practice manager received the alerts and forwarded them to the clinicians. However, the system did not clearly evidence the action taken as a result of receiving all alerts. For example, there was no system in place that detailed the alerts received, action taken and the outcome. Minutes of clinical meetings did not have patient safety alerts as an agenda item or evidence these had been discussed and the action taken.

Overview of safety systems and processes

The practice had a number of systems in place to minimise risks to patient safety.

- We saw the practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. We saw staff had received role appropriate training to nationally recognised standards with the exception of two staff that had been booked to attend training shortly.

- The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children in addition to deputy leads. They had been trained to an advanced level and could demonstrate they had the necessary training to enable them to fulfil their role. All of the staff we spoke with knew their individual responsibility to raise any concerns and who the lead and deputy leads were if they had a safeguarding concern.
- Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. The practice had a register in place to highlight vulnerable patients, as well as those with complex health needs. We saw safeguarding matters were discussed in practice meetings. The practice had developed an action plan for safeguarding. These identified staff training needs in addition to obtaining disclosure and barring checks for existing staff that had worked at the practice for a number of years. The practice was also looking to provide leaflets and information in the reception area for parents on how to keep children safe in addition to promoting online safety.
- The practice held a communication file to record discussions held with the health visitor and any concerns raised in relation to vulnerable children known to the practice.
- Chaperones were available when needed and had received appropriate training, disclosure and barring checks and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and in treatment rooms in addition to the practice information leaflet.
- On the day of the inspection, the practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. The practice matron was the designated lead and discussions with them demonstrated they had a clear understanding of their role and responsibility. They told us they attended quarterly meetings with the infection control nurse from the local clinical commission group (CCG). Annual infection control audits were undertaken, the most recent having been carried out in September

Are services safe?

2016. We saw a small number of recommendations had been made as a result of the audit and we discussed these with the lead who agreed to include timescales for completion on the action plan. Staff spoken with were aware of who the lead was for infection control and had access to personal protective equipment supplies such as disposable aprons and gloves.

- The practice had procedures in place for the managing medicines including emergency medicines and vaccines. We saw processes were in place to check medicines were within their expiry date and suitable for use and all of the ones we checked were within their expiry dates. Patient Group Directions (PGDs) were in place to allow the nursing staff to administer medicines in line with legislation. Blank prescription forms and pads were securely stored and there was a system in place to monitor their use. Processes were in place for handling repeat prescriptions and managing uncollected prescriptions. The practice told us they worked closely with the medicines management lead from the clinical commissioning group (CCG).

However we identified areas where the practice did not have systems in place to keep people safe. For example:

- We reviewed data in relation to a particular high-risk medicine prescribed to patients. We found the system for ensuring patients had received the necessary monitoring before prescribing of the medicine was not effective. The practice had not always checked or downloaded the hospital data for review prior to the prescribing of some high risk medicines for patients under a shared care arrangement.

The practice had a recruitment policy in place for the recruitment of new staff. We reviewed four personnel files and found that most of the recruitment checks had been undertaken prior to employment. For example, there was proof of identity for the individual staff members we checked. References had been obtained, copies of professional qualifications were available and the appropriate checks had been made through the Disclosure and Barring Service although a copy had not been retained for locum GP but was later forwarded to us. The practice had medical indemnity insurance arrangements in place for relevant staff.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were processes in place to manage and monitor risks to patients, staff and visitors. We saw there was a health and safety policy available and the practice manager was the designated health and safety lead and told us they had received training for the role.
- Staff were issued with safety handbooks detailing responsibilities allocated to key management personnel in addition to key health and safety responsibilities, general safety rules, hand washing procedures and a hazard reporting form.
- We saw checks to the building and equipment were undertaken at the required frequency and recorded by a contractor commissioned by the provider. The practice had an up to date fire risk assessment and had carried out regular fire drills. At the time of the inspection, the health and safety law poster was displayed in the staff common room which needed to be replaced, however, this was immediately actioned. There was a risk assessment in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Cleaning products were stored in lockable cabinets in line with COSHH.

