Drs Shah & Talpur

Quality Report

Hanford Health Centre
Stoke-on-Trent
Staffordshire
ST4 8EX
Tel: 0300 1231468
Website: **www.hanfordgp.co.uk**

Date of inspection visit: 1 August 2016
Date of publication: 05/10/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Shar & Talpur on 1 August 2016. Overall the practice is rated as requires improvement.

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

- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Staff were supported in their professional development and were provided with opportunities to undertake and obtain qualifications appropriate to their work.
- Staff had received training in safeguarding children but not all staff had received training in safeguarding adults, including two GP's. Safeguarding concerns had not consistently been acted on or shared to ensure vulnerable patients were protected from the risk of potential harm.
- Significant events had been actioned but one had not been recorded. Regular reviews of significant events had not been carried out to identify trends.
- Governance arrangements were not sufficiently robust to ensure effective governance within the practice. The practice had a number of policies and procedures to govern activity, but these were not routinely accessible to all staff.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust.
- Urgent appointments were available on the same day. Patients told us they found it easy to get an appointment.
- Staff felt supported in their work by the management team.
- Complaints received were managed but the documentation of complaints lacked detail. There was no regular analysis carried out to identify any common trends.

Summary of findings

The areas where the provider must make improvements are:

- Introduce processes for ensuring all significant events, incidents and near misses are recorded, discussed and audited to maximise learning.
- Ensure all safeguarding concerns are managed and recorded effectively and acted upon.
- Ensure that accurate and required records are kept of staff members' suitability for employment and have oversight of the training they have undertaken.
- Implement a consistent system to log, review, discuss and act on patient safety alerts received.
- Ensure recruitment and all necessary pre-employment checks are carried out for all staff including locum staff.
- Ensure all Patient Group Directions (PGD's) are signed by individual practitioners.
- Risk assess the need for inclusion of atropine within the emergency drugs kit for use in the event of cervical shock when performing a coil fitting as per best practice guidance.

In addition the provider should:

- Implement a robust process to check that patients on high risk medicines are being monitored before issuing prescriptions.
- Improve the process of clinical audits to include re-audits to demonstrate quality improvement to patient care.
- Improve the recording of complaints and identification of trends.
- Ensure patients that have a 'do not attempt cardio-pulmonary resuscitation' (DNACPR) directive are known to staff, identified on the system and information shared with relevant external partners.
- Ensure all staff and partners are familiar with Gillick competency and Fraser guidelines, the term used to decide whether a child (16 years and younger) is able to consent to their own medical treatment, without the need for parental permission or knowledge.
- Ensure practice policies are accessible to all staff.
- Maintain consistent records of meetings to clearly demonstrate the discussions and actions taken to address safety incidents (significant events, complaints, NICE guidelines etc.) over the long term.
- Consider a documented business plan to support the practice vision and future strategy.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff understood their responsibility to raise significant events and we saw evidence that action had been taken in most circumstances. We identified one significant event had not been recorded and we saw examples of poor record keeping. The practice did not review significant events to analyse for trends.
- Staff had received training in safeguarding children but not all staff had received training in safeguarding adults, including two GP's. Most staff were aware of their responsibilities in relation to raising and reporting safeguarding concerns. However, safeguarding concerns had not consistently been acted on or shared to ensure vulnerable patients were protected from the risk of potential harm.
- The practice system for prescribing high risk medicines on a shared care basis was not effective in limiting the possibility of patients receiving medicines when they had not had the recommended monitoring.
- There was not a consistent system to log, review, discuss and act on patient safety alerts received that may affect patient safety.
- The practice had a lead for infection control. Most staff had received training and a detailed audit was carried out annually and shared with the Stoke on Trent Partnership NHS Trust (SSTOP), who owned the building.
- We found omissions in staff recruitment processes. Not all of the required checks had been obtained prior to staff commencing employment at the practice.
- There was a comprehensive business continuity plan in place for major incidents.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Staff had access to guidelines from National Institute for Health and Care Excellence (NICE).

