

Willow Bank Partnership Community Interest Company

Quality Report

Meir Primary Care Centre
Weston Road
Stoke on Trent
Staffordshire
ST3 6AB
Tel: 0300 123 5002
Website: www.willowbankcic.org

Date of inspection visit: 04/08/2016
Date of publication: 02/11/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Willow Bank Partnership Community Interest Company	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willow Bank Community Interest Company (Meir) on 4 August 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.
- The practice offered seven day opening which enabled appointments to be made outside of traditional working hours. This included health screening and condition reviews.
- There was a proactive culture within the practice for identifying and monitoring children and young patients that were at increased risk of harm.

- The patient feedback we received about the practice was positive.
- The practice 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.

The areas where the provider must make improvements are:

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

In addition the provider should:

- Introduce a written policy for the identification and process of handling significant events.
- Introduce a process for regularly reviewing Patient Group Directions (PGDs) to ensure that they meet legislative requirements.

Summary of findings

- Improve the uptake of annual learning disability health assessments.
- Investigate the reasons for lower patient satisfaction in the GP national survey for patient experience of their interaction with GPs.
- Investigate the reasons for the higher than average attendance at A&E by registered patients.
- Improve the documentation of the investigation of complaints and ensure that complaints made by others have documented patient consent for issues to be discussed with a third party.

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 a system in place for reporting and recording significant events. There was no overall policy for determining a significant event.
- 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 were managed.
- The practice had trained staff and appropriate equipment to deal with emergency situations.

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 below 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 broadly rated the practice similar to others for several aspects of care. Outcomes for interactions with GPs were lower than local and national averages.
- 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.

Good



Summary of findings

- The practice had identified 151 patients as carers (1.6% of the practice list). Registered carers had all been contacted and offered an annual health check and seasonal flu vaccination.

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. For example, the practice offered appointments on a Saturday morning.
- The practice had expanded opening hours and offered appointments over a seven day opening period.
- Patients said they found it easy to make an appointment with a GP and urgent appointments were 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. Improvement was required to the way the practice recorded the investigation into some complaints.

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.
- 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.
- Staff felt supported and shared examples of development opportunities offered to them.
- The practice patient list size was growing at a rate of around 50 patients each month.

Good



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.

- There were fewer patients in this population group than local and national averages.
- 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.

Good



People with long term conditions

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

- Patients with long-term conditions received condition reviews at appropriate intervals and performance was broadly in line with others.
- The practice had not provided care plans for the 2% of patients identified as at risk of unplanned admission to hospital, many of which had long-term conditions as it had committed to do.
- The practice had performed an initial audit into outcomes for patients with asthma and had identified areas for improvement. It was not clear what improvements measures had been implemented and a repeat audit had not been undertaken to demonstrate any improvements made had worked.

Requires improvement



Families, children and young people

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

- There was a proactive culture within the practice for identifying and monitoring children and young patients that were at increased risk of harm.
- The opening hours of the practice offered a breadth of opportunity for appointments outside school hours.
- We saw positive examples of joint working with midwives and health visitors.
- The practice's uptake for the cervical screening programme was 81% compared with the CCG average of 80% and national average of 82%.

Good



Summary of findings

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 practice offered seven day opening which enabled appointments to be made outside of traditional working hours. This included health screening and condition reviews.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice provided an interpreter on a weekly basis to assist patients from a Slovakian background where English was not their first language.
- The practice had only provided 12% of patients with a learning disability with an annual health assessment. The national uptake of these assessments was around 50%.
- 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.

Requires improvement



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).

- 89% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the clinical commissioning group (CCG) average of 86% and national average of 88%.
- 86% of patients with dementia had a face to face review of their condition in the last 12 months compared with the CCG average of 85% and national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



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 363 patients to submit their views on the practice, a total of 103 forms were returned. This gave a return rate of 28%. The average national return rate in the survey was 38%.

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

- 80% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 92% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 86% 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%.
- 85% found the receptionists helpful compared to the CCG and national averages of 87%.

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

- 94% 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 nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.

Satisfaction rates on experiences relating to accessing the practice were:

- 79% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 94% of patients said the last appointment they made was convenient compared to the CCG average of the same and national average of 92%.
- 49% of patients felt they did not have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.
- 76% of patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received seven completed cards, of which all were positive about the caring and compassionate nature of staff. We also spoke with seven patients including two members 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 an effective system to receive and act on alerts about medicines that may affect patients' safety.

