Trinity Medical Centre

Quality Report

Uttoxeter Road
Blythe Bridge
Stoke-on-Trent
Staffordshire
ST11 9HQ
Tel: 01782 395101
Website: www.trinitydrs.co.uk

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
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 at Trinity Medical Centre on 12 January 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, obtaining a cold water dispenser for the waiting area and installing a 'please wait' barrier in front of the reception area to increase confidentiality.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named 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.
- There was a clear leadership structure and staff felt supported by management. The practice acted upon feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw areas of outstanding practice:

- The practice had introduce an initiative where by the practice nurse in partnership with the lead GP carried

Summary of findings

out virtual clinics with professionals from secondary care to review and provide appropriate treatments for patient with complex, unstable long term conditions. The clinics take place without the patient being present but patients were informed of these meetings. The specialist or consultant, GP and nurse met to discuss difficult to manage patients, for example those with diabetes.Prior to the meeting recent blood tests and reviews had been completed. Following the clinic the patients were contacted with an explanation of what had been discussed along with new advice, new prescriptions or changes in medication. As a result of these GPs were able to improve the management of patients and treat them closer to home. his saved costs and time to the patients as well as to the consultant and their team had hospital appointments been carried out.

- Both practice nurses had completed additional fire training so they were able to identify fire risks when they visited patients in their own homes. An example of how this impacted on patients was they gave fire safety advice and were able toassist and sign post patients to the community fire advice team

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?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement. For example, changes were made to processes following an event whereby a patient received the wrong prescription as they had the same name as another patient.
- When things went wrong patients received reasonable support, truthful information, and an apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice used a national reporting system for the notification of significant incidents, where required.
- Changes in clinical guidance were conveyed to staff members through daily communication.

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 above the CCG and the national percentages. The practice had achieved 99% of the points available to them in 2015/16 this was above the CCG average was 97% and the England Average was 95%.
- 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.

Summary of findings

Staff were proactive in supporting patients to live healthier lives through health promotion and the prevention of ill health.

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, some of it was also available in other languages.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We saw evidence of reception staff being extremely patient and understanding towards patients trying to communicate their needs.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was a carer's register and information was available on the practice website and in the waiting room for carers on support services available for them.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them. A range of different appointments were available including telephone consultations. Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- One of the GPs and practice nurse undertook 'virtual clinics' for patients with complex diabetes, COPD and asthma. These clinics involved an external specialist, for example diabetic consultant. The aim behind the clinics was to improve the management of difficult to manage conditions and to reduce unnecessary admission. This also reduced the need for the patients to travel to hospital, saving the patient costs and time. The clinics took place without the patient being present in the surgery. The specialist or consultant, GP and nurse met to discuss difficult to manage patients; for example those with diabetes. Prior to the meeting recent blood tests and reviews

had been completed. Following the clinic the patients were contacted with an explanation of what had been discussed along with new advice, new prescriptions or changes in medication.

- One of the practice nurses had recently attended a six month course at Keele University on osteoporosis. The GPs were also involved in the research and training. This gave them further insight into falls risk and enabled them to more clearly identify when onward referrals to the falls clinic were appropriate. Referrals for bone densitometry were sent by the GP often following information from the nurse to make the referral. A total of 26 patients had scans in the past 12 months, 12 of these were direct referrals from the practice.
- A weekly clinic was undertaken with the lead nurse and pharmacist to undertake a combined care plan and medication review. Where patients were unable to attend the practice, home visits were conducted to carry out these reviews.
- The practice offered a 'telehealth' service. This enabled the practice to have health monitoring of patients via their mobile phones. Patients were provided with the relevant equipment, such as blood pressure monitor, peak flow meter, thermometer or scales.
- An audit had also taken place in respect of 10 patients who had poorly controlled diabetes. This work was carried out by two of the GPs, one of the practice nurses and with the involvement of a diabetic consultant from secondary care. The aim of the audit was to increase the patients' health and wellbeing and also to help reduce hospital follow ups and admissions. The results showed that eight out of the 10 patients had been compliant with their medication and they had stabalised.
- 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, it was in the process of setting up a teleconferencing facility to offer video consultations to its nursing home patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Evidence showed the practice responded quickly to complaints and issues raised. Learning from complaints was shared with staff and other stakeholders.

