Millrise Medical Practice

Quality Report

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Date of inspection visit: 27/07/2016
Date of publication: 28/09/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Millrise Medical Practice on 27 July 2016. Overall the practice is rated as good.

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 their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Most risks were well managed, although action was needed in the areas of acting upon alerts about medicines and the practice fire risk assessment in place.

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

Importantly, the provider must:

- Implement a recorded system to receive and act on alerts about medicines that may affect patients' safety.

In addition the provider should:

- Implement a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, has been provided before the medicines are issued.

Summary of findings

- Review the fire alarm testing frequency and the fire risk assessment in place to ensure all risks are mitigated and date control the document to demonstrate compliance with legislative requirements over time.
- Improve the identification of patients who may be carers.
- Strengthen the procedure for patients requesting a home visit to include consideration to the urgency of which the visit should be undertaken.
- Include the avenues of escalation for patients in the written response to complaints.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice managed most risks well, although further action was needed to strengthen the way alerts about medicines and how updating the fire risk assessment was managed.
- The practice system for prescribing medicines on a shared care basis should be improved to limit the possibility of patients receiving medicines when they have not had the recommended monitoring.

Requires improvement

Are services effective?

The practice is rated as good for providing effective services.

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

Good

Are services caring?

The practice is rated as good for providing caring services.

- 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.
- 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.

Good

Summary of findings

- The practice identified, and provided additional services for carers. The overall number of carers identified was 0.7% of the patient list which given that the number of older patients registered with the practice was greater than the national average, this was lower than expected.

Are services responsive to people's needs?
The practice is rated as good for providing responsive services.

Good

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, the practice offered appointments on a Saturday morning.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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

Good

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice advanced nurse practitioner undertook weekly proactive visits to patients in a local care home in which many patients were of an older age.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- 98% of patients with atrial fibrillation (irregular heart rhythm) were prescribed an appropriate medicine to decrease the risk of blood clots. This was the same as the CCG and national averages.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were higher than local and national levels for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- The practice's uptake for the cervical screening programme was 81% compared with the CCG average of 80% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had taken action to offer 32 patients with a learning disability annual health reviews. Training had been secured and procedures implemented to provide the checks from September 2016.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Performance for poor mental health indicators was better than local and national averages. For example, 91% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2016. The survey invited 219 patients to submit their views on the practice, a total of 101 forms were returned. This gave a return rate of 46%. The average national return rate in the survey was 38%.

The results from the national GP patient survey was positive in all areas:

- 90% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 96% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 93% 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%.
- 96% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 94% said the practice nurse was good at listening to them with compared to the CCG average of 93% and national average of 91%.
- 90% found the receptionists helpful compared to the CCG and national averages of 87%.
- 95% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 95% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 89% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 92% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 77% and national average of 76%.
- 79% of patients felt they did not have to wait too long to be seen compared with the CCG average of 60% and national average of 58%.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 43 completed cards, of which all were positive about the caring and compassionate nature of staff. Themes in the comment cards of patients feeling the practice had a positive and caring culture were seen. Comments about making an appointment were also highly positive.

We also spoke with a member of the patient participation group (PPG) who said they were happy with the caring nature of services provided.

Areas for improvement

Action the service MUST take to improve

- Implement a recorded system to receive and act on alerts about medicines that may affect patients' safety.

Action the service SHOULD take to improve

- Implement a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, has been provided before the medicines are issued.
- Review the fire alarm testing frequency and the fire risk assessment in place to ensure all risks are mitigated and date control the document to demonstrate compliance with legislative requirements over time.
- Improve the identification of patients who may be carers.
- Strengthen the procedure for patients requesting a home visit to include consideration to the urgency of which the visit should be undertaken.

Summary of findings

- Include the avenues of escalation for patients in the written response to complaints.

Millrise Medical Practice

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 and a practice manager specialist advisor.

Background to Millrise Medical Practice

Millrise Medical Practice is registered with the Care Quality Commission as a partnership provider operating from Milton, Stoke on Trent.

The practice holds a General Medical Services contract with NHS England and has expanded their contractual requirements to provide additional services for patients including:

- Minor Surgery
- 24 hour ambulatory electrocardiograph (heart rhythm) and blood pressure monitoring.
- Spirometry
- Extended hours access

The existing premises have been used for many years and have been extended in more recent times to provide additional treatment rooms. All patient assessment areas are situated on the ground floor accessed by automated doors. There is limited car parking at the practice, although patients are permitted to use an adjacent supermarket car park free of charge. A half-hourly bus service operates in the area stopping in the road outside the practice.

