Tri-Links Medical Practice

Quality Report

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

Ratings

Overall rating for this service	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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Tri Links Medical Centre on 27 July 2016. Overall the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients and staff were not always assessed and monitored to ensure learning outcomes were acted on.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had completed most training to provide them with the skills, knowledge and experience to deliver effective care and treatment. There were a number of exceptions where staff were unable to evidence knowledge through training.
- 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, easy to understand but only available in the waiting area on request. 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.

There were areas of practice where the provider must make improvements:

Summary of findings

- Ensure appropriate recruitment checks are completed on all staff employed including locum staff.
- Implement a system to ensure alerts are communicated to appropriate staff and appropriate actions are taken.

There were areas of practice where the provider should make improvements:

- Implement a system to check that learning outcomes from significant events are acted on.
- Ensure that appropriate training and annual appraisals are provided for all staff.
- Review the emergency medications held at the practice.
- Explore how the practice could proactively identify more patients who also acted as carers.
- Ensure that the complaints procedure is up to date and that patients are aware of it.

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?

Requires improvement

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

- There was a system in place for reporting and recording significant events. Follow up monitoring to promote safety was not evident.
- Lessons were shared to make sure action was taken to improve safety in the practice but not all staff were aware of recent alerts.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some systems, processes and practices in place to keep patients safeguarded from the risk of abuse. The exception was staff who acted as chaperones had not received training.
- There was a robust medication review system and the practice had reviewed a high percentage of patients on repeat medication in the preceding 12 months.
- The practice had completed appropriate recruitment checks for permanent staff prior to employment and held proof of registration with professional bodies when required. However not all checks had been carried out on locum GPs and nurses.
- Policies and procedures to support staff with current best practice were in place but not all had been reviewed in accordance with review dates.
- The practice had suitable equipment and most medication to respond to an emergency. The exception was atropine, a medication used to treat a slow heart rate.
- The practice had a business continuity plan at each branch surgery.

Are services effective?

Good

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 when compared to the national average and exception rates were lower than average
- The practice recognised that diagnosis for some conditions was below the local CCG average and carried out monthly monitoring that demonstrated improvement.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Most staff received annual appraisals and a subsequent personal development plan.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The GP had completed clinical audits and used findings as an opportunity to drive improvement.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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.
- The results from the July 2016 GP national patient survey demonstrated generally above average feedback in relation to the patients' experiences.
- The practice identified those patients who also acted as carers. A carer's register was held although there was no evidence that the practice worked proactively to increase the number of carers included.
- Additional services offered to carers included annual health checks and flu vaccinations.

Are services responsive to people's needs?

Good

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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on request and easy to understand. Evidence showed the practice responded quickly to issues raised. The practice informed patients of their options if not happy with the outcome.

Summary of findings

- The practice was proactive in offering online services that included making an appointment, ordering a repeat prescription and viewing medical records.

Are services well-led?

Good

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

- The practice had a mission statement to deliver high quality care and treat patients as individuals and with respect.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The governance at the practice was mixed. There were arrangements to record and review risk but the outcomes were not always actioned or monitored.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had recently established and engaged with a patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The percentage of patients over 65 years of age was low (8% compared to the national average of 17%). All patients over 75 years of age had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the local enhanced service for the avoidance of unnecessary admissions to hospital. Care plans had been completed for patients identified, these plans were reviewed every year as a minimum and discussed at regular multi-disciplinary team meetings.
- The practice had an assigned care co-ordinator for each patient with a care plan. They were able to refer patients who were isolated and in need of support, provide information and signposting to other services and could organise day centre and support for carers.
- The practice carried out opportunistic pulse checks on patients over 65 years of age to reduce the risk of a stroke through a pro-active approach to detecting asymptomatic atrial fibrillation (an irregular heart beat not detectable by the presence of other symptoms).

People with long term conditions

Good

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

- Patients at the highest risk of unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The clinical pharmacist employed at the practice ran hypertension clinics and managed most patients with chronic obstructive pulmonary disease (COPD, a group of lung diseases that restrict breathing).
- There was an effective recall system that ensured patients with long term conditions were regularly reviewed by a clinician.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and those with non-accidental injury.
- Immunisation rates were generally similar to local and national averages for all standard childhood immunisations.
- The practice had a policy of seeing any child on a same day arrive and wait basis. When an appointment was unavailable, the request was forwarded to a GP.
- 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.
- The practice's uptake for the cervical screening programme was 83% which was higher than the CCG average of 81% and national average of 82%.
- The practice was young person-friendly and offered chlamydia testing packs for all patients.
- The practice nurse ran immunisation clinics and patients who did not attend these clinics were followed up by the practice and referred to the health visitor.