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 in all the consultation and treatment rooms, which alerted staff to any emergency.
- Staff had received basic life support training and refresher training was scheduled for 13 staff in November 2016. There
- Electrical equipment had been checked in the last 12 months to ensure the equipment was safe to use. Clinical equipment was regularly checked to ensure it was working properly.
- The practice had a disaster handling and recovery plan in place for major incidents such as power failure or building damage and copies were kept off site by the partners, practice manager and two other designated staff.

Are services safe?

- An accident book was available and accidents were appropriately recorded.

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 but there was no clear system in place to monitor the adoption of NICE guidance within the practice. For example, NICE guidelines were not shared and discussed during clinical meetings.
- The practice had recently commenced using the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and was effective in reducing referrals.
- The GPs and nurses had specialist knowledge of long-term conditions, for example diabetes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results for 2014/15 showed the practice had achieved 78% of the total number of points available. This which was lower than the Clinical Commissioning Group (CCG) average of 93% and the national average of 95%. However, their overall clinical exception reporting was 5%, which was lower than the local CCG of 8% and the national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Data for 2014/15 showed they had a low exception reporting rate across most indicators. We saw their end of year unpublished QOF data score for 2015/16 had increased to 87%.

Data from 2014/15

- Performance for diabetes related indicators was lower than local CCG and national averages. For example, 71% of patients with diabetes, on the register, had a blood

pressure reading that was within recognised limits. This was below the CCG average of 76% and the national average of 78%. However, their exception reporting rate of 4% was lower than the CCG average of 7% and the national average of 9% meaning more patients had been included.

- The percentage of patients with hypertension having regular blood pressure tests was 78%, which was below the local CCG average of 83% and the national average of 84%. However, their exception reporting rate of 2% was lower than the CCG average of 3% and the national average of 4%.
- The percentage of patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 28%, which was below the local CCG and the national average of 84%. The exception reporting rate of 14% was higher than the CCG average of 9% and the national average of 8%. Unpublished data for 2015/16 showed this had increased, with 76% of patients having had a care plan agreed. The practice had employed a practice matron who had carried out advance care planning for patients with dementia. The practice had also been assigned a community mental health nurse who had reviewed patients with dementia in the surgery or in their own homes. The practice told us the service had improved the quality of care for this group of patients and was an invaluable source of support to their carers.
- Performance for poor mental health indicators was lower than the local CCG and national averages. For example, 67% of eligible patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 87% and the national average of 88%. Clinical exception reporting was 18% compared with the CCG average of 12% and the national average of 13%. Unpublished data for 2015/16 showed this had increased with 90% of patients having had a care plan agreed.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months, was 46%, which was lower than the local average of 71% and the national average of 75%. Their exception reporting rate of 2%, was lower than the CCG average of 6% and the national average of 8%. Unpublished data for 2015/16 showed this had increased with 50% of patients having had an asthma

Are services effective?

(for example, treatment is effective)

review. The practice told us they had experienced difficulty with getting patients to attend for a review despite sending out invitations to attend. They were also looking to review the number of respiratory sessions available per week.

The practice was aware of their low clinical indicators and advised this had been due to staffing issues experienced at the time. The practice told us three GPs had left the practice in the last two years and they had experienced significant difficulties recruiting to two GP vacant posts. The partners told us performance had improved for 2015/16 and they had recruited a diabetes nurse, skilled up healthcare assistants and were targeting areas such as diabetes reviews in addition to providing extra clinics for patients with Parkinson's Disease and multiple sclerosis. The practice advised they were also looking to improve outcomes for patients with dementia. They said they had taken part in the dementia awareness week and had started to compile a register of patients with dementia. They were also looking to improve signage in the practice, provide a quieter waiting area and were increasing staff awareness.