The locality is one of slightly increased deprivation when compared with the national average, although lower deprivation when compared with the clinical commissioning group (CCG) area.

At the time of our inspection the practice had 8,000 patients registered to receive care and treatment. Although patients of all ages are registered, the practice has more patients aged 65 and over and less patients of 18 years and younger than the CCG and national average.

The practice is a training practice accommodating qualified doctors in the vocational training to become GPs. Three of the GPs at the practice are approved GP trainers.

The practice telephone system and reception desk is open to patients:

- Monday, Wednesday and Friday from 8am to 6pm.
- Tuesday from 8am to 12pm and 2pm to 6pm (between 12pm and 2pm a telephone number is accessible for emergencies although the reception is closed to allow for staff training and meetings).
- Thursday from 8am to 1pm. The practice is closed on a Thursday afternoon under a local agreement and emergency cover is provided by the local GP out-of-hours provider.
- When the practice is closed patients can access help by telephoning the practice, after which their call is transferred to the NHS 111 service for assistance.

Staffing at the practice includes:

- Three male GP partners giving a Whole Time Equivalent (WTE) of 2.25.
- Three salaried GPs (two female, one male) WTE 2.08.
- An all-female nursing team including a nurse practitioner and three practice nurses.

Detailed findings

The practice administrative team is led by a managing business partner supported by three managers and five receptionists.

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 27 July 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the business managing partner and administrative staff.
- 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.
- A member of the patient participation group (PPG) and community matron gave us 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).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice had processes in place to record, investigate and learn from significant events. Significant events can be described as a positive or negative occurrence that are analysed in a detailed way to learn and improve practice.

- All staff we spoke with knew the process for reporting significant events and most could recall recent occurrences.
- After a significant event was raised, the occurrence was investigated and when necessary changes were made to minimise the chance that the event would occur again.
- Significant events were discussed at clinical meetings. The meetings until recently had been attended by GPs and the management team. The practice changed the routine attendees at clinical meetings to include the nursing team in the month before our inspection. Significant events were not a standing agenda item, although we saw they had been discussed regularly and reviewed annually.
- In the five significant events raised in the last year we saw occasions when the practice had analysed events and shared learning. For example, following a computer failure the practice developed and strengthened processes to improve the way another occurrence would be handled.
- One of the significant events was classed as a positive occurrence as it had led to a positive outcome for a patient. This event was analysed to share learning of how to replicate similar positive occurrences.

The practice's process for acting on medicines alerts that may affect patient safety was not fully effective . Staff told us they received information, disseminated it and took action when needed. We looked at what action the practice had taken in relation to recent medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff told us they had not received any of the recent alerts that we looked at. Shortly after of our inspection the practice identified that their subscription to the MHRA did not include drug safety updates which included medicines alerts. The practice took action by updating their subscription and had begun an audit to establish if any actions were required on past alerts.

Overview of safety systems and processes

The practice had a number of systems to promote a safe culture of working:

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs this was level three in safeguarding children. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. The practice had recently finalised plans to meet with health visitors on a bi-monthly and had taken proactive action to improve the flow of information between professionals.
- 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 January 2016. Staff had their handwashing technique assessed in June 2016 and feedback was given when appropriate. We saw the procedures were well-organised and 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 had well organised procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. The practice nursing team consisted of a nurse practitioner and three practice nurses. Two nurses were independent prescriber and had received appropriate training and were suitably experienced to fulfil this role effectively.

One practice nurse used Patient Group Directions (PGDs) to administer immunisation and vaccines in line with legislative requirements. Blank prescriptions were securely stored and there were systems in place to monitor their use.

- The practice prescribed medicines for patients with certain medical conditions under a shared care agreement between the practice and secondary care provider. The secondary care provider decided on the dosage of medicines and arranged patient monitoring, including blood function tests to look for any adverse side effects of the medicines. The practice responsibility was to prescribe the medicines. We looked at the system for oversight of the prescribing by reviewing four patient records. We saw that patients had received both the medicines and blood monitoring tests in line with hospital dosage instructions and nationally recognised guidance. However, repeat prescription cycles were set at intervals that were greater than the maximum recommended interval for blood monitoring. This could lead to a missed opportunity that a patient may receive the medicine, although they had not had the necessary blood monitoring
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for all relevant staff.