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

Good

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) who worked with the practice to improve patient care.
- 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
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice demographic indicated a higher than average percentage of older people within its registered list.
- The practice offered proactive, personalised care to meet the needs of the older people in its population, including home visits. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were regularly reviewed.
- As part of the unplanned admission scheme the practice offered same day telephone appointments.
- Nationally reported data for 2015/2016 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 2% above the local CCG average and 2% above the England average.
- Patients aged 75 or over who had co-morbidities were seen in a joint consultation with a practice nurse and the pharmacist.

People with long term conditions

Good

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with COPD, asthma and diabetes were managed by nurse led clinics and GPs. Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 85% compared to the national average of 83% and the CCG average of 80%.
- One of the GPs and practice nurse undertook 'virtual clinics' for patients with complex diabetes, COPD and asthma. The clinics take place without the patient being present. The specialist or consultant, GP and nurse met to discuss difficult to manage patients for example diabetes. Prior to the meeting recent

blood tests and reviews had been completed. Following the clinic the patients was contacted with an explanation of what had been discussed along with new advice, new prescriptions or changes in medication.

- The practice also used 'Speakset' for more effective communication with patients at home for consultations. 'Speakset' comprised a small box attached to the television, with a switch of a button a call would be put through directly to the practices video link operating in a similar way to skype.
- Longer appointments and home visits were available when needed.
- All these patients had a usual GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.
- Both practice nurses had completed additional fire training so they are able to identify fire risks when they visit patients in their own homes. An example of how this impacted on patients was the advice given to patients about not store electric blankets folded during the summer months. Also patient were given a card with a Freephone number for the Community Fire Advice Team who visit patients' and check smoke alarms, carbon monoxide alarms and gave general safety advice.
- The practice provided a room for the podiatrist to conduct weekly clinics. This means that patients are able to receive care closer to home.
- Practice nurses could refer appropriate patients to the Lifestyle Programme where patients could have a lifestyle coach for up to 12 months. (A programme designed to give expert advice to patients who want to lose weight and get fitter)
- The practice offered a 'telehealth' service. This enabled the practice to have health monitoring of patients via their mobile phones. Patients were provided with the relevant equipment, such as blood pressure monitor, peak flow meter, thermometer or scales.

Families, children and young people

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

Good

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Uptake rates were high for all standard childhood immunisations.
- The practice had a system of follow up when it had been informed that a child had not attended an appointment with an external agency or alternative care provider.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Weekly immunisation clinics were held along with weekly midwife clinics.
- Immunisation rates for 2015/2016 were comparable to or slightly higher than the local CCG average for all standard childhood immunisations. For example, immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 96% to 100% compared to 95% to 99% for the local CCG area and 81% to 95% for England.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 91% compared to the local CCG average of 83% and national average of 82%. We saw examples of systems in place to promote cervical screening to women throughout the practice.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception. Information and testing kits for sexually transmitted diseases were available in the practice.
- The practice had close, regular links with midwives, health visitors and school nurses.

The practice with the Patient Participation Group were looking at ways to engage and work with younger people. They had recently written to a local secondary school with a view to holding an education event at the school with the local health education team to look at a cross section of health issues, such as, diet, exercise and sexual health.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.
- The practice offered a 'telehealth' service.This enabled the practice to have health monitoring of patients via their mobile phones. For example, monitoring patients' blood pressure.

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 had a good in depth knowledge of its vulnerable patients.
- Same day medicines delivery was available to housebound patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Safeguarding concerns are discussed at the two weekly clinical meetings.
- The practice conducted visits to vulnerable patients living in care homes.These visits were carried out by one of the practice nurses and pharmacist where medicines reviews and health assessments were conducted.
- Type talk was available for patients' with significant hearing impairment. (Type talk

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- Nationally reported data from 2015/2016 showed 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the previous 12 months, compared to the local CCG average of 84% and the England average of 84%.
- Nationally reported data showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 97%, this was 7% above the local CCG and 8% above the England average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing similar to local and national averages. 258 survey forms were distributed and 114 were returned. This represented 3% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the England average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the England average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG of 87% and England average of 85%.
- 66% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 78% and the England average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 25 completed comment cards which were very positive about the standard of care received. We also received 11 patient questionnaires that had been completed during the inspection visit. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as outstanding and said staff were professional, friendly and caring. Also, that they listened to them and provided advice and support when needed.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

The Friends and Family Test (FFT) results from August 2016 to November 2016 showed of the 199 patients who responded 144 were extremely likely to recommend the practice and 48 likely to recommend the practice.

