

Abbots Bromley Surgery

Quality Report

School House Lane
Abbots Bromley
Rugeley
WS15 3BT

Tel: 01283840228

Website: www.abbotsbromleysurgery.nhs.uk

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Abbots Bromley Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Abbots Bromley Surgery on 14 July 2015. The overall rating for the practice was good with requires improvement in providing a well led service. The practice was served Requirement Notices in Regulation 17 Health and Social Care Act (Regulated Activity) Regulations 2014, Good Governance and Regulation 18, Staffing. The full comprehensive report on 14 July 2015 inspection can be found by selecting the 'all reports' link for Abbots Bromley Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 6 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation identified in our previous inspection on 14 July 2015. This report covers our findings in relation to those requirements.

We found these arrangements had significantly improved when we undertook a comprehensive follow up inspection on 6 July 2017. The practice is now rated as good for being well-led.

Overall the practice is rated as good with outstanding in the population group of patients with a long term condition.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Safeguard the medicines and vaccine fridges so they cannot be inadvertently unplugged.
- Complete a general risk assessment of the practice.
- Implement a system to log the action taken by the practice in response to alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Update the practice business continuity plan to include contact details.
- Update non clinical staff records to include their full immunity status.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The areas where the provider should make improvement are:

- Report all incidents including dispensers reporting GP prescribing errors.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients said they found it easy to obtain a consultation with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision but an undocumented 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the local Clinical Commissioning Group (CCG) and national averages. For example, 85% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 79% and national average of, 78%. Although the diabetes performance data was good the practice felt there was room for improvement with an aim to achieve 100%. They reviewed their diabetes protocol to ensure the training and protocol met best practice in line with NICE guidelines. They appointed a GP and nurse lead, a collaborative approach to diabetes management and dedicated clinics for

Outstanding



Summary of findings

patients who struggled to manage their diabetes. Progress in respect to these changes were being performance managed and with an aim to improve diabetic patient health and wellbeing.

- Performance for patients with asthma, on the register, who had had an asthma review in the preceding 12 months, was 91%, which was higher than the CCG average of 75% and national average of 76%. There were 196 patients on the practice asthma register. An audit was completed on a specific medicine used to treat asthma. Following this audit the practice had implemented a number of measures to improve patient outcomes. For example, Asthma UK action plans were implemented, patients were invited for a three monthly review prior to repeat medicines being authorised, information was provided to patients about the changes in the repeat medicine procedures and patients attending secondary care were reviewed. The practice repeated the audit after a six month period. They found that patient use of the medicine had reduced and they found improved asthma management in patients. Another repeat audit was planned.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (the name given to a collection of lung diseases) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 100% when compared with the CCG average of 91% and national average of 90%.
- The percentage of patients with hypertension (high blood pressure) in whom the last blood pressure reading was within a specific range was 88%, when compared with the CCG average of 84% and national average of 83%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

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

Good



Summary of findings

- We found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Children and babies consultations were available outside of school hours and the practice had suitable premises, for example baby change facilities.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice provided GP services to a local school with overseas boarding students. The practice reached out to the school to enable a positive registration framework for their students to enable timely, appropriate safe care and treatment. An agreement had been drafted regarding registration and deregistration at the practice for boarding students, including parental consent in relation to the child/young person's past medical history.

Working age people (including those recently retired and students)

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

- The needs of these population groups had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, open surgeries to enable same day access to all patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of these age groups.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer consultations for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local CCG average of 85% and national average of, 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators were higher than the CCG and national averages and had reported no clinical exceptions. For example, 100% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

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 above local and national averages. Two hundred and eighteen survey forms were distributed and 116 were returned. This represented a 53% return rate.

- 93% of respondents described their overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 85%.
- 92% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% national average of 77%.
- 95% of respondents found it easy to get through to this practice by phone compared to the CCG average of 69%, and national average of 71%.
- 97% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national average of 84%.

As part of our inspection, we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all were positive about the care and treatment received and two expressed views regarding time waiting to see a GP and lack of extended hours access.

The Patient Participation Group collated the NHS Friends and Family test data between January 2016 and December 2016. The data showed that 12 out of 15 patients were extremely likely to recommend the practice, 2 were likely and 1 said neither.

We spoke with a member of the patient participation group. They told us staff were respectful, caring, kind, and compassionate and treated them with dignity and respect. They were positive about their working relationship with the practice. They found the practice actioned and responded to issues raised and used patient feedback to improve services for patients.

Abbots Bromley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Abbots Bromley Surgery

Abbots Bromley Surgery is a well-established GP practice located in Abbots Bromley, Rugeley, Staffordshire. The practice is a rural dispensing practice in an area of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 4,000 patients. The practice premises are in a single storey building with good access for cars and with parking bays for patients with a physical disability. There is level access to the building for ease of access for wheelchairs and pushchairs.