Action the service **SHOULD** take to improve

- Introduce a written policy for the identification and process of handling significant events.
- Introduce a process for regularly reviewing Patient Group Directions (PGDs) to ensure that they meet legislative requirements.

- Improve the uptake of annual learning disability health assessments.
- Investigate the reasons for lower patient satisfaction in the GP national survey for patient experience of their interaction with GPs.
- Investigate the reasons for the higher than average attendance at A&E by registered patients.
- Improve the documentation of the investigation of complaints and ensure that complaints made by others have documented patient consent for issues to be discussed with a third party.

Willow Bank Partnership Community Interest Company

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Willow Bank Partnership Community Interest Company

Willow Bank Partnership Community Interest Company operates a General Practice from Meir Primary Care Centre in Stoke on Trent. The provider holds an Alternative Medical Provider Services contract with NHS England. Willow Bank operates two GP practices within Stoke on Trent:

- Willow Bank Surgery, Meir.
- Willow Bank Surgery, Longton.

Patients can use either site and are recorded as having a preferred practice. Each practice is registered with the Care Quality Commission separately. We visited both practices as part of our inspection. This report relates to our findings

at the Meir practice, although much of data contained within the report including performance in national outcomes and patient satisfaction surveys relates to both sites and cannot be separated. The provider has indicated that in time they will apply to remove the Longton registration and operate the practice as a branch location under the Meir registration.

There are a total of 10,121 patients registered of which 6,189 give their preferred practice as Meir. The practice population is not similar to the national average as it contains more patients aged 39 and under and less patients aged 50 and over. Deprivation in the locality is higher than both the clinical commissioning group (CCG) and national averages.

The practice is open seven days a week for both planned and urgent appointments and health promotion/screening. The opening hours at Willow Bank Meir are:

- Monday to Friday 8am to 8pm.
- Saturday 8am to 4pm.
- Sunday 10am to 2pm.

Patients can access Willow Bank, Longton also. The opening hours at Meir are longer than the Longton practice.

Staff work across both sites and include:

- Seven GPs (four female, three male)
- Seven female registered nurses of which five work in extended and/or independent prescribing roles.
- Three female healthcare assistants.

Detailed findings

- The management admin and reception team of 20 staff is led by the managing director assisted by a general manager.

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 4 August 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the management team 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.
- Two members of the patient participation group (PPG) and five patients 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

Are services safe?

Our findings

Safe track record and learning

The practice recorded and made changes following 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.
- The practice shared information with external partners via a clinical commissioning group (CCG) incident reporting system.
- There were examples of changed practice following significant events. For example, following an occurrence where a patient assessment had not taken place as promptly as was needed. The practice investigated the occurrence and implemented changes to the system of assessing if a more serious health concern, that may require an emergency response, was present. A new protocol was implemented and staff discussed the occurrence at two staff meetings.
- The practice had reported five significant events in the previous twelve months.

There was not a formal policy on the significant event process. This would include a definition of a significant event and the actions to take following an occurrence.

The process for acting on medicine 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 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 processes in place to promote a safe working culture:

- Effective arrangements were in place to identify and monitor those at increased risk of harm. All new patient registrations for children prompted an enquiry to be sent to local health visitors to establish if any safeguarding concerns were known. Staff used bi-weekly meetings to highlight the number of children with safeguarding concerns and discuss any relevant information. Policies were in place for safeguarding both children and vulnerable adults and these 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.
- 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 audited infection prevention and control (IPC) measures in place on a six monthly basis. The practice appeared visibly clean and tidy and appropriate. Appropriate levels of personal protective equipment were held.
- We looked at the monitoring of patients who took medicines that needed regular checks undertaking for side effects. The practice used a system of issuing the medicines following a check by a GP that the required blood tests and monitoring had been undertaken.
- Medicines were stored appropriately in line with nationally recognised guidance and legislative requirements.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service.

Are services safe?

There was one area where medicines management had not been well managed:

- We reviewed the Patient Group Directions (PGDs) used by practice nurses who were not independent prescribers. The documents had not been fully completed in line with legislative requirements in that they had not been authorised by a senior named doctor at the practice. This was corrected at the time of the inspection.