Outstanding practice

- The practice had introduce an initiative where by the practice nurse in partnership with the lead GP carried out virtual clinics with professionals from secondary care to review and provide appropriate treatments for patient with complex, unstable long term conditions. The clinics take place without the patient being present but patients were informed of these meetings. The specialist or consultant, GP and nurse met to discuss difficult to manage patients, for example those with diabetes.Prior to the meeting recent blood tests and reviews had been completed. Following the clinic the patients were contacted with an explanation of what had been discussed along with new advice, new prescriptions or changes in medication. As a result of these GPs were able to improve the management of patients and treat them closer to home. his saved costs and time to the patients as well as to the consultant and their team had hospital appointments been carried out.
- Both practice nurses had completed additional fire training so they were able to identify fire risks when they visited patients in their own homes. An example of how this impacted on patients was they gave fire safety advice and were able toassist and sign post patients to the community fire advice team

Trinity Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a second CQC Inspector.

Background to Trinity Medical Centre

Trinity Medical Practice, Uttoxeter Road, Blythe Bridge, Stoke-on-Trent, Staffordshire, ST11 9HQ. The practice is a single storey; purpose built property, which is owned by the partner. There is car parking available for patients and it is close to public transport. The practice is a dispensing practice.

The practice has a General Medical Services contract with NHS England and worked closely with the Stoke Clinical Commissioning Group (CCG). The total practice patient population is 4,100 covering patients of all ages. They also provide some Directed Enhanced Services, for example they offer minor surgery and the childhood vaccination and immunisation scheme. One of the GP's is a GP with a special interest accreditation. They provide a vasectomy service and extended minor surgical procedures to all practices within the two CCG areas.

The proportion of the practice population in the 65 years and over age group is higher than the England average. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The staff team comprises three GPs, one GP partner who is male and two female salaried GPs. There are three pratice nurses. The practice is managed and supported by a practice manager, administration, secretarial and reception staff.

The practice is a teaching, training and research practice and is affiliated to Keele University. Each year approximately 12 medical students from both year 3 and 4 have placements for four weeks.

The practice operates a telephone triage system for urgent appointments, through the use of a duty doctor. Face to face appointments are available daily for patients that ring the same day. The practice telephones switch to the out-of-hours provider at 6pm each evening and at weekends and bank holidays. The practice reception was open Mondays 8am to 7pm, Tuesdays and Wednesdays 7.30am to 6.30pm, Thursdays 7.30am to 1pm and Fridays 7.30am to 6.30pm.

Appointments can be booked by walking into the practice, by the telephone and on line. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Vocare via the NHS 111 service.

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

Before attending the practice, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2017. During our visit we:

- Spoke with two GPs, two nurses, the practice manager and administration staff.
- We spoke with four members of the patient participation group.
- Reviewed questionnaires from non-clinical staff that they completed and returned to CQC prior to the inspection.
- We received 11 questionnaires from patients who used the service on the day of the inspection.
- Reviewed 25 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred whereby medicines were dispensed to the wrong patient (with the same name). After investigation the process for issuing prescriptions and medicines were reviewed and additional measures put into place. These included the reception staff checking the patient's names and addressed before issuing. Also the practice had put an alert on the computer system identifying patients with the same name.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and registered nurses were trained in child protection or child safeguarding.Nurses confirmed that this was to level three.
- A notice in the waiting room advised patients that chaperones were available if required although some patients stated that they were unaware of the chaperone system. Chaperone duties were only carried out by clinical staff who had been DBS checked.DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- One of the practice nurses had responsibility for infection control management and was detailed as the designated lead. There was an infection control protocol in place and staff had received up to date training. A recent infection control audit was conducted and the practice score was 93%.
- We reviewed the way in which two week referrals were managed, we saw that these had been dealt with promptly and followed up in a timely way. There was a clear audit trail in place which ensured effective monitoring.
- We also reviewed the way in which histology checks were reviewed following minor surgery, again effective monitoring and follow up systems were in place.

The practice was a dispensing practice. We found a very well organised dispensary with good storage and records in place. The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.

A process was in place to check medicines were within their expiry date on a monthly basis. Expired and unwanted medicines were disposed of in accordance with waste regulations.