The practice team consists of:

- Two GP partners who provide 1.76 whole time equivalent (WTE) hours.
- One salaried GP who provides 0.69 WTE hours.
- A Managing Partner/ Practice Nurse who provides 0.88 WTE hours.
- Health Care Assistant who provides 0.18 WTE hours.
- A Senior Practice Nurse who provides 0.53 WTE hours.
- Two female practice nurses who provide 1.19 WTE hours.
- One Nurse Practitioner who provides 0.88 WTE hours.

- Five dispensary staff who provide a total of 139 hours.
- A medical receptionist who provides 25 hours per week.
- One data quality analyst who provides 12 hours per month.

The practice is open from 8am to 6.30pm Monday to Friday and offers an open access system to patients. Patients are able to book in to see a GP every weekday between the hours of 9am and 10.30am each morning (8.30am to see a practice nurse) and 4.30pm to 5.30pm on Monday, Tuesday and Thursday afternoons. Patients are able to book to see the nurse practitioner from 9am to 10.30am on Mondays, Thursdays and Fridays mornings and from 4.30pm to 5.30pm on Thursdays. Patients could book to see the health care assistant on a Monday and Wednesday between 11am and 1pm.

The practice has a General Medical Services (GMS) contract with NHS England for delivering care services to their local community. The practice treats patients of all ages. The highest percentages of the practice population are within the 15 to 19 and 45 and 70 age groups.

The practice is a dispensing practice. The dispensary is open Monday to Friday between 8.30am and 1pm and 3pm to 6.30pm. The dispensary is closed between 1pm and 3pm every day, should patients require medication urgently all special requests were said to be honoured. Patient orders for repeat prescriptions are taken from 9am to 1pm Monday to Friday. Repeat prescriptions are available for collection from the dispensary within 48 hours of placing an order.

The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care (SDUC) when the practice is closed.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Abbots Bromley Surgery on 14 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall with requires improvement for providing a well led service. The practice was served Requirement Notices in Regulation 17 HSCA (RA) Regulations 2014, Good Governance and Regulation 18, Staffing. The full comprehensive report on 14 July 2015 inspection can be found by selecting the 'all reports' link for Abbots Bromley Surgery on our website at www.cqc.org.uk.

We undertook a follow up inspection on 6 July 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, the Clinical Commissioning Group and NHS England to share what they knew. We carried out an announced visit on 6 July 2017. During our visit we:

- Spoke with a range of staff including the managing partner, GPs, a nurse practitioner, practice nurse, reception and administration staff and spoke with a member of the patient participation group.
- Observed how patients were being cared for in the reception area
- 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.

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?

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

Are services safe?

Our findings

At our previous inspection on 14 July 2015, we rated the practice as Good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the managing partner of any incidents and there was a recording form available on the practice's computer system and as a paper copy. 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 sampled two of the seven documented significant events and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We found that the practice had inconsistently recorded Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We reviewed records in relation to a recent MHRA alert regarding a particular medicine used for epilepsy or mental health illness that cause periods of variation in elevated mood. We found the practice had completed a search and that no action was required. We reviewed an older MHRA alert in respect of a medicine used as a diuretic (water pill) and particular medicines used to treat high blood pressure and no electronic patient record searches were found. The GPs completed an electronic search on the day of the inspection and it was established that appropriate blood tests were completed on all patients on the particular medicine.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice devised an out of hours leaflet for patients to improve and communication following an incident.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurse's achieved a minimum of level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice had not updated their non clinical staff records to include their full immunity status.
 - The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
 - There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
 - The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs. Dispensary staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using the dispensary.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles, and had undertaken continuing learning and development. Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary.
 - Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
 - We discussed security of the dispensary as one door was a fire exit door and found the practice had agreed plans in place to improve this.
 - Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to reauthorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions.
 - The dispensary staff highlighted all prescriptions for high risk medicines to the GP prior to signing to ensure monitoring could be checked before the medicines were issued.
 - A bar code scanner was planned for the near future to check the dispensing process however, dispensary staff described a process for ensuring second checks by another staff member or doctor when dispensing certain medicines for example controlled drugs.
 - The dispensary staff were able to offer weekly blister packs for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was robust. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible.
 - We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors

Are services safe?

occurring again. The dispensers did not record GP prescribing errors that the dispensary had not dispensed. They recognised that learning and improvement could be derived from this form of incident reporting and advised this would be implemented with immediate effect.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
 - The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
 - All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
 - The practice had a variety of other risk assessments 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 for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- The practice had yet to complete a general risk assessment which the managing partner took action on during the inspection in requesting further information and advice on its completion. They agreed to forward this onto the inspection team following its completion.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. However, it did not contain emergency contact numbers for staff or suppliers and contractors utilised by the practice as they had separate records which held these details. The managing partner assured us that the plan would be updated to include the details.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 July 2015, we rated the practice as Good for providing an effective service.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 2015/16, the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. For example, 85% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 79% and national average of, 78%. The practice exception reporting was lower at 11% (22 patients) when compared to the CCG exception reporting of 14% and national 12.5%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.