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) published 2014/15 showed patient outcomes were higher in most clinical indicators than the Clinical Commissioning Group (CCG) and the national averages.
- There was a lack of completed clinical audits to demonstrate quality improvement.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Not all staff had completed mandatory training for example, safeguarding children and vulnerable adults and infection control.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016, showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a GP and there was continuity of care.
- Urgent appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Staff knew what to do in the event of receiving a complaint and the procedure was followed. However, the documentation of complaints was not detailed and an analysis of complaints had not been carried out to ensure learning and identification of trends.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

Summary of findings

- Although there was a leadership structure and staff felt supported by management, the governance and leadership arrangements did not always support the delivery of good quality care. We identified shortfalls in a number of areas including recruitment, risk management, clinical audit, essential training and acting on potential safeguarding concerns.
- Not all staff had knowledge of the location of practice policies and procedures.
- Staff felt supported and had been encouraged to develop in their role.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had a statement of values which was displayed in the office. Staff we spoke with were aware of the location of the statement but not all of the staff were able to recall the practice values.

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

Requires improvement

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

The provider was rated as good for caring and responsive services and this includes this population group. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The concerns which led to the ratings applied to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a dedicated direct access telephone line for a local care home and carried out weekly visits.
- Patients aged 75 and older had a named GP and were offered a 50 minute health check to review their health and wellbeing.
- The practice had care plans for vulnerable older people at risk of unplanned admission to hospital.

People with long term conditions

Requires improvement

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

The provider was rated as good for caring and responsive services and this includes this population group. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The concerns which led to the ratings applied to everyone using the practice, including this population group.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and an annual review to check their health and medicines needs were being met.
- For patients with complex needs the practice worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients discharged from hospital were contacted within two days of their post discharge to check their care and welfare and review their needs.
- Data showed that the number of emergency admissions to hospital was 14 per 1,000 patients, lower than the Clinical Commissioning Group (CCG) average of 19 per 1,000 patients and the national average of 15 per 1,000 patients.

Summary of findings

- A GP and the nurses had lead roles in chronic disease management.

Families, children and young people

Requires improvement

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

The provider was rated as good for caring and responsive services and this includes this population group. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The concerns which led to the ratings applied to everyone using the practice, including this population group.

- Immunisation rates for the vaccinations given were in line or higher than the CCG average for all standard childhood immunisations with dedicated clinics held.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young people were accommodated on the same day if they turned up without an appointment.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82%. This was higher than the CCG average of 80% and the same as the national average of 82%.
- The health visitor was based within the health centre and therefore accessible for patients and staff.
- A midwife held a weekly clinic at the practice.

Working age people (including those recently retired and students)

Requires improvement

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

The provider was rated as good for caring and responsive services and this includes this population group. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The concerns which led to the ratings applied to everyone using the practice, including this population group.

- The practice offered a range of online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended practice hours were offered on a Monday evening with a GP from 6.30pm to 8pm and with nurses on a Tuesday morning from 7am to 8am for working age patients.
- The practice allowed the temporary registration of students whilst home on holiday leave.

Summary of findings

- Telephone consultations were available.
- NHS Health checks were available for patients aged 40 to 74 years.

People whose circumstances may make them vulnerable

Requires improvement

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

The provider was rated as good for caring and responsive services and this includes this population group. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The concerns which led to the ratings applied to everyone using the practice, including this population group.

- The practice offered longer appointments for patients with a learning disability at a time to suit them and for patients with complex needs.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice 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.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children. However, not all staff were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns. Not all vulnerable patients had been coded on the computer system.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 119 patients as carers (1.6% of the practice list).

People experiencing poor mental health (including people with dementia)

Requires improvement

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

The provider was rated as good for caring and responsive services and this includes this population group. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The concerns which led to the ratings applied to everyone using the practice, including this population group.