Working age people (including those recently retired and students)

Good

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

- The practice offered appointments outside of core working hours, opening at 7am once a month for a 'commuter clinic' and until 8pm on a Tuesday.
- The practice provided online services to enable patients to book appointments, order repeat medicines and access some parts of their health records online.
- Health promotion and screening services reflected the health needs of this group.

Summary of findings

- Patients were able to request telephone advice/consultation and the response to this was made the same day, or the evening of the request.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including known vulnerable adults, those who were housebound and patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- A translation service was available to non-English speakers and a signing service was available to patients with hearing difficulties.
- The practice held a learning disability register of ten patients and six of these patients had received an annual health check in the preceding 12 months. Longer appointments were made available if required.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice facilitated patients requiring GP services with drug and alcohol rehabilitation needs.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A service was provided by the practice GPs to a local home that accommodated patients with severe and enduring mental health problems.
- 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 identify and support patients with mental health needs and dementia.
- Patients experiencing poor mental health were offered longer appointments and subject to their consent could bring a carer, family member or friend. Flexible appointments were offered to support attendance.

Summary of findings

- The practice had 37 patients on their mental health register, 34 (92%) had care plans agreed and had received an annual review.
- There were 19 patients on the patient dementia register. All of these patients had their care plan reviewed in the previous 12 months.
- The practice team had undertaken Dementia Friends Training.

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 comments made to us from patients and information from:

The national GP patient survey published in July 2016 invited 336 patients to submit their views on the practice, a total of 107 forms were returned. This gave a return rate of 32%. In the national GP survey, patient satisfaction was positive in areas relating to interaction with the GPs, access to appointments and contacting the practice by telephone. Satisfaction levels were less positive in the areas of making an appointment and interaction with the nursing team. For example:

- 93% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 82% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 94% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 86% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).
- 92% of the patients who responded said they found the receptionists at this practice helpful (CCG average 88%, national average 87%)

The practice had a patient participation group (PPG) who had held their initial meeting the day before we inspected. Previously the practice had a virtual patient group but told us that this had been disbanded as it was not providing any feedback. We met with two members on the day and they told us that the meeting had been attended by 10 patients, chaired by the lead GP, and supported by the practice manager and practice administrator.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 18 completed cards. The feedback we received from patients about the practice care and treatment was positive. Themes of positive feedback included; the helpful, caring and compassionate nature of staff and the high standard of cleanliness within the practice.

The friend and family test results for 2015/16 showed that 92% of respondents would be likely or extremely likely to recommend the practice to family and friends.

Areas for improvement

Action the service MUST take to improve

- Ensure appropriate recruitment checks are completed on all staff employed including locum staff.
- Implement a system to ensure alerts are communicated to appropriate staff and appropriate actions are taken.

Action the service SHOULD take to improve

- Implement a system to check that learning outcomes from significant events are acted on.
- Ensure that appropriate training and annual appraisals are provided for all staff.
- Review the emergency medications held at the practice.
- Review the business continuity plan to ensure that it would be effective in any emergency situation including when access to the building is restricted.
- Explore how the practice could proactively identify more patients who also acted as carers.

Summary of findings

- Ensure that the complaints procedure is up to date and that patients are aware of it.

Tri-Links Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor and a practice manager specialist advisor.

Background to Tri-Links Medical Practice

Tri Links Medical Centre is registered with the Care Quality Commission as a two partner provider. The provider holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. At the time of our inspection 6,180 patients were registered at the practice. The practice has a lower proportion of patients aged 65 years and over when compared with the practice average across the Clinical Commissioning Group (CCG) and nationally. For example, the percentage of patients aged 65 and above at the practice is 8%; the local CCG practice average is 20% and the national practice average, 17%. The practice population has a higher percentage of patients aged 18 years and under. The percentage of patients aged 18 years and under at the practice is 27%; the local CCG practice average is 20% and the national practice average 21%.

