

Dr VSR Chadalavada & Partners

Quality Report

Abbey Surgery
77 Woodhead Road
Abbey Hulton
Stoke-on-Trent
Staffordshire
ST2 8DH

Tel: 01782 542671

Website: www.drchadalavadaandpartners.nhs.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

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 Dr Chadalavada and Partners on 17 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are as follows :

- Consider introducing standard agendas for meetings to record and evidence that consistent discussions are taking place over time.

Summary of findings

- Consider introducing a pro-active checking system to ensure that medical indemnity, locum checks, staff training and nurse registrations are up to date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and a fail -safe system to monitor MHRA alerts and NICE guidelines which ensured that patients received the safest and most appropriate treatment available to them
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Although the practice had regular clinical and administration meetings there was no standard agendas to record and evidence that consistent discussions were taking place over time.

Good



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 or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Although there was evidence that staff were appropriately trained and had the necessary checks there were no pro-active management tools to consistently monitor staff training and other checks such as clinical registrations and medical indemnity.
- 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



Summary of findings

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



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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

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.
- 2015/2016 indicators for patients with dementia, suffered a stroke and/or had heart failure were all at 100%.

Good



People with long term conditions

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.
- 2015/2016 indicators for long term conditions were as follows :
- Diabetes 90% which was 1% below the local average but 5% higher than the national average.
- Atrial fibrillation, cancer and chronic kidney disease indicators were all at 100%.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met.
- Patients with the most complex needs were co-managed by their GP and any other relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- The practice offered a vasectomy clinic with a full pre-operation counselling service, consultations and operations at flexible times on two evenings per week and at weekends.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. We saw a safeguarding register which showed that patients were monitored and reviewed.
- Immunisation rates were relatively high 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.
- 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, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours were available at Abbey Clinic on Monday, Wednesday and Friday from 6.30pm until 7pm and at Hanley Clinic on Monday, Tuesday, Wednesday and Friday from 6.30pm until 7pm.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including the elderly, those with a learning disability, carers and children at risk. There were 61 patients on the safeguarding register.
- The practice offered longer appointments for patients with a learning disability.
- 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.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better when compared to the CCG average of 83% and the national average of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% which was better when compared to the CCG average of 90% and national average of 85%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 254 survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 91% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Positive comments referred to staff being extremely caring and helpful, GPs listening and a very good service where staff were polite and caring and treated patients with dignity. Two of the cards had a negative comment about appointments and trying to get through to the practice.

We spoke with 14 patients during the inspection. Most of the patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. Five of the patients we spoke to said they found it difficult to get through to the practice on the telephone or secure an appointment on the day.

Areas for improvement

Action the service SHOULD take to improve

- Consider introducing standard agendas for meetings to record and evidence that consistent discussions were taking place over time.

- Consider introducing a pro-active checking system to ensure that medical indemnity, locum checks, staff training and nurse registrations were up to date.

Dr VSR Chadalavada & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr VSR Chadalavada & Partners

Dr Chadalavada and Partners have a main surgery at 77 Woodhead Road covering the boundaries of Abbey Hulton and a branch location at Upper Huntbach Street covering the surrounding areas of Hanley. The main site is situated in a large purpose built building and the branch surgery is located in Hanley Health Centre which is an NHS building and has the added availability of community services such as district nurses, health visitors, midwives and dental services within the building.

Both buildings have full disabled access, disabled toilets children's facilities and areas for breast feeding mothers. Care parking at the health centre is limited but there is plenty of street parking adjacent to the Woodhead Road location.

The practice is commissioned under a Personal Medical Services and is a member of NHS Stoke on Trent, Clinical Commissioning Group (CCG) to provide a service to approximately 6,700 patients.

They are situated in the second most deprived area in the country. They have a slightly higher than average number patient population (58%) with a long standing disease or condition and a lower than average number of patients who are over the age of 75 (2%).

As a teaching practice, medical students spend part of their training with the practice from Keele Medical School. The Practice is also involved with medical research in partnership with Keele University.

There are three GP partners, two male and one female, and a practice nurse team comprising of two nurses and a health care assistant. The clinicians are supported by a practice manager and assistant practice manager and a number of reception, administration and domestic staff. The practice is open as follows :-

Mon: 08.00 – 18:30 (late surgery 18:30-19:00)

Tue: 08.00 – 18.30

Wed: 08.00 – 18.30

Thu: 08.00 – 13.00

Fri: 08.00 – 18:30 (late surgery 18:30-19:00)

When the practice is closed, patients are asked to call 111 to be directed to the Out of Hours service. Urgent appointments are available each day with a doctor or one of the nurses and can be accessed by speaking to a receptionist. Nurses are available mornings and afternoons to treat minor ailments. Home visits are available on request for patients who are unable to attend the surgery and all GPs are usually available to give telephone advice (by arrangement) after their morning surgeries.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

- Spoke with a range of staff including two of the GP partners and a locum GP, the practice manager and assistant practice manager, nursing staff and reception/administration staff.
- Spoke with patients who attended the practice and reviewed CQC comments cards.
- Observed how patients were being treated at reception.