Monitoring risks to patients

The practice had a number of processes and systems in place for managing risks associated with the operation of services:

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- A recent infection control audit had been held and staff were immunised against appropriate vaccine preventable illnesses.

We saw areas where further action was ongoing or required:

- The practice had recently commissioned a legionella risk assessment which had just been received. (Legionella is a bacterium which can contaminate water systems in buildings). The practice had developed an action plan with costings and timings of the work required to be undertaken. The schedule of work was due to be completed two months after the inspection.
- The practice had firefighting equipment available and a maintained fire alarm system. Fire alarm testing had been carried out on a monthly basis as opposed to the weekly recommended interval in British Standard guidance. The fire risk assessment (FRA) in place needed strengthening as six out of the 60 sections of contents where the level of risk had not been established. Staff told us that the FRA was reviewed regularly although the document was not date controlled so it was not clear about compliance over the longer term.

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.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared and discussedas a rolling agenda item at regular clinical meetings.
- Staff told us they subscribed to email alerts to highlight changes to guidance and guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed that within the practice:

- The practice achieved 93% of the total number of points available this was lower than the national and clinical commissioning group (CCG) averages of 95%.
- Clinical exception reporting was 6%, which was lower 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.

Areas where the practice had performed in line or higher than local and national averages included:

- Performance for poor mental health indicators was better than local and national averages. For example, 91% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%. There had been no clinical exceptions reported compared with the CCG average of 10% and 13%.
- 73% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was in the mid-range QOF indicator, compared with the CCG average of 75% and national average of 77%. Clinical exception reporting was 3% compared with the CCG average of 9% and national average of 12%.
- 84% of patients with hypertension (high blood pressure) had a recent blood pressure reading within an acceptable range compared with the CCG average of 85% and national average of 83%. Clinical exception reporting was 2% compared to the CCG average of 3% and national average of 4%.
- 98% of patients with atrial fibrillation (irregular heart rhythm) were prescribed an appropriate medicine to decrease the risk of blood clots. This was the same as the CCG and national averages. Clinical exception reporting was 2% compared to the CCG and national averages of 6%.

The 2014/15 published QOF data listed the practice as an outlier in two areas:

- Performance in the outcomes for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) was lower than local and national averages. For example, 71% of patients had received a review of their condition in the previous 12 months, compare to the CCG average of 91% and national average of 90%. The practice had taken action in this area and although not published at the time of inspection the 2015/16 performance was 89%.
- 59% of patients with diabetes had a blood pressure reading of 140/80 mmHg or less (the NICE guideline for patients with diabetes) compared with the CCG average of 80% and national average of 78%. The practice was aware of this and had developed a new practice protocol and had assigned staff to drive improvement in this area.

The practice provided additional services for patients under a mixture of Local Improvement Schemes (LIS) and Directed Enhanced Services (DES). Examples included:

- The practice participated in the avoiding unplanned hospital admission enhanced service and had extended this. Four per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs.

Good

Are services effective?

(for example, treatment is effective)

Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge. The care plans were available in the patient's home to enable other health professionals who may be involved in their care to have comprehensive information about them.

- The practice provided 24 hour ambulatory monitoring of both blood pressure and elect-cardio graph (ECG) monitoring for registered and non-registered patients.
- Minor surgery.

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 similar to the local average. The data demonstrated that consistently the practice rate of emergency admissions for patients with cancer, dementia, COPD and asthma was lower than the CCG 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 53% of patients with a newly diagnosed cancer had been via a fast track referral method (commonly known as a two week wait). This was similar to the CCG average of 55% and higher than the 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 performance placed them in line with others.

Seventeen audits had been completed in the last year. Four had completed the full audit cycle, with others in progress or a repeat audit was not relevant. Audit topics included the correct identification of medical conditions, effective prescribing and benchmarking performance with national guidelines.

Effective staffing

The practice had a well-trained and motivated clinical, nursing and administrative team.