Tri Links Medical Centre has three sites on the outskirts of Tamworth in Amington, Belgrave and Wilnecote. As well as range of primary medical services, the practice provides additional services including:

- Childhood vaccination and immunisation.
- Venepuncture (blood sample taking)

The buildings at Amington and Belgrave are purpose built and owned by the GP partners. The premises at Wilnecote is owned by NHS Properties and shared with another GP practice and members of the community health team including health visitors and community nurses.

The sites open each weekday from 8am to 6.30pm. Extended hours are provided between 6.30pm and 8pm on a Tuesday at the Amington branch. The practice has opted out of providing cover to patients outside of normal working hours. The out-of-hours services are provided by Staffordshire Doctors Urgent Care.

Staffing at the practice includes five GPs (two male, three female), a part time clinical pharmacist and a full time practice nurse. The practice administration team includes a practice manager, a practice administrator and six reception/administration staff. There are 15 staff in total, working a mixture of full and part times hours equivalent to three point one whole time equivalent GPs and four point five whole time equivalent reception/administration staff.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

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

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey. We informed NHS England and NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group that we would be inspecting the practice and received no information of concern.

During the inspection we spoke with members of staff including GPs, the practice nurse, the practice pharmacist, the practice manger, reception and administrative staff. We also spoke with three patients who were all members of the patient participation group (PPG). (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

- We observed how patients were being cared for.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice operated a system to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events.
- Significant events were investigated to determine if any immediate action was necessary. A dedicated meeting was later held to review and discuss with the wider practice team.
- When required action had been taken to minimise reoccurrence and learning was shared informally with the wider practice team.
- Significant events were discussed at meetings between the GPs, practice pharmacist and practice manager.
- We saw that actions and changes were documented but did not always promote a safe culture. For example a patient had fallen in the waiting area and banged their head on a metal box attached to the wall. The incident was reviewed but no risk assessment carried out.
- The practice recorded and monitored significant events. The number of events recorded in the preceding 12 months was six.

We reviewed records, meeting minutes and spoke with staff about the measures in place to promote safety. Staff knew the processes and shared recent examples of wider practice learning from incidents. For example, the practice had identified an incident when a home visit request had not been given the necessary priority after being transferred from one GP to another on the clinical system. A review of the procedure was carried out and the communication of requests was changed as an outcome so that all requests were recorded and made verbally to the GP.

The practice had a process in place to act on alerts that may affect patient safety, for example alerts were received from the Medicines and Healthcare products Regulatory Agency (MHRA). Patient safety alerts were recorded on the shared drive and a hard copy kept in reception. These were discussed with the GP and practice manager but when asked, not all staff had knowledge of the most recent alerts. There was no audit trail to show that the alerts were read and acted on where appropriate. For example the recent home visiting policy alert was not known.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

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

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for example GPs were trained to level three. A 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 children with safeguarding concerns by computerised alerts on their records but there was no system that identified vulnerable adults. Each consulting, treatment and reception area had access to the appropriate safeguarding contact details.
- Chaperones were available when needed. There was a chaperone policy but staff who acted as chaperones had not received appropriate training. When asked, staff were not fully aware of their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Signs at reception and in treatments rooms informed patients that they could request a chaperone. All staff who acted as chaperones had received criminal record checks through the disclosure and barring system.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. The practice nurse was the appointed IPC lead and IPC audits had been undertaken annually. Regular infection control audits were carried out. The practice evidenced that a main audit was undertaken each year with regular checks done each week.

Requires improvement

Are services safe?

- We found that the records in respect of staff immunity to healthcare associated infections were held and individual staff immunity status was recorded in the personnel files. All staff had attended an occupational health appointment as part of their recruitment process.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were in date. The practice nurse used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation.
- Blank prescription pads and prescription forms were securely stored and there was a system in place to monitor their use.
- Staff ensured there were adequate stocks of medicines for example in the use of children's immunisations and travel vaccines to ensure the expiry dates and rotation of medicine stocks held was monitored.
- The GPs did not routinely hold medicines in their bags. The GPs took medicines on home visits when required.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. The reception staff ran regular checks and contacted patients to ensure they attended for their appropriate regular medicine management review checks, 85% of patients on four or more repeat medications had been reviewed in the preceding 12 months. The practice carried out regular medicines' audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, there was proof of identification, references, qualifications, registration with the appropriate professional body or the appropriate checks through the Disclosure and Barring Service.
- A locum GP had provided clinical sessions at the practice in the preceding 12 months but not all employment checks had been completed. For example, there was no evidence of medical indemnity, no safeguarding training and no reference requests had been obtained. A locum nurse had been booked through an agency but the practice had not sought assurance from the agency that recruitment safety had been completed checks had been completed.