We were shown the incident/near miss record (a record of dispensing errors that have been identified before

medicines have left the dispensary) which showed some examples of errors and actions taken. There was a process in place to review errors and we were told these were discussed monthly at their newly developed dispensary meeting and also at the quarterly practice meeting.

All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. We saw evidence of how staff managed medicines review dates and how prescriptions were monitored, including those that had not been collected.

Prescription pads were stored securely and there were systems in place to monitor their use.

We also saw evidence of how the practice monitored usage of patients medicines to ensure patients were compliant and using their medicines correctly.

- We checked medicines stored in the treatment rooms found they were stored securely and were only accessible to authorised staff. Vaccines were administered by nurses and health care assistants using directions which had been produced in accordance with legal requirements and national guidance.
- We reviewed four personnel files and found that appropriate
- There was one regular locum and we saw that the performers list assurance checks, revalidation and safeguarding training were undertaken for the locum doctor working in the practice.

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. Portable 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 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 good arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most

recent published results for 2015/16 showed the practice had achieved 99% of the total number of points available compared to the CCG average of 97% and the national average of 96%. There was a 5% exception rate to this figure. This was lower that the CCG average by 4% and England average by 5%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed;

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 78% which the same as the England average and the CCG average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 84% which was comparable the England average of 83% and the CCG averages of 84%.
- Performance for mental health related indicators was better than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 97% which was 7% higher than the CCG average and higher than the England average of 87%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% which was higher than the England average of 84% and CCG average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been eleven clinical audits or reviews undertaken in the last year where the improvements made were implemented and monitored. Audits had been undertaken in all disease areas and were GP and nurse audits. Findings were used by the practice to improve services. For example, an audit into patients at risk of type 2 diabetes, specifically on HbA1c tests (a blood test to show how well diabetes was being managed).The most recent audit identified that 56 patients were at risk of diabetes and 19 patients had a new diagnosis. Action was taken to ensure patients were coded appropriately, an at risk of diabetes template was being produced and patients had been given health promotion advice.

The practice was in the process of carrying out medicines reviews for 10% of the dispensing patients. At the time of the inspection reviews had been completed in respect of 5.2% of patients. The target of 10% had a completion date by end March 2017 at which time an audit would be conducted.

One of the GP's was a GP with a special interest accreditation. They provided a vasectomy service and extended minor surgical procedures to all practices within the two CCG areas. A two cycle audit had been completed in respect of this and showed very high patient satisfaction. In the second audit completed December 2016, it showed questionnaires had been sent to 54 patients. 42 patients had responded and 39 patients were highly satisfied with the procedures.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Revalidation for GP's and nurses had taken place.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support and one-to-one meetings. This also included support for revalidating GPs and registered nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.
- There was a stable workforce, with good retention of staff. All staff were aware of the internal structure of the practice team.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from, hospital.

Both practice nurses had completed additional fire training so they were able to identify fire risks when they visited patients in their own homes. During home visits the nurses had identified a number of areas of risk. For example, the batteries had been removed from a patient's smoke detector. The patient was advised to replace it and given the contact details for the Community Fire advice team who would replace it and check over other appliances free of charge. A further example included overloaded plug sockets and the patient was given information about the dangers of this.

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 (MCA) 2005. Staff had completed MCA training.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

We looked at a sample of consent forms for consent to vasectomy, minor surgery and joint injections. The consent forms were completed appropriately and there were additional information leaflets for patients.

Supporting patients to live healthier lives

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

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems.
- The practice with the Patient Participation Group were looking at ways to engage and work with younger people.They had recently written to a local secondary school with a view to holding an education event at the school with the local health education team to look at a cross section of health issues, such as, diet, exercise and sexual health.
- There were different themed display boards which contained a wide range of information for patients. For

Good

Are services effective?

(for example, treatment is effective)

example, there was one board that detailed a range of health and lifestyle information.Topics included diabetic care with information about caring for eyes and feet, information about blood pressure and cholesterol.

- Practice nurses could refer appropriate patients to the Lifestyle Programme where patients could have a lifestyle coach for up to 12 months. (A programme designed to give expert advice to patients who want to lose weight and get fitter). The practice nurses received a quarterly update of all patients' progress.They inputted the data into the patient's medical records to ensure the results and progress would be discussed at the next consultation.Patients would be congratulated on the progress they had made.