- Nursing staff were actively involved in the management of patients with long-term conditions and received appropriate training.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- There was a process for clinical staff to review blood test results and communications from hospitals and other care providers. The practice wasup to date with the management of reviewing communications about patients.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team had introduced meetings with other professionals to discuss the care of patients that involved other professionals. This included patients at increased risk of unplanned admission to hospital. These meetings took place on a quarterly basis.
- The care of patients approaching the end of their lives was reviewed at multi-disciplinary team meetings on a quarterly basis.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.
- Consent for the benefits and possible side-effects from procedures such as minor surgery was discussed and recorded appropriately.

Supporting patients to live healthier lives

The practice provided a range of services 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.
- Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable.
- 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 81% compared with the CCG average of 80% and national average of 82%. Clinical exception reporting rates were 2% compared to the CCG and national averages of 6%.

The practice did not provide annual health assessments for patients with a learning disability. The practice had developed an action plan in this area and had secured training for all staff to take place in September 2016. The practice nurse planned to undertake the health assessments was experienced and had already received appropriate training to provide an effective health assessment. The practice had developed templates and procedures to ensure the assessments were tailored to the needs of patients with a learning disability.

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

- 82% of eligible females aged 50-70 had attended screening to detect breast cancer .This was higher than the CCG average of 75% and national average of 72%.
- 59% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 55% and the same as the national average.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 43 completed cards, of which all were positive about the caring and compassionate nature of staff. Themes in the comment cards of patients feeling the practice had a positive and caring culture were seen. We also spoke with a member of the patient participation group (PPG) who said they were happy with the caring nature of services provided.

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 219 patients to submit their views on the practice, a total of 101 forms were returned. This gave a return rate of 46%. The average national return rate in the survey was 38%.

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

- 90% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 96% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 93% 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%.
- 96% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 94% said the practice nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 90% found the receptionists helpful compared to the CCG and national averages of 87%.

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 were all 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;

- 85% said the last GP they saw was good at involving them about decisions about their care which was the same as the national average.
- 86% said the last GP they saw was good at explaining tests and treatments which was the same as the CCG and national averages.
- 89% said the last nurse they saw was good at involving them about decisions about their care compared to the national average of 85%.
- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

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

- 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 received. For example, one older patient told us about the high level of support they received during a period of poor health.

Good

Are services caring?

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 62 patients as carers (0.7% of the practice list). All registered carers had all been contacted and offered an annual health check and seasonal flu vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Four per cent of patients had been identified as being at increased risk of unplanned admission to hospital. Patients had a comprehensive care plan in place which was reviewed on a regular basis. If patients in this group were admitted to hospital, a GP reviewed their care on discharge from hospital.
- The practice provided weekly planned visits to a local care home. This was not part of a commissioned service, although staff felt it was beneficial to ensuring that the patients who lived there were met. Many of the patients were older and with complex care needs.
- Appointments were available with GPs and nurses each Saturday morning.
- Ante and post-natal care was provided within the practice by a community midwife.
- Online services for booking appointments and ordering repeat prescriptions were available.
- Same day appointments were available for children and those with serious medical conditions.

We reviewed the practice performance from 2014/15 in The Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent CCG to improve the health outcomes of local people. The data related to patient attendance at A&E departments showed:

- The number of patients attending A&E during GP opening hours was lower than the CCG average. For example, 85 patients per 1,000 attended A&E during GP opening hours compared to the CCG average of 104 patients per 1,000.
- The number of patients attending A&E at any time was lower than the CCG average. For example, 210 patients per 1,000 attended A&E at any time compared to the CCG average of 257 patients per 1,000.

Access to the service

The practice telephone system and reception desk was open to patients:

- Monday, Wednesday and Friday from 8am to 6pm.
- Tuesday from 8am to 12pm and 2pm to 6pm (between 12pm and 2pm a telephone number was accessible for emergencies although the reception was closed to allow for staff training and meetings).
- Thursday from 8am to 1pm. The practice was closed on a Thursday afternoon under a local agreement and emergency cover was provided by the local GP out-of-hours provider.

Extended routine appointments with both GPs and nurses were available every Saturday morning from 8:30am to 12:30pm.

At the time of our inspection there was good availability of on the day appointments and bookable telephone appointments were available the next day. Bookable planned appointments were available with all clinicians within two weeks. Patients could book routine appointments six weeks ahead for GPs and three months for nurses.

The national GP patient survey published in July 2016 showed the patients surveyed rated the practice higher than others for access to appointments.

- 95% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 95% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 89% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 92% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 77% and national average of 76%.
- 79% of patients felt they did not have to wait too long to be seen compared with the CCG average of 60% and national average of 58%.