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.

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.
- Staff had access to systems to summon help instantly in an emergency.
- 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.

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 discussed as 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 89% 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 7%, 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 with local and national averages included:

- Performance for poor mental health indicators was similar to local and national averages. For example, 89% 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 15% clinical exceptions reported compared with the CCG average of 10% and national average of 13%.

- 86% of patients with dementia had a face to face review of their condition in the last 12 months compared the CCG average of 85% and national average of 84%. Clinical exception reporting was 6% compared to the CCG and national averages of 8%.
- 82% 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 3% compared to the CCG average of the same and national average of 4%.
- 94% of patients with atrial fibrillation (irregular heart rhythm) were prescribed an appropriate medicine to decrease the risk of blood clots compared to the CCG and national average of 98%. Clinical exception reporting was 5% compared to the CCG and national averages of 6%.

The 2014/15 published QOF data listed the practice as an outlier in one area:

- 62% 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 7% compared with the CCG average of 9% and national average of 12%.

The practice was aware of this and was able to provide the initiation of additional medicines in line with national guidance on diabetes when required. Staff were knowledgeable on diabetes and two members of the nursing team had completed additional diploma level training on diabetes.

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 higher than the local average. For example:

- The number of patients admitted to hospital in an emergency with one of 19 conditions that may have been able to be treated in the community was 29 patients per 1,000 compared to the CCG average of 26 patients per 1,000.

Are services effective?

(for example, treatment is effective)

- Emergency admission rates for patients with coronary heart disease, asthma and cancer were higher than the CCG average. Lower average emergency admission rates were observed in patients with Chronic Obstructive Pulmonary Disease (COPD) and diabetes.

The practice participated in the enhanced service to provide two per cent of their patients at highest risk of unplanned admission to hospital with a personalised care plan to assess their care needs. An additional part of the enhanced service is to review patients within three days of discharge from hospital to reassess their care needs. We spoke with staff about this service and some staff were unfamiliar with the provision and patients had not been identified with computerised alerts or with an admission avoidance plan. We spoke with the practice leadership team about this and they told us that due to demand and staffing changes they had been unable to implement the care plans although had plans to do so.

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 73% of patients with a newly diagnosed cancer had been via a fast track referral method (commonly known as a two week wait). This was higher than the CCG average of 55% and national average of 48%. Earlier identification and appropriate referral is generally linked with better outcomes for patients in this group.

There had been four clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored. The audits included that medicines had been prescribed appropriately and that the monitoring of some medical conditions was appropriate. We did see two audits where improvement plans had been made although a re-audit had not been undertaken to see if the planned improvements had worked. These both related to the condition of asthma.

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.
- 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.

- There was a process for clinical staff to review blood test results and communications from hospitals and other care providers. The practice was up 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 care of patients approaching the end of their lives was reviewed at multi-disciplinary team meetings on a quarterly basis.

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.

Are services effective?

(for example, treatment is effective)

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 similar to 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 4% compared to the CCG and national averages of 6%.

The practice had provided 12 patients with learning disability with an annual health assessment. There were 103 patients recorded as having a learning disability giving an uptake rate of 12%. The national uptake of these assessments is around 50%. They told us this role had been undertaken by a member of staff who was due back at the practice after a long period of leave.

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

- 74% of eligible females aged 50-70 had attended screening to detect breast cancer compared to the CCG average of 75% and national average of 72%.
- 51% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer compared to the CCG average of 55% and national average of 58%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received seven completed cards, of which all were positive about the caring and compassionate nature of staff. We also spoke with seven patients including two members 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 363 patients to submit their views on the practice, a total of 103 forms were returned. This gave a return rate of 28%. The average national return rate in the survey was 38%.

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

- 80% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 92% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 86% 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%.
- 85% found the receptionists helpful compared to the CCG and national averages of 87%.

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

- 94% 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 nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.

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 mixed 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;

- 79% said the last GP they saw was good at involving them about decisions about their care compared to the national average of 82%.
- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 94% 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. The practice provided a Slovakian interpreter one morning a week at the Willow Bank Practice in Longton, which all patients could access. 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

Are services caring?