The practice's uptake for the cervical screening programme was 87%, which was above the local CCG average of 79% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also followed up women who were referred as a result of abnormal results. The practice also encouraged it's patients to attend national screening programmes for bowel and breast cancer screening.The practice's uptake for breast screening was 78%, which was above the CCG average of 73% and the national average of 72%. The practices update for bowel screening was 65%, which was above the local CCG average of 55% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% (CCG averages ranged from 97% to 99%) and five year olds from 96% to 100% (CCG averages ranged from 95% to 99%).

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 were told about examples where staff had offered extra time to patients and carers, because the patient and clinical staff felt this was needed.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced as were the 11 patient questionnaires, which had been completed during the inspection day. Patients said they felt the practice offered a very good service in a timely manner, and they were treated with courtesy and dignity. They commented about the professionalism and friendliness of the staff. Comments included that GP's were always willing to listen and that it was a fully professional and caring service.

Results from the national GP patient survey did reflect that patients felt they were treated with compassion, dignity and respect. The practice showedmixed result to those for the tlocal and national averages for it's satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that they had access to a translation services if they were needed.
- We were told that patients with hearing loss were offered help with their understanding about their care

and treatment. There was a hearing loop available. There was also the Speakset system available. This was a system for more effective communication with patients at home for consultations.

- The practice leaflet had been produced in large print and in accordance with guidance for written information for patients with visual impairment.
- With written consent and appropriate information governance arrangements a small number of patients with visual impairment received information via email (this was with their consent).Their system had a voice activation system.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% or 125 of the patients were registered as carers. Carers were offered a flu vaccination in winter time. Written information was available to direct carers to the various avenues of support available to them.

One of the practice nurses had carried out a carers' audit. This was to identify if they had had the required checks and if advice had been offered in the past 12 months. All of these patients were seen by a nurse and made aware of support groups as appropriate. A carers' support pack was also available within the waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and make a visit and a caring and sensitive bereavement letter would also be sent.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A and E)or having unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A and E attendances.

- There were longer appointments available for patients with a learning disability. Learning disability health checks were undertaken annually.
- Appointments could be made on line, via the telephone and in person.
- There was a telephone triage system, whereby each day one practice nurse had two appointment slots each morning and each afternoon. Often these calls were queries that reception staff could not answer but patients did not need a GP appointment. An example of this related to medicines queries or whether a patient might have a urinary tract infection. If needed the nurse arranged for the patient to attend the practice for observation checks or for a urine sample to be checked. If the call was deemed more urgent then the patient would be seen by a GP. One of the nurses had previous triage involvement prior to joining the practice. They did some in-house training with the other nurse.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problems could be dealt with on the phone.
- 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 and advice.
- Same day appointments were available to patients.
- There were disabled facilities, a hearing loop for patients who had hearing difficulties and there were translation services available. Type talk was available for patients' with significant hearing impairment. (Type talk
- Consultation and treatment rooms were accessible and there were accessible toilets.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services. The practice also ran a vasectomy clinic.
- One of the practice nurses had recently attended a six month course at Keele University on osteoporosis. The GPs were also involved in the research and training. This gave them further insight into falls risk and enabled them to more clearly identify when onward referrals to the falls clinic were appropriate. Referrals for bone densitometry were sent by the GP often following information from the nurse to make the referral. A total of 26 patients had scans in the past 12 months, 12 of these were direct referrals from the practice.
- A weekly clinic was undertaken with the lead nurse and pharmacist to do a combined care plan and medication review. Where patients were unable to attend the practice, home visits were conducted to carry out these reviews.
- The pharmacist carried out complex medication reviews which reduced the need for GP appointments as well as reducing costs.
- The practice offered a 'telehealth' service.This enabled the practice to have health monitoring of patients via their mobile phones.Patients were provided with the relevant equipment, such as a blood pressure monitor, peak flow meter, thermometer or scales.The patient would consent to free text communication. The relevant information was text to the nurse who would then take appropriate action.

The practice carried out proactive case management review in respect of reducing avoidable non elective admissions. A report covering the period 1 April 2016 to 30 June 2016 was made available. As part of the scheme 57 patients were looked at. The scheme included the employment of a pharmacist to conduct detailed face to face medication reviews for elderly patients with more complex needs and also an assessment with the practice nurse. The pharmacist conducted 45 medication reviews and the nurse conducted 51 elderly care assessments. The review included examining the use of long term laxatives in elderly patients and improving blood pressure control. As a result eight patients were identified as needing further

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

treatment or support. For example, three patients were referred to the integrated local care team for social care input and three patients identified to be at stage three of chronic kidney disease.