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 which identified local health and safety representatives. The practice had up to date fire risk assessments and had carried out regular fire drills.
- 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). The legionella assessment had been completed the day before the inspection so monitoring checks had not started but were in place to be done.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
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Arrangements to deal with emergencies and major incidents

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

- The practice had emergency equipment accessible within the building. This included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen (with adult and child masks) and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Staff had received individual training in basic life support including how to use the defibrillator. This was updated every 18 months for all staff.
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- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. However there was no atropine, a medication used to

Requires improvement

Are services safe?

treat a patient for a slow heart rate. The practice said that they would add this to the emergency medication list. Medicines were stored securely and staff knew their location. The practice emergency medicines checks completed by staff included expiry date monitoring. Medicines checked as part of the inspection day were found to be in date.

- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure. The plan had been reviewed in November 2015. Copies of the plan were kept at each of the three branches and the practice manager held an electronic copy that could be accessed remotely.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared but not discussed at clinical meetings and there was no system of monitoring that they had been implemented.

The practice had completed one audit on NICE guideline to refer patients newly diagnosed with chronic obstructive pulmonary disease (COPD, a lung disease that restricts breathing) for pulmonary rehabilitation. The audit was repeated in 2016 and this second cycle evidenced that the quality of spirometry recording had improved since baseline audit, as had the number of patients with a recorded disease severity consistent with their spirometry results.

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 99% of the total number of points available; this was higher than the national average of 95% and the Clinical Commissioning Group (CCG) average of 93%. We were shown the 2015/16 (as yet unpublished) results which showed the practice had sustained the performance level of 99% achievement of total number of points available).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for poor mental health related indicators were higher than the national averages. For example, there were 38 patients on the mental health register and a review of 2015/16 showed 92% had a recent comprehensive care plan in place compared with the CCG average of 90% and national average of 88%. Clinical exception reporting was nil when compared with the CCG average of 15% and national average of 13%. 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.
- Performance for diabetes related indicators was higher than local and national averages. For example, 82% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 76% and national average of 78%. The exception rate was 23.7% compared to the CCG average of 11.1% and national average of 11.7%. The practice told us that the policy for excepting patients had been changed in 2016, the new policy stated that no patient would be excluded unless they declined an invitation to attend for a review.
- The practice monitored the prevalence for each long term condition and kept a board detailing the monthly performance highlighting when the register size was below the local CCG average (prevalence is the proportion of the practice patient population to have a condition).

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- The practice participated in the avoiding unplanned admission enhanced service. Two percent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge.
- Patients who had been admitted to hospital were followed up once discharged. The GPs at the practice contacted them within 48 hours for an initial post hospital discharge review, to ensure their needs could be met.

The practice performance between 2014/15 for the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 of the population was 13.6 which was lower than the CCG average of 14.9 and national average of

Good

Are services effective?

(for example, treatment is effective)

14.6. Ambulatory care sensitive (ACS) conditions are chronic conditions for which it is possible to prevent acute episodes and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions.

The practice was working with the primary support medicines management team on the practice performance on prescribing medicines. They were in receipt of a report based on their prescribing data between 2015/2016 from NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group, Prescribing Quality and Optimisation Scheme (PQOS). The practice engaged with the medicines management team who supported them in ensuring best practice in medicine optimisation and prescribing and in the monitoring and auditing for example, in antibiotic prescribing levels within the practice.

The practice had a programme of clinical audits. Second audits were consistently used to establish if objectives had been met. We looked at two audits that had been completed in the preceding 12 months. Examples of audits seen included a review of the monitoring of patients at high risk of diabetes. The first audit showed that 27 patients recorded as having high sugar levels in the blood had not been reviewed in the preceding 12 months. All of these patients were contacted with an appointment date and an ongoing quarterly repeat of the audit was planned.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, information governance, infection prevention and control and health and safety.
- The learning needs of staff were identified through appraisals. Personal development plans were produced following each staff appraisal. However not all staff had received an appraisal in the last 12 months. For example the practice nurse had not had an appraisal since February 2013.
- Staff had received some training that included: safeguarding, basic life support and information governance awareness. However staff had not been trained in infection prevention control, chaperone, fire safety and manual handling.