Summary of findings

- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 94%. This was above the CCG average of 87% and the national average of 88%.
- Seventy-two per cent of patients diagnosed with dementia had had their care reviewed in a face-to- face meeting in the last 12 months, which was below the CCG average of 85% and the national average of 84%.
- 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 A&E where they may have been experiencing poor mental health.
- The practice provided weekly visits at a care home with over 50 residential patients to include those with dementia.
- The practice had contacted patients on their dementia register and those experiencing poor mental health to ensure their records contained contact details of their carer if required.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results, which were published in July 2016. The survey invited 244 patients to submit their views on the practice, 94 forms were returned. This was a completion rate of approx. 39% and 1.3% of the total practice population.

- 99% of patients found it easy to get through to this practice by phone. This was higher than the local average of 75% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local and national average of 78%.

We spoke with nine patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 37 completed cards. All but six comments received highlighted a high level of patient satisfaction. Patients commented that the care and treatment they received was of a high standard, that staff were caring, helpful and their privacy and dignity was upheld. Six negative comments included patients' experience of some members of the staff team, the high activity at the practice following the merger of the two practices, long queues at reception and shortages of reception staff. We also spoke with a representative of a local care home whose residents were registered at the practice. We received very positive feedback about the service provided by the practice. They told us that the clinical staff who visited the home were very caring and responsive to the individual needs of their residents.

Drs Shah & Talpur

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 advisor and a practice manager specialist advisor.

Background to Drs Shah & Talpur

Drs Shah & Talpur is located in Hanford Health Centre, Stoke On Trent and is registered with the CQC as a partnership provider. The provider holds a General Medical Services contract with NHS England and is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG). The practice is located in a single storey building with a patient car park located to the side.

The practice building is owned by Stoke on Trent Partnership NHS Trust (SSTOP) and accommodates a range of health care professionals. Drs Shar & Talpur merged to create a partnership within the practice on 1 April 2016. The practice is managed by three male GP partners. The partners are assisted by one male salaried GP, two female GPs in training, three practice nurses, one assistant practitioner, a practice manager, an office supervisor and a team of reception staff and administrators.

The practice is an accredited training practice for GP trainees and medical students.

The practice serves a population of 7,170 patients. The practice demographic is broadly comparable to CCG and England averages, with the exception of female and males aged 50-64 years, which is higher. The practice has the same percentage of unemployed patients as the national average of 5%, and a lower percentage compared to the CCG average of 8%. The percentage of patients with a long-standing health condition is 41%, which is lower than the local average of 57% and the national average of 54%.

The practice is open from 8am to 6.30pm Monday to Friday and 8am to 1.30pm on a Thursday. The practice offers extended hours on a Monday evening with a GP from 6.30pm to 8pm and with nurses on a Tuesday morning from 7am to 8am. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery.

- Consultation times with GPs are available from 8am to 11.40am and from 3pm to 5.30pm.
- Consultation times with nurses are available from 9am to 12.30pm and from 3pm to 5.20pm.

The out-of-hours service provider is Staffordshire Doctors Urgent Care Limited. Patients may also call 111 or 999 for life threatening emergencies.

The practice is less than two miles away from the nearest hospital; the University Hospital of North Midlands.

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 visiting, 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 1 August 2016.

During our visit we:

- Spoke with a range of staff including three GPs, a nurse, assistant practitioner, the practice manager, receptionists and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Following the visit we spoke with a representative of a local care home whose residents were registered and received weekly proactive visit provided by the practice.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The governance for reporting, investigating and learning from significant events was mixed:

- Staff told us they would inform the practice manager of any incidents and there was a recording form available.
- Most staff we spoke with were able to share an example of a recent significant event and the action taken.
- A member of staff had raised the awareness of significant events within the practice by doing a presentation on the subject.
- We saw an example of when a significant event had been acted upon but not recorded. There was a further example of incomplete record keeping, for example dates not recorded on a reporting form.
- The practice did not review significant events to identify patterns or trends; however, we saw no trends or reoccurring themes at the time of the inspection.
- Clinical staff told us outcomes of significant events were shared in clinical meetings held.

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Staff told us that alerts raised by the Medicines and Healthcare products Regulatory Agency (MHRA) were received and disseminated to clinical staff. We saw evidence that action had been taken following an alert but there was not a consistent system in place to evidence alerts had been consistently checked and any necessary action taken. Shortly after the inspection the provider told us they had since produced a cover sheet to clearly identify the action taken and searches completed to ensure their processes were effective.