We looked at data in respect of the unplanned admissions and saw in the over 75 age range of patients there had been a reduction of 40 unplanned admissions since 2014. This delivered clinical beneifits to patients by providing care at home and also significant financial saving to the local health economy.

One of the GPs and practice nurses undertook 'virtual clinics' for diabetes, COPD and asthma. These clinics involved an external specialist, for example specialist respiratory nurse or consultant The aim behind the clinics was to improve the management of difficult to manage conditions and to reduce unnecessary admission. Also to aid the QOF results and to reduce the risk of admission to hospital and optimising the health and well-being of patients. The clinics took place without the patient being present however the patient was informed of the clinical meeting. The specialist or consultant, GP and nurse met to discuss difficult to manage patients for example those with diabetes. Prior to the meeting recent blood tests and reviews had been completed. Following the clinic the patient was contacted with an explanation of what had been discussed along with new advice, new prescriptions or changes in medication. Minutes of one of virtual respiratory clinics showed that eight patients had been reviewed in detail; these patients were chosen because of difficulties in controlling their asthma and over use of steroid medication and inhalers. There were a range of follow up actions taken, these included checking patients' inhaler technique, referrals for pulmonary rehabilitation and continuing work with patients in relation to smoking cessation.

Work had also taken place in respect of 10 patients who had poorly controlled diabetes. This work was carried out by two of the GPs, one of the practice nurses and with the involvement of a diabetic consultant from secondary care. The aim of the audit was to increase the patients' health and wellbeing and also to help reduce hospital follow-ups and admissions. The first audit was conducted October 2015 with a number of areas for follow- up with the patients, this included medication changes. The second audit was carried out in October 2016, of the 10 patients looked at eight had shown improvement with a reduction in their Hb1Ac (a blood test to show how well diabetes is maintained) and compliance around treatment was much improved.

Access to the service

The practice reception was open Mondays 8am to 7pm, Tuesdays and Wednesdays 7.30am to 6.30pm, Thursdays 7.30am to 1pm and Fridays 7.30am to 6.30pm.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

The practice had reviewed all of the results from the patient survey and had put an action plan in place to address any issues identified. For example, the practice had 10 minute appointment slots allocated for the doctors and 15 for nurses. Open access was given to children and emergency patients. This had resulted in the clinician's clinic running over the normal surgery times. The practice had introduced additional GP capacity with an extra GP session each week.

People told us on the day of the inspection that they were able to get appointments when they needed them, and we saw evidence that the appointment system was accessible.

The practice had a system in place to assess:

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

This was done through the nurse triage system. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The practice's 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.

We looked at the complaints received in the last 12 months, of which there had been seven. We found that these were dealt with in an open and transparent way. Lessons were learnt from individual concerns and complaints and also, from analysis of trends, action was taken as a result to improve the quality of care. We also saw evidence that the practice had apologised to patients.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values. They aimed to deliver high quality primary health care to all of their patients.
- The practice felt strongly about its core values of team work, patient focus, commitment and dedication.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and other health care professionals to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Meetings included a two weekly meeting held with all practice staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had an active patient participation group (PPG), made up of 12 members. The group had been meeting for approximately 12 years.The meetings had an agenda and minutes.Areas in which the PPG had influenced the practice included obtaining a cold water dispenser for the waiting area and installing a 'please

Are services well-led?

Good

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

wait' barrier in front of the reception area to increase confidentiality.We met with four members of the PPG during the inspection.They told us they felt listened to and valued by the practice.

- The practice had gathered feedback from staff through regular discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We saw that staff were encouraged to introduce new and innovative processes and developments.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking, embraced innovation, and was part of local pilot schemes to improve outcomes for patients in the area. It had a level of recognition about its challenges but was continually striving to improve, in line with its core values.

Plans for the future included recruitment for a further GP and work within the dispensary to ensure contracts are set with pharmaceutical companies to achieve maximum potential.

The practice had also submitted a bid to NHS England to try and secure funding to extend the practice. This would enable the practice to introduce additional services for the benefits of their patients.