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 the practice intranet.

- 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. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives, those at increased risk of unplanned admission to hospital and the practice identified frail and vulnerable patients. Meetings took place on a monthly basis and were recorded.

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. Staff we spoke with were aware of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).
- 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.

Supporting patients to live healthier lives

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

- The practice offered a comprehensive range of travel vaccinations and clinical staff had received role specific training.

Good

Are services effective?

(for example, treatment is effective)

- Immunisations for seasonal flu and other conditions were provided to those in certain age groups, patients at increased risk due to medical conditions and carers.
- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- The practice's uptake for the cervical screening programme was 83% which was similar to the CCG average of 81% and national average of 82%.
- The practice offered childhood immunisations and the uptake rates were in line with local and national averages.
- The practice did not offer the NHS health check to patients between 40 and 74 years of age due to contractual changes.

Data from 2014, published by Public Health England, National Cancer Intelligence Network Data showed that the number of patients who engaged with national screening programmes was below local and national averages:

- 67% of eligible females aged 50-70 had attended screening to detect breast cancer .This was lower than the CCG average of 73% and the same as the national average of 72%.
- 54% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the national average of 58% and local CCG average of 62%.

The practice were aware of the low figures and told us that they had started to support the public health screening programme by encouraging patients who had not attended to be screened.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 18 CQC completed cards. All were positive about the service provided and patients commented on the caring nature of staff. Query any comments from patients spoken with

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2016.

The results from the July 2016 GP national patient survey showed that feedback in relation to the experience of their last GP appointment was higher than the Clinical Commissioning Group (CCG) and national averages. For example:

- 91% said that the GP was good at giving them enough time compared to the CCG and national averages of 87%.
- 99% had confidence in the last GP they saw or spoke with compared to the CCG average of 96% and national averages of 95%.
- 93% said that the last GP they saw was good at listening to them compared with the CCG and national averages of 89%.

The results in the national patient survey regarding the nurse showed for example:

- 87% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 91% said the practice nurse was good at listening to them with compared to the CCG average of 92% and national average of 91%.

Care planning and involvement in decisions about care and treatment

Feedback we received from patients about their involvement in their own care and treatment was positive, all patients felt involved in their own care and treatment. The GP patient survey information we reviewed showed patient responses to questions about their involvement in planning and making decisions about their care and treatment in comparison to national and local CCG averages. The GP patient survey published in July 2016 showed:

- 84% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 81% and national average of 82%.
- 93% said the last GP they saw was good at explaining tests and treatments was higher when compared with the CCG and national averages of 86%.
- 81% said the last nurse they saw was good at involving them about decisions about their care was lower than the CCG and national averages of 85%.
- 83% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.

The practice was aware of the results and areas where the lower scores were achieved. The practice explained that nurse recruitment was underway.

Patient/carer support to cope emotionally with care and treatment

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

The practice's computer system alerted staff if a patient was also a carer. As of July 2016 there were 64 carers on the register (equal to 1% of the practice population). Known carers had been offered an annual health check and seasonal flu vaccination. There was information available to carers in the practice, but not on the practice website. Information for a local carers support group was available in the waiting area.

Good

Are services caring?

If a patient experienced bereavement, the patient's family would normally receive a telephone call and a home visit from the GP or offered a consultation at the practice. Notices in the waiting area sign posted patients to a local counselling service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours evening appointments at Amington each Tuesday evening from 6.30pm to 8pm.
- Online services for ordering repeat prescriptions and appointments were available.
- Same day appointments were available for all patients with a priority given to elderly patients, children and those with serious medical conditions.
- The practice offered telephone consultations with the GP.
- There were longer appointments available for patients with a learning disability.
- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required.
- There were disabled facilities, signing and translation services were available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice held a register of patients living in vulnerable circumstances including known vulnerable adults and those who were housebound and patients with a learning disability.
- The practice held a learning disability register of ten patients and six of these patients had received an annual health check in the preceding 12 months.
- The practice facilitated patients requiring GP services with drug and alcohol rehabilitation needs.