Overview of safety systems and processes

The safety systems and process in place did not always keep patients safe and safeguarded from the risk of abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse but these were not consistently followed. These arrangements reflected relevant legislation and local requirements. Information was available to staff about safeguarding and who to contact should they have concerns. There was a lead member of staff for safeguarding within the practice. Staff had received training in safeguarding children but not all staff had received training in safeguarding adults, including two GP's. Safeguarding concerns had not been consistently acted on or appropriately shared to ensure vulnerable patients were protected from the risk of potential harm. For example, we saw a GP had failed to recognise the need to act in a specific case and had just recorded information in the patient notes. We were advised shortly after the inspection searches had been carried out to ensure records of children on the register were accurate and complete. The practice held regular meetings with the health visitor to share any concerns. We saw safeguarding matters were also discussed in clinical meetings held.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Patients we spoke with confirmed they had been offered a chaperone when required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The assistant practitioner was the infection control lead, had received training and was supported by the practice manager. There was an infection control protocol in place and most staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice manager had responded to concerns raised by a small number of patients about the general cleanliness of the practice and had actively shared these concerns directly with Stoke on Trent Partnership NHS Trust (SSTOP), who owned the building and employed the cleaners.

Inadequate

Are services safe?

- We saw that patients who took high-risk medicines that required close monitoring for possible side effects had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. A shared care protocol was in place however, it was not clear how the practice was advised in the event of adverse results or patients who did not attend for monitoring.Shortly after the inspection, the provider told us that searches for patients on high-risk medicines had been completed and GPs no longer issued prescriptions without ensuring the appropriate monitoring of patients had taken place.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines. Processes were in place for handling repeat prescriptions however, there was not an effective system in place for the non-collection of repeat prescriptions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation but had not been signed by all of the required parties.
- We reviewed five personnel files and found omissions in recruitment checks obtained prior to employment. For example, proof of identification, references, and qualifications were not all present. We identified references had been requested but had not been obtained for a GP who had been employed by the practice for a month. There was no formal application, proof of identity or a Disclosure and Barring Service check for the GP. A risk assessment had not been completed in the interim to assess their suitability. There were no documentary checks for a locum GP and only references and training certificates available on a second locum GP's file. Following the inspection, the practice manager provided documentary evidence for the second locum GP and advised these had been obtained but misfiled.

Monitoring risks to patients

The practice had processes in place to manage risks from buildings, equipment and safe staffing levels.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a general building risk assessment was conducted annually. The practice had fire risk assessments and carried out weekly fire alarm testing and annual evacuation drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements in place to cover for staff sickness and leave to ensure appropriate staffing levels were maintained.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had received annual basic life support training however, one GPs was out of date in addition to that of a nurse and two receptionists.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, the practice did not have a supply of atropine, for use in the event of cervical shock when performing a coil fitting.
- 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 and copies were kept off site.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff had access to best practice guidelines from the National Institute for Health and Care Excellence (NICE) best practice Some staff told us they had signed up to receive regular NICE updates and these were discussed in clinical meetings held. We saw NICE guidelines were raised at the last clinical meeting but nothing required discussion. One GP told us they recently attended an update provided by a consultant.

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 2014/15 were 99% of the total number of points available compared to the Clinical Commissioning Group (CCG) and national average of 95%. The overall clinical exception reporting was 5%, which was 4% below the CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The individual clinical domain performance data from 2014/15 showed:

- The percentage of patients with asthma that had a review of their condition within the preceding year was 83%. This was higher than the CCG and national average of 75%.Clinical exception reporting was 1% compared with the CCG average of 6% and the national average of 8%.
- 94% of patients with mental health conditions had an agreed care plan in place in the preceding 12 months, compared with the CCG average of 86% and the national average of 88%. Clinical exception reporting was 10% compared with the CCG average of 10% and the national average of 13%.
- 91% of patients with diabetes had received a recent blood pressure reading in the preceding year, compared with the CCG average of 80% and the national average of 78%. Clinical exception reporting was 4% compared with the CCG average of 9% and the national average of 9%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less in the preceding year was 92% compared to the CCG average of 85% and the national average of 84%. Clinical exception reporting was 2% compared with the CCG average of 3% and the national average of 4%.