Of note the number of patients giving a response of poor to any of the questions asked about access to the service was lower in all indicators.

The feedback from patients about appointments we received was, in the majority, positive about the system in place.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for patients to request a home visit when necessary. Staff involved in arranging home visits were aware of the key priorities and symptoms that may require a patient to be directed for an emergency response. The system did not have a routine clinical overview of the timeframe a visit needed to be undertaken. For example, a patient with cancer who had compromised immunity with symptoms of an infection may require a more urgent visit than a patient without compromised immunity. Staff told us they would escalate known concerns to a GP at once and gave patients, relatives and carers instructions to call back if they were concerned.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and within a practice leaflet.

The practice had received four written complaints in the last 12 months. We tracked two complaints and saw that the practice had acknowledged, investigated and responded to the complaints in an appropriate timeframe. The written responses did not include the actions the complainant could take if they remained unsatisfied although this information was available in the practice leaflet and on the website. All complaints were shared, discussed and analysed for themes to which none had been identified.

Are services well-led?

Good

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

Our findings

Vision and strategy

Practice staff told us that their vision was to provide a high quality, safe and responsive service to its patients, with a culture of transparency at all levels.

Staff told us about their individual ethos of providing high quality care which mapped through to positive patient feedback and higher than average satisfaction rates in the national GP patient survey.

The practice had a supporting business plan which gave future direction and was seen as a living document to mould to the changing landscape of primary care.

Governance arrangements

The practice had a number of arrangements in place to address risks to the delivery of services. We saw that on the whole risks were well managed. For example:

- Staff were assigned areas of responsibility and when necessary changes had been made to improve performance.
- The management team had comprehensive understanding of the performance, demographics and challenges faced.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

We saw areas of governance that needed to be strengthened. For example, the way medicines alerts were received and acted upon. The practice demonstrated an immediate willingness to take action and strengthen the process.

Leadership and culture

Capable leadership was evident within the practice:

- The responsibility for management, performance and quality was delegated appropriately and known to all.
- Areas where performance had not been as expected had been identified and action taken to drive improvement.
- Staff told us that the GPs gave positive leadership and that they were approachable and visible within the practice.
- Members of the management team held positions outside the practice in the wider health economy. They used their experience to plan and make changes for the future. For example, expanding the number of treatment rooms available to allow for other health and social care professionals to be based there.

Staff told us that there was a positive culture in which they felt able to make suggestions to how services were provided:

- Nursing staff had taken a lead role in developing the care provided to patients with long-term conditions. They had used their experience and learning to ensure that care and assessment was benchmarked to national guidance.
- The practice held meetings regularly to assess performance, risk and to provide a platform for learning.

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

Over time the practice demonstrated it had sought and acted upon feedback:

- The way that appointments were offered had changed with demand and patient voice. The practice had continually monitored and adapted the appointment system. This had resulted in higher than local and average satisfaction rates for patient experience of making an appointment in the national GP patient survey.
- The practice had undertaken additional patient satisfaction surveys. Although one had not been undertaken in 2015/16, previous surveys had led to change.
- Following patient feedback about lack of car parking, the practice engaged with an adjacent supermarket to secure free parking for patients.
- The practice had an active patient participation group (PPG). We spoke with a member of the PPG they told us that the practice was receptive to feedback and engaged in regular meetings to discuss services. The PPG had plans to develop the way they worked with the practice in the coming year to include a greater emphasis on health promotion and increased ways to gather patient feedback.

Are services well-led?

Good

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

Staff told us they felt able to make suggestions to how services were run and could do this at any time or within designated regular practice meetings.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice management team were involved in the development of the multispecialty community provider (MCP) within the clinical commissioning group (CCG) area. A multispecialty community provider can be described as a new model of care designed to provide additional services to wrap around the needs of patients.
- The practice was part of the Keele Research Network to help support improvements in patient care through research.

Lifelong learning was embedded into the practice. The practice was a training practice with three approved GP trainers to support qualified doctors in their training to become GPs. The practice had supported other clinicians including a paramedic to undertake enhanced physical health assessment training to enable them to provide an advanced level of patient assessment. The testimonials we reviewed from trainees were very positive about the supportive environment of the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not operate an effective system to receive and take appropriate action on alerts issued by the Medicines and Healthcare Regulatory Agency about medicines.**