The practice maintained a palliative care register and held regular palliative multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice had undertaken ten audits during the previous two years to include a number of full cycle audits. Audits included cancer, vitamin B12, coeliac disease, urinary tract infections and osteoporosis. We looked at two completed audits that reviewed the management of uncomplicated urinary tract infections (UTI). Results demonstrated improvement in outcomes for children and better adherence to guidelines. The practice had since developed a system for identifying children with a suspected a UTI.

Effective staffing

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

- The practice had issued staff with an employee handbook that had been updated in July 2016. The handbook provided staff with a wide range of information to include induction, training, safeguards in addition to a number of policies and procedures. We saw new staff had received an induction to their work over a number of weeks until they were competent and confident to carry out their role.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. We saw staff had individual training records detailing the training and courses they had undertaken. A whole team training matrix and analysis had recently been completed which identified a number of staff required refresher training. However, some staff were due to attend training in November 2016 via the clinical commission group (CCG) and they were awaiting additional dates for the remainder of the staff. The practice had also enquired about e-learning training to assist staff in the interim. Fire training in the use of extinguishers had also been sourced through the Staffordshire Fire and Rescue Service and the date was due to be finalised.
- 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, administering vaccinations and taking samples for the cervical screening programme. Our discussions with staff confirmed that the practice was proactive in providing training and funding for relevant courses for their personal and professional development. For example, a former receptionist told us they had been supported by the practice to train to become a health care assistant and was currently studying a university led qualification to equip them in their role. They told us they had also received training to administer vaccines and ear irrigation and a clinician was currently supervising their competency.
- The practice told us they were fully staffed with the exception of one GP vacancy. We were told holidays and sickness was covered across the team. The team had experienced a high level of staff sickness and had taken action to manage this and had also extended the probationary period for new staff. Three GP locums had been used in the last 12 months. The practice manager told us the same locums were used for continuity of patient care and treatment where possible.

Coordinating patient care and information sharing

The practice worked with other service providers to meet patients' needs and manage patients with complex needs. We saw the practice had a system in place for sharing and receiving information about patients' care and treatment

Are services effective?

(for example, treatment is effective)

from other agencies such as hospitals, out of hours services and community services. Staff we spoke with demonstrated an understanding of their role and responsibilities with ensuring information was managed effectively and shared with other services in a timely way, for example when referring patients to other services.

- The practice team met regularly with other professionals, including the palliative care team and the Integrated Locality Care Team (ILCT) team, which included professionals such as district nurses, mental health nurses, community matrons and social workers. They told us they discussed the care and treatment needs of patients identified at risk, approaching the end of their lives and those at increased risk of unplanned admission to hospital. Staff considered the meetings held were productive and provided an open forum to discuss any patients of concern and jointly monitor patient outcomes.
- The practice matron regularly visited patients living in local care and nursing homes and housebound patients in the community and helped to coordinate their care with the GP's.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance and were able to share examples of good practice. Clinical staff had received training in the Mental Capacity Act 2005 and staff we spoke with demonstrated an understanding of consent and decision-making requirements and were able to provide examples of how they worked in patients' best interests. Clinical staff demonstrated an understanding of Gillick competent. (Used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). The practice told us formal training had been booked for staff in the lead up to becoming a dementia friendly practice and that the training covered mental capacity, deprivation of liberty safeguards, adult safeguarding and power of attorney.

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 and those at risk of developing a long-term condition.

- Patients were offered health promotion advice such as smoking cessation, alcohol consumption, diet and lifestyle advice, to help them achieve optimum health and well-being. A full range of immunisations for children, travel vaccines and flu vaccinations were provided to those in certain age groups and patients at increased risk due to medical conditions. The practice offered new patients a general health assessment when they joined the practice in addition to NHS health checks for patients aged 40-74 years.
- The practice provided child health surveillance clinics.
- The practice provided regular newsletters to patients that included information on health promotion such as flu prevention and clinics being held, diabetes week, sun safety, hay fever and knowing the signs of a heart attack.