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.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 151 patients as carers (1.6% 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 a 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had evolved the services provided:

- The practice offered planned and urgent appointments seven days a week.
- To improve the experience of patients of eastern European origin the practice employed a Slovakian interpreter available one day a week at the sister practice.
- There were disabled facilities and other translation services available.
- 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 demonstrated more of the practice's patients presented at hospital Accident and Emergency (A&E) departments when compared with the CCG average:

- The number of patients attending A&E during GP opening hours was higher than the CCG average. For example, 126 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 higher than the CCG average. For example, 320 patients per 1,000 attended A&E at any time compared to the CCG average of 257 patients per 1,000.

We spoke with the practice about the higher than average attendance levels, they felt it was due to some patients having multiple conditions and also the lack of a walk-in centre provision in the area.

Access to the service

Patients could access the practice:

- Monday to Friday 8am to 8pm.
- Saturday 8am to 4pm.

- Sunday 10am to 2pm.

During these times the phone lines and reception desk remained open. Patients could book appointments in person, by telephone or online for those who had registered for this service. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with practice nurses or healthcare assistants the next working day and GPs within two working days.

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

- 79% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 94% of patients said the last appointment they made was convenient compared to the CCG average of the same and national average of 92%.
- 49% of patients felt they did not have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.
- 76% of patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to determine the urgency and timeframe required for providing home visits with clinical oversight.

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 16 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. All complaints were shared, discussed and analysed for themes to which

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

none had been identified. We did see that the documentation of parts of the investigation into one complaint was not complete. This related to discussions between staff members about a complaint, although other evidence showed discussions had taken place there was no written record. We did also see that other records did not

clearly indicate that patient permission had been gained for a relative to deal with a complaint on their behalf. Again other evidence showed that the patient was comfortable with this, although this should have been formally documented.

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 written statement of purpose 'To promote and improve for the public benefit the health, life-chances and economic and social well-being of people living and working in areas where the Company operates'.

The practice operated under an Alternative Provider Medical Services (APMS) contract that had differences to more widely used contracts. One major difference was that the practice operated a seven day opening facility. Operated as a community interest company on conception staff had been made shareholders of the company.

Governance arrangements

We saw that although there was a transparent and open culture towards risk governance arrangements were mixed.

The practice had effective processes in place in a number of areas, for example:

- Staff were trained and appropriate equipment was held to manage emergency equipment.
- Processes were in place to protect against the risk from premises such as fire or infection.

Areas of governance that required strengthening included:

- The way medicines alerts were received and handled.
- Staff met regularly and significant events and complaints were shared and discussed.
- Not providing care plans for patients at highest risk of unplanned admission to hospital. Although the practice was aware of this, action had not been taken quickly enough to correct the situation.
- Although the practice did audit their performance, there had not been enough emphasis on understanding performance that was considered as an outlier to local and national averages. For example, the rates of patients who self-presented at accident and emergency departments were significantly higher than both the locality and clinical commissioning group (CCG) averages. Whilst the practice had ideas why this was the case these had not been confirmed by audit or analysis.

Leadership and culture

There had been a recent change in clinical leadership at the time of our inspection. We spoke with the leadership team; they demonstrated awareness of the strengths of the practice also the challenges to services. Staff told us that they felt supported and encouraged within the practice. Staff shared examples of support they had received to develop themselves and all told us they had regular appraisals and performance reviews.

Staff told us that there was a positive culture within the operating environment and that they were able to make suggestions on how services were run.

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

Over time the practice demonstrated it had sought and acted upon feedback received in the form of suggestions, surveys complaints and significant events:

The practice had an active patient participation group (PPG). We spoke with two members of the PPG they told us that the practice was receptive to feedback and engaged in regular meetings to discuss services. The PPG shared examples of when changes were made following suggestions. For example, appointments on Monday and Friday were made all book on the day to allow for more patients to be seen urgently as these had been identified as the busiest days for appointments. One area the PPG felt could be improved was by the increased use of PPG/ practice led internal patient surveys to ensure the wider patient voice was captured.

Continuous improvement

The practice had shown areas of innovation in addressing patient experience and need:

- The practice employed a Slovak interpreter at the Willow Bank Practice in Longton on one day each week. This had been to improve the experience of patients from this background to converse with clinical staff. The interpreter had also assisted with the delivery of health promotion information.

There was a focus on continuous learning for staff. Staff shared examples of further training they had supported to secure. For example, prescribing course and masters level clinical practice training for member of the nursing team.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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