We reviewed data from the CCG Quality Improvement Framework (QIF), which is a local framework run by NHS Stoke on Trent CCG to improve the health outcomes of local people. During 2014/15 QIF data showed that emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission were lower than the local average. Data showed that the number of emergency admissions to hospital was 14 per 1,000 patients, lower than the Clinical Commissioning Group (CCG) average of 19 per 1,000 patients and the national average of 15 per 1,000 patients.

There was little evidence of clinical audit for quality improvement.

A medicines management audit on antibiotics had been carried out by the Clinical Commissioning Group (CCG) which showed improvement for reducing antibiotics. Two audits carried out by the practice failed to demonstrate any learning or benefit. We were told GP Trainees had completed audits but these were not available on the day of the inspection. Minutes of a recent clinical meeting held had identified the need to carry out full cycle audits and the team had agreed to carry out two audits to include Dianette (used by women who have severe acne or excessive hair growth) and generic prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This included shadowing opportunities and allocated time with the practice manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

- The learning needs of staff were identified through a system of appraisals and a training needs analysis completed by individual staff. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff appraisals were carried out annually by the practice manager for non-clinical staff and by the senior GP partner for clinicians.
- Most staff were provided with protected learning time and were supported with their professional development. For example, one member of staff told us they had been provided with day release to complete a foundation degree in science and integrated practice. However, we saw some staff had not received training or updates in areas to include basic life support and safeguarding adults.

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. However, information regarding patients with a 'do not attempt cardio-pulmonary resuscitate' (DNACPR) directive on their records had not always been shared with other relevant services such as out-of-hours.

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

Meetings took place with other health care professionals on a regular basis were patients were reviewed. There were arrangements in place to follow up patients with complex conditions that had been discharged from hospital.

Consent to care and treatment

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

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA), however not all staff had received training in the MCA.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. However, one GP did not demonstrate an understanding of the essence of Gillick competency, a term used to decide whether a child is able to consent to their medical treatment, without the need for parental permission of knowledge.
- Staff were able to share examples of how they sought and obtained patient consent. We saw written consent had been obtained for procedures such as child immunisations.

Supporting patients to live healthier lives

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

- Patients nearing the end of lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service and patients had access to leaflets available in the waiting room to include leaflets on quitting smoking.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 80% and the same as the national average. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice telephoned and sent letters to patients who had not responded to their initial invitation to attend the screening.

Bowel and breast cancer screening rates were comparable with local and national averages. Data showed:

Requires improvement

Are services effective?

(for example, treatment is effective)

- 67% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months. This was higher than the local average of 55% and the national average of 58%.
- 75% of female patients aged 50 to 70 years had been screened for breast cancer in the last 3 years. This was the same as the local average and higher than the national average of 72%.

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

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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. A representative of a local care home, whose residents received a service from the practice, told us that the visiting GP always carried out examinations in private.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. However, we overheard one patient's dignity being compromised as they could be overheard when they were at the reception area but all of the patients we spoke with told us their privacy and dignity was always upheld.

We spoke with nine patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 37 completed cards. All but six comments received highlighted a high level of patient satisfaction. Patients commented that the care and treatment they received was of a high standard, that staff were caring and helpful. Six negative comments included patients' experience of some members of the staff team, the high demand on the practice following the recent merger of the two practices, long queues at reception and shortages of reception staff. We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed the most recent data available for the practice on patient satisfaction from the National GP Patient Survey published in July 2016. The survey invited 244 patients to submit their views on the practice and 94 forms were returned giving a completion rate of 39%. Results showed patients felt they were treated with compassion, dignity and respect. The practice score was mostly comparable to Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national averages of 85%.
- 95% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 94% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG average of 93% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

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

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 above local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national averages of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 85% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Good

Are services caring?

- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The practice had a portable hearing loop and were able to take this on home visits if required.

Patient and carer support to cope emotionally with care and treatment

We saw 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. A newsletter produced by the practice advised patients to alert the practice if they were a carer.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 119 patients as carers (1.6% of the practice list). The practice had written to patients in particular population groups inviting their carers to attend a health check. Information for carers was available on practice website and also detailed the support groups available.

Staff told us that if families had suffered bereavement, they were contacted and sent a letter of condolence. Leaflets were available in the waiting area detailing a support group providing a bereavement 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.

- There were longer appointments available for patients with a learning disability and those with complex medical needs.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Weekly proactive visits were carried out at a local care home.
- Same day appointments were available for children and those patients with medical problems that required urgent consultation. Young people were always accommodated on the same day if they turned up without an appointment.
- The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their care records.
- Patients were able to receive travel advice and vaccinations.
- There were disabled facilities, a portable hearing loop and translation services available.
- A variety of clinics and services were available for people to access. These included child development checks, diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD), maternity services, weight management, NHS health checks, immunisations and travel vaccinations.
- Patients aged 75 and older had a named GP and were offered a 50 minute health check to review their health and wellbeing.
- Patients discharged from hospital were contacted within two days of their post discharge to check their care and welfare and review their needs.
- The practice had developed a positive working relationship with a local care home and were responsive to their residents' needs. The practice provided direct telephone access and carried out weekly ward rounds to review people's health needs.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and 8am to 1.30pm on a Thursday. The practice offered extended hours on a Monday evening with a GP from 6.30pm to 8pm and with nurses on a Tuesday morning from 7am to 8am. Routine appointments could be booked in person, by telephone or on-line. Home visits were available to patients with complex needs or who are unable to attend the surgery.

- Consultation times with GPs were available from 8am to 11.40am and from 3pm to 5.30pm.
- Consultation times with nurses were available from 9am to 12.30pm and from 3pm to 5.20pm.

The out-of-hours service provider was Staffordshire Doctors Urgent Care Limited. Patients may also call 111 or 999 for life threatening emergencies. The practice was less than two miles away from the nearest hospital, the University Hospital of North Midlands.

Results from the National GP Patient Survey published July 2016 showed that patient satisfaction with how they could access care and treatment was higher compared to local and national averages.

- 89% of patients were satisfied with the practice's opening hours. This was higher than the CCG average of 81% and the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone, which was higher than the CCG average of 75% and the national average of 73%.

All of the patients we spoke with on the day of the inspection told us they were able to get appointments when they needed them. Only one of the 37 CQC comment cards completed reported they found it difficult to get an appointment.

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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Complaints and comments leaflets were held at reception and information about complaints was also available on the practice website.

The practice had received eight complaints in the last 12 months. We found complaints received had been actioned, recorded and dealt with in a timely way and there was openness and transparency with dealing with the complaint. However, the recording of the complaint lacked detail and there was no regular analysis of trends to improve the quality of care.

Are services well-led?

Requires improvement

(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 vision to deliver high quality care and acknowledged the recent merger had presented challenges to both patients and staff.

- The practice had a statement of values which was displayed in the office. Staff we spoke with were aware of the location of the statement but not all of the staff were able to recall the practice values.
- The practice did not have a business plan in place to reflect changes within the practice or their clear objectives for the future.

Governance arrangements

We identified that the governance arrangements in place were not sufficiently robust to ensure effective and safe governance.

We saw there were areas of risk that had been well managed:

- The practice performance in the Quality and Outcome Framework was above national and local averages. (QOF is a system intended to improve the quality of general practice and reward good practice).

When potential risks had been identified the practice had not always taken the appropriate steps to mitigate them. This included a failure to:

- Identify all vulnerable patients on the computer system to alert staff or take the appropriate action when presented with a potential safeguarding concern.
- Identify an incident that should have been recorded as a significant event.
- Adequately monitor patients on high risk medicines.
- Consistently manage patient safety alerts.
- Ensure all staff knew the location of policies and procedures.
- Ensure all staff had completed essential training.
- Carry out a continuous cycle of clinical audits to demonstrate quality improvement.
- Ensure recruitment processes were robust.