Access to the service

Between the three branches, the practice was open each weekday from 8am to 6.30pm. Extended hours were provided from 6.30pm to 8pm on a Tuesday at the Amington surgery. Appointment times were from 9am to midday in the morning and from 4pm to 6pm (except on a Wednesday) in the afternoon). The practice had opted out of providing cover to patients outside of normal working hours. The out-of-hours services were provided by Staffordshire Doctors Urgent Care (SDUC). The practice telephones switched to the out-of-hours service each weekday evening and during weekends and bank holidays. During the practice opening times the telephone lines and the reception desk were staffed and remained open. The practice offered pre-bookable appointments and telephone access appointments for all patients who required an urgent (same day) appointment.

Patients could book appointments in person, by telephone or by using the on line 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 GPs and nurses within a day. Pre-booked appointments could be made up to four weeks in advance.

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 by contacting the appropriate emergency service to meet their needs. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Home visit requests were followed up by a phone call from a GP and requests could be made to the acute visiting service (AVS), a commissioned local service to support practices in the provision of a GP home visit.

Results from the national GP patient survey published in July 2016 showed patient satisfaction with access was generally above local and national averages:

- 93% of patients found it easy to contact the practice by telephone compared to the CCG average of 70% and national average of 73%.
- 88% of patients said the last appointment they made was convenient compared to the CCG and national averages of 92%.
- 70% of patients felt they did not have to wait too long to be seen compared to the CCG average of 63% and national average of 58%.
- 76% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. However, the complaints procedure was not in line with recognised guidance and contractual obligations for GPs in England. For example, the information contained in the leaflet used by the practice was out of date (review date was October 2014) and the leaflet had to be requested as it was not readily available in the waiting area. There was a designated responsible person who handled all complaints in the practice and complaints were responded to. Responses to complainants included information on who to contact if not happy with the response and there was no log of verbal complaints or near misses.

Information was available to help patients understand the complaints system and the complaints process was displayed on a practice leaflet but this was only available on request.

The practice had received three complaints in the last 12 months. We reviewed each complaint as part of the inspection and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. Complaints were discussed with staff and at practice meetings.

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 mission statement to deliver high quality care, treat patient as individuals and respect. The mission statement detailed aims and objectives. The practice told us that this was a recent addition and was to be communicated to all staff in the near future.

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:

- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous performance management was maintained. However systems to internally audit and monitor quality were not always robust to ensure actions were taken and lessons were shared.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice specific policies were implemented, and were available to all staff. There were a number of policies where the review dates had lapsed, for example, the complaints policy, and examples of when the policies had not been adhered to, for example, recruitment checks on locum staff.
- The practice had provided staff training but there was no planner that included a training needs analysis for individual staff and when refresher training was required.

Leadership and culture

The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by the management. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately.

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). Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology
- The practice kept written correspondence but there were no records of verbal interactions, for example for complaints or near misses.

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

The practice had recently established a patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. The initial meeting had been used to establish the aims and objectives for the group. For example;

- To work with the practice to reduce the number of patients not attending a pre-booked appointment.
- To engage with local health professional and volunteers.

The staff had a good insight into the broad feelings of patients about their experience of the practice. The practice reviewed the results of the national GP survey, monitored the results from the friends and family test and conducted its own patient surveys. The latest data from the practice patient survey for 2015/16 showed that 93% were satisfied with the opening hours and 96% of patients were satisfied overall with the practice. Where a pattern of negative comments was received, the practice had formulated an action plan that included an increased number of pre-bookable appointments to improve access for working people. This included the introduction of a 'commuter clinic' to be held from 7am once a month.

Staff told us they felt able to provide feedback and discuss any issues in relation to the practice. Most staff received annual appraisals and had a personal development plan. However the appraisal programme was not fully completed, for example, the practice nurse had not received an appraisal since February 2013.

Continuous improvement

Staff told us that the practice supported them to develop professionally. For example the practice pharmacist had

Are services well-led?

Good

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

been supported through the course to allow them to prescribe independently. The practice had employed one member of staff as an apprentice and developed them in to the role of administration manager/coordinator.

The practice had planned a pilot study to promote a low glycaemic index (GI) diet for diabetic patients. Plans had been made to identify 50 patients and deliver the service over a 12 month period with regular monitoring.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not comply with assessing the risks to the health and safety of service users of receiving the care or treatment by doing all that is reasonably practicable to mitigate any such risks;** **The provider did not operate an effective system to comply with relevant Patient Safety Alerts, issued from the Medicines and Healthcare products Regulatory Agency (MHRA).**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Suitable recruitment arrangements were not consistently applied in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 must be in place and include all the necessary employment checks for all staff.**