Data from the QOF 2014/15 showed that the practice's uptake for the cervical screening programme was 80%, which was in line with the local CCG and national averages of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The National Cancer Intelligence Network data published in March 2015 showed:

- 80% of female patients aged 50 to 70 years had been screened for breast cancer in last 36 months. This was higher than the CCG average of 79% and the national average of 72%.
- 61% of patients, aged 60-69, had been screened for bowel cancer in last 30 months. This was slightly lower than the CCG average of 63% but higher than the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% and five year olds from 94% to 99%.

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.
- Patients had access to a confidential booth if they wanted to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All 16 comment cards received were positive about the service experienced. Patients described staff as being friendly and caring and spoke very positively about their personal experiences in relation to the care and treatment they received.

We spoke with a representative of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national averages of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% 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 96% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern, which was above the CCG average of 86% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at listening to them, which was above the CCG average of 92% and the national average of 91%.

However, the feedback was less positive when patients were asked about how they were treated by reception staff:

- 79% of patients said they found the receptionists at the practice helpful, which was below the CCG average of 88% and the national average of 87%. On the day of the inspection we saw reception staff were helpful and courteous to patients attending the practice.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local than national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations.

The practice had a carer's policy in place and information about support for carers was available in the waiting room.

The computer system alerted GPs if a patient was also a carer. The practice had a carers register and had identified 106 carers (1.13% of the practice list). The practice manager told us they looking to arrange a Carers' Day, with a stand run by the Carers' Association to raise patient awareness.

Staff told us that if families had suffered bereavement, the senior GP telephoned them to offer their condolences.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice provided an extended hours service three mornings per week from 7am Monday to Wednesday and a late evening on a Wednesday until 7.30pm.
- There were longer appointments available for patients with a learning disability and those with complex needs. Home visits were available and carried out by a designated nurse for people with a learning disability who had difficulty accessing the practice for their appointments and annual health reviews.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as travel advice.
- The practice provided an electronic prescription service for the convenience of its patients. Patients were able to nominate a pharmacy of their choice and have their repeat prescriptions sent to a pharmacy near where they lived, worked or shopped.
- There were disabled facilities, a hearing loop and translation services available. One patient used the services of deaf link, a charity that supports signing to assist in their consultations. A wheelchair was also kept on the premises for patients use within the building.
- Emergency admissions to hospital were reviewed and patients were contacted following discharge to review their care needs if required.
- A community phlebotomist (person who takes blood) visited the practice every Thursday morning. The service provided convenience to patients not wishing to attend a hospital for the procedure.
- A practice matron had been appointed to support and provide a patient focused holistic service to meet the needs of patients living in care and housebound patients living in the community. They were able to provide acute illness advice and vaccinations for patients who were unable to attend the surgery.

- The practice had a social media page and provided informative newsletters for keeping patients up to date about the practice.

Access to the service

The practice was open Monday and Tuesday from 7am to 6pm, Wednesday from 7am to 7.30pm, Thursday from 8am to 4.30pm and on a Friday from 8am to 6pm. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements commissioned by the North Staffordshire CCG for patients to be seen when the practice was closed. Information was available to patients about appointments on the practice website and practice information leaflet.

Results from the national GP patient survey published July 2016, showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages in all areas.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 38% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 54% of patients usually get to see or speak to their preferred GP, compared to the CCG average of 61% and the national average of 59%.

The practice were aware of the concerns raised about access to appointments, managing capacity and demand. The salaried GP was due to become a full-time partner on 17 October 2016, providing an additional five sessions per week. The practice had shared the difficulties experienced with recruiting to two GP vacancies with patients and the patient participation group (PPG). The practice had two nurses who were independent prescribers to assist with demand for appointments. Telephone consultations were available that assisted patients with obtaining advice about their medical needs. Letters were sent to patients that failed to attend their appointments and newsletters that reminded patients to advise the practice if they were unable to keep their appointment so that appointments could be offered to other patients. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We saw the procedure was readily accessible to patients in the waiting area and on the practice website. The practice manager was the designated responsible person who handled all complaints in the practice. Staff we spoke with were aware of the procedure for dealing with a complaint.