- Reviewed an anonymised sample of the personal care or treatment records with the GPs.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the shared drive of the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice also used Datix which is an incident reporting system and we saw that incidents were discussed at monthly clinical meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and shared learning appropriately.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example there was a very effective system for reviewing Medical Health Regulatory Authority (MHRA) reports and National Institute for Health and Care Excellence (NICE) guidelines. This ensured that patients received the most up to date and effective treatment available to them and we saw evidence where the last seven MHRA alerts and other NICE guidelines had been put into practice to the benefit of patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses were also trained to appropriate levels. The nurse described a safeguarding incident that she had reported and which had been appropriately acted upon.

- A notice in the waiting room, on the practice website and on the practice leaflet and patient charter, advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

Are services safe?

allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.

- We reviewed 10 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. There was no pro-active checkingsystem to to ensure that medical indemnity, locum checks and nurse registrations were up to date and this was highlighted during the visit.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The leads in the practice recognised that there was a need for another salaried GP or partner to replace long term locums and had been searching for some time to secure this.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. There were no clinical domains where exception reporting was significantly higher than the CCG or national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was 90% and this was similar to the CCG and national averages.
- Performance for mental health related indicators was 97% which was higher than the CCG and national average.

There were no indicators in the data pack that were lower than average or were highlighted for further enquiry.

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits completed in the last two years, both of which were completed audits cycles where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and medical research with Keele University.
- Findings were used by the practice to improve services. For example, recent action taken as a result included continual review of patients with atrial fibrillation

Effective staffing

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

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

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and all staff had received mental capacity training ranging from levels 1 for administration staff and level three for clinicians.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We saw evidence of best interest meetings, which are meetings involving people who ensure that patients receive the best possible treatment when they are unable to make their own decisions.
- The process for seeking consent was monitored when patients received minor surgery.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health. Patients were signposted to the relevant services if they could not be provided by the practice, such as serious mental health issues.
- The practice nurse was able to provide advice on smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 72% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice could evidence that they encouraged uptake of the screening programme and information in other languages was available if required. Patients with a learning disability received thorough explanation and they ensured a female sample taker was available at all times.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, all of the childhood immunisation rates for the vaccinations given to under two year olds were above the required standards and for children aged 5 and over the vaccination rates were also above average at 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that 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.
- There was a room available for patients to discuss personal matters privately if they wished. In addition, we saw that reception staff recognised when patients appeared distressed and they were able to offer them a private room if they wished one.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two of those cards also had negative comments about difficulties accessing an appointment or reaching the practice over the telephone in the morning.

We spoke with a member of the patient participation group (PPG). They also 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 when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

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

- Care plans that we viewed were hand written and involved the input of the patient concerned and their family if appropriate.
- Staff showed us how translation services were available for patients who did not have English as a first language. There was information in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and the surgery website had translation facilities.

Are services caring?

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.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as

carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and we saw that annual health checks were being offered and provided. We saw evidence that carers were discussed at meetings and were involved in decision making where appropriate.

Staff told us that if families had suffered bereavement they were appropriately supported.

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. For example :

- A vasectomy clinic with a full pre-op counselling service, consultations on Thursday afternoons and late Friday evenings and operations on Thursday afternoons and Saturday mornings .
- A primary care dementia liaison officer was available for patients, where signposting, support and guidance was offered to patients.
- On-line services including repeat prescribing, appointment requests and a facility to contact the practice electronically.
- There were longer appointments available for patients with a learning disability and other patients that needed it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Ground floor consulting rooms were always available for patients who could not use stairs.
- The branch surgery was located within a health clinic providing immediate access to other services such as NHS community staff, physiotherapists and mental health services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and closed on Saturdays and Sundays. Extended hours were available at Abbey Clinic on Monday, Wednesday and Friday from 6.30pm until 7pm and at

Hanley Clinic on Monday, Tuesday, Wednesday and Friday from 6.30pm until 7pm. Vasectomy clinics were offered on Saturday mornings. Appointments were at various times throughout each day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 63% of patients said they usually get to see their preferred GP compared to the CCG average of 62% and national average of 59%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 85%.

People we spoke to on the day told that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff would triage the call and then speak to one of the clinicians who would then speak to the patient over the telephone if required and make a decision on the urgency. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

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

- We saw that information was available to help patients understand the complaints system and posters and leaflets were available to them.

We looked at a small number of complaints received in the last 12 months and found that they were satisfactorily

handled and dealt with in an open, timely and transparent way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed around the premises and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice were aware of the challenges they faced over the next few years and had discussed and evaluated them. These included the Clinical Commissioning Group's strategies to improve the health outcomes for the people of Stoke-on-Trent, reduce health inequalities and improve access to appropriate treatment through new models of care.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However there was no pro-active checking system to ensure that medical indemnity, locum checks, staff training and nurse registrations were up to date and this was highlighted during the visit.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care and we saw evidence of this. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. For example :

- The practice offered reasonable support, truthful information and a verbal and written apology to any patient who was dissatisfied in any way.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff understood how to diffuse difficult situations and knew when to escalate concerns to higher management.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw evidence of this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We saw evidence of this in the minutes taken at practice meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. This was also evidenced through minuted discussions.

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

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

Are services well-led?

Good 

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

- The staff and partners had encouraged patients to join a patient participation group (PPG) and the practice sought feedback through the group and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example an air conditioning unit was fitted to resolve issues and an electronic notice board was installed to provide patient information.
- The practice had gathered feedback from staff through meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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. These included the Clinical Commissioning Group's strategies to improve the health outcomes for the people of Stoke-on-Trent , reduce health inequalities and improve access to appropriate treatment through new models of care.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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