Leadership and culture

- Staff told us the merger of the two practices had presented challenges but they had been well supported during the transition by the practice manager and partners. They told us the practice manager and partners were approachable, and took the time to listen them. Staff reported the culture within the practice was open and they were encouraged to speak up.
- Most staff felt valued and supported within their role. Some staff told us on occasions it was difficult to meet patient demand due to increasing workloads, particularly on reception.
- The practice had systems in place to ensure that when things went wrong with care and treatment. They gave affected people reasonable support, and an apology.

There was a leadership structure in place but this was not clearly embedded across the practice following the merger of the two practices. However, most staff felt supported by the management team.

- Staff told us they attended team meetings and most said they were provided with protected learning time.
- Staff felt they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Most staff said they felt respected, valued and supported in their work.
- Most staff spoke positively about working at the practice, and showed commitment to the practice and managing change.
- The practice manager told us they felt very well supported by the partners and was able to discuss anything with them including the future of the practice and the staff needs.

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 gathered feedback from patients through the patient participation group (PPG). Following merger of the two practices, two PPG's had joined

Are services well-led?

Requires improvement

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

together. The new PPG had met on three occasions as a collective PPG, to include once prior to the merger on 1 April 2016 and were still in the development stage. They had submitted proposals for improvements to the practice management team. For example, reviewing the seating area in the waiting room and moving the self-check in screen to aid privacy. They told us they felt listened to and the practice had acted on their proposals. They acknowledged recent changes had at times been challenging for both patients with managing the transition and reconfiguration of the service while preserving it but considered things were becoming more settled.

- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and had felt supported during the transition but would welcome more structured communication across the team.
- The results of the most recent GP patient survey had been discussed between the practice manager and two of the GPs. There were plans to present the results at the forthcoming clinical and patient participation meetings scheduled.
- We saw the results gained from the NHS Friends and Family Test (FFT) were discussed and actioned at clinical meetings. The FFT is an important feedback tool that supports the fundamental principal that people who use NHS services should have the opportunity to provide feedback on their experience.

Continuous improvement

There was a lack of completed clinical audits to demonstrate quality improvement.

Staff were encouraged and were supported in their professional development. For example, we saw the assistant practitioner had been supported to undertake a foundation degree in science and integrated practice and a nurse was currently doing a diploma in respiratory management.

Shortly after the inspection the provider sent us details of a number of actions they had taken following a meeting held with key members of staff to discuss the findings of the inspection. We saw a number of actions had been completed and we will review these as part of the next inspection of this provider.

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 **How the regulation was not being met:** The provider did not have an effective process for assessing, monitoring and mitigating the risks to the health, safety and welfare of service users and others which arise from carrying out the regulated activity to include: A formalised system to act upon medicines and equipment alerts issued by external agencies that may affect patient safety. Ensuring all significant events had been recorded. An effective system in place to monitor and improve quality and identify risk. Risk assessing the need for inclusion of atropine within the emergency drugs kit for use in the event of cervical shock when performing a coil fitting as per best practice guidance. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 **How the regulation was not being met:** The registered provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of services.

This section is primarily information for the provider

Requirement notices

Governance arrangements including systems for assessing, monitoring and mitigating risks were not effective.

Not all significant events had been recorded.

Policies and procedures were not readily available to all staff to support staff in the roles.

The provider did not have a clear oversight of training undertaken by staff to ensure their skills met the requirements of their role.

Not all safeguarding matters were effectively managed, recorded or acted on.

PGDs had not been signed by all of the required parties.

A structured quality audit programme was not in place to ensure improved clinical outcomes.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The provider had not obtained all of the required information as outlined in Regulation 19 and Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for all staff employed by the practice. The practice was not able to assure themselves that all of the appropriate recruitment checks had been carried out for locum GPs employed to work at the practice and checks obtained were not readily accessible. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.