We saw the practice had received three complaints in the preceding 12 months. Complaint records demonstrated that complaints were acknowledged, recorded, investigated and dealt with in a timely way. All complaints received had been resolved. Outcomes were shared at practice meetings. However, verbal complaints received had not been recorded to identify and analyse any trends. The practice manager told us they had received five verbal complaints and these had been immediately dealt with to the patients' satisfaction and none of these complainants had wished to formalise their complaint.

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 philosophy and values. We saw the philosophy was detailed in the practice charter information leaflet for patients and copies of these were available near the reception area. This included offering the highest standard of health care and advice to patients in addition to providing a team approach to patient care. Staff we spoke with knew and understood the values and told us the team worked well together and aimed to provide patients with a quality service.

The practice told us they engaged with external agencies including the local Clinical Commissioning Group (CCG) and were involved in a range of patient clinical pathways. GPs within the practice developed croup, sleep apnoea and Integrated Local Care Teams (ILCT) clinical pathways for Newcastle North Locality, thereby reducing referral/admission rates for these conditions as well as being involved with Multispecialty Community Provider (MCP) models of care. The senior GP was the locality lead within the CCG for Newcastle North.

Governance arrangements

The practice had a number of governance arrangements in place, which supported the delivery of the strategy and quality care.

- There was a clear staffing structure with named members of staff in lead roles. For example, safeguarding and infection control. Staff we spoke with were aware of their own roles and responsibilities. The team worked efficiently and felt supported by the partners in their work.
- The practice had a number of policies and procedures in place to govern activity and these were readily available to all staff on their computer desktops.
- Practice meetings and clinical meetings were held regularly to share information and minutes were detailed with action points.
- Clinical and internal audits were undertaken to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks.

However, we saw areas of governance where arrangements needed to be improved.

- The practice did not have a process in place to ensure that all safety alerts had been acted upon appropriately.
- The practice did not carry out an analysis of significant events to identify any common trends and maximise learning.
- A system was not in place to follow up children who failed to attend hospital appointments.
- Effective systems were not in place to monitor patients prescribed high risk medicines that were on a shared care arrangement.
- The security arrangements for the storage of paper patient records was not secure and therefore required review.

Leadership and culture

The GP partners were visible in the practice and encouraged a culture of openness and honesty. Most staff described the leadership within the practice as effective although they had experienced changes in GPs and leadership. Staff told us they were actively encouraged to raise concerns and were provided with opportunity for suggesting improvements openly with members of the management team. Staff had received an appraisal of their work.

The practice had a programme of practice meetings to include whole staff meetings and clinical meetings. Minutes of meetings seen were detailed and covered a range of topics to include training, audits, safeguarding, infection control, appointments and reviews.

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

The practice valued and acted on feedback from patients, the public and staff.

- The practice gained feedback through national GP surveys, the NHS family and friends test, NHS Choices, compliments and complaints received.
- The practice had actively tried recruiting patients to join their patient participation group (PPG) through their website, newsletters and information displayed in the waiting room but had been unsuccessful. However, the practice did have a virtual group. We spoke with a representative of the virtual group. They told us efforts

Are services well-led?

Requires improvement 

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

had been made to get an active group. They were unable to provide specific examples of improvements that had been made as a result of the PPG input but told us they received regular emails and were kept up to date with developments such as changes in the appointment system and the introduction of telephone consultations, which they considered, had benefitted patients.

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

Continuous improvement

The practice had identified areas of strength and areas for improvement to include recruitment and retention and managing capacity and demand.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not an effective system in place to help identify risk and take any necessary action for children that had failed to attend hospital appointments
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Effective governance arrangements were not in place including systems for assessing and monitoring risks and the quality of the service provision.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	