Although the diabetes QOF results were good the practice staff felt there was room for improvement with an aim to achieve 100%. They implemented a plan for additional

training for clinical staff who had taken on the responsibility and interest in diabetes. They reviewed their diabetes protocol to ensure the training and protocol met best practice in line with NICE guidelines. This included a GP and nurse lead, a collaborative approach to diabetes management, dedicated clinics for patients who struggled to manage their diabetes. This was discussed with all staff in the clinical team meeting in March 2017 and educational meetings were planned. Progress in respect to these changes were being performance managed and with an aim to improve diabetic patient health and wellbeing.

- Performance for mental health related indicators were higher than the CCG and national averages and had reported no clinical exceptions. For example, 100% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 89%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 100%, which was higher than the local CCG average of 85% and national average of, 84%. The practice had exception reported 2 patients.

The practice management of patients with long term conditions were also reflected in the positive QOF data from 2015/16 which showed:

- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months, was 91%, when compared with the CCG average of 75% and national average of 76%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD is the name for a collection of lung diseases) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 100% when compared with the CCG average of 91% and national average of 90%.
- The percentage of patients with hypertension (high blood pressure) in whom the last blood pressure reading was within a specific range was 88%, when compared with the CCG average of 84% and national average of 83%.

There was evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- There had been more than five clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an asthma audit on patient's use of a particular medicine, an inhaler, the results were discussed at a team meeting. There were 193 patients with asthma registered at the practice, 129 patients used this medicine. The practice implemented the use of Asthma UK action plans, patients were invited for a three monthly review prior to repeat medicines being authorised, information was provided to patients about the changes in the repeat medicine procedures and a close focus on patients attending secondary care to monitor any exacerbating systems. Staff completed a review after a six month period and found that patient use of this inhaler had reduced which improved asthma management in patients. For example, patients ordering four or more inhalers had reduced by just under 25%, patients ordering 10 or more had reduced by 69%. A repeat audit was planned. Information about patients' outcomes was used to make improvements.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and facilitation and support for revalidating GPs and 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. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The Virgin Care district nursing team visited daily had their own workstation and phone access to the GPs at the practice 24 hours a day, seven days a week. Cases were discussed with all relevant team members on a regular basis ensuring that the care offered to vulnerable patients was timely, measured and multidisciplinary. To complement the work of the district nursing team, the practice had developed a case management service, which aimed to monitor, review and respond to the changing needs of the most frail and/or vulnerable patients. This service was set to include personalised care plans, regular follow up with the patient and carers, liaison with the multi-disciplinary team and voluntary sector as well as increased home visits, where appropriate.

Are services effective?

(for example, treatment is effective)

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Both the practice and community staff we spoke with gave specific examples of how end of life care was managed to ensure patients preferred place of death was achieved. A future audit was being considered by the partners on the coding of patients preferred place of death and whether patient's choices were met.

The practice provided GP services to a local school with overseas boarding students. The practice reached out to the school to enable a positive registration framework for their students to enable timely, appropriate safe care and treatment. In collaboration with the school, an agreement had been drafted regarding registration and deregistration at the practice for boarding students. This included parental consent relating to the child/young person's past medical history. An audit to evaluate these changes was to be implemented in January 2018.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

- The process for seeking consent could be monitored through patient record audits via the practice electronic system.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 83% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 97% to 100% and five year olds from 97% 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.

Are services caring?

Our findings

At our previous inspection on 14 July 2015, we rated the practice as Good for providing a caring service.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 97% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 86%.

- 99% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, we spoke with a local District Nurse who praised the practice on the care provided, communication and empathetic approach.

Care planning and involvement in decisions about care and treatment

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the with the CCG average of 83% and national average of 82%.

Are services caring?

- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Less than two percent of patients at the practice were ethnic minority registered patients.
- Information leaflets could be made available in easy read format on request.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 14 July 2015, we rated the practice as Good for providing a responsive service.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice provided an open access service Monday to Friday between 8.30am to 6.30pm.
- Vulnerable patients, patients with complex needs, learning disability, dementia and mental health patients were accommodated with appointment times to ensure their specific needs were met.
- Longer appointments were available for all patients as the practice accommodated consultations based and led by clinical indication.
- A variety of clinics were held by appointment by the clinical staff. These included a well woman clinic, NHS Health checks, phlebotomy (blood taking), antenatal, podiatry and annual review clinics.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for all including children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example the practice had installed automated doors to the reception area for those patients with impaired mobility.

- The practice had been unaware of the NHS England Accessible Information Standard (AIS). The managing partner assured us that disabled patients received information in formats that they could understand and received appropriate support to help them to communicate. The practice informed us they would review their requirements in respect of AIS.

The practice had identified an increase in attendances at a local minor injuries unit by school-aged children and young people. In particular on a Friday after school. The team successfully implemented a telephone triage and clinic session on Friday afternoons. This session was led by the nurse practitioner, a qualified prescriber with qualifications in paediatric nursing. The practice had developed positive working relationships with local schools and pre-school services. The practice noted that the steps taken raised the profile of the practice as a first point of contact for this particular group of patients.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and offered an open access system to patients. Patients were able to book in to see a GP every weekday between the hours of 9am and 10.30am each morning (8.30am to see a practice nurse) and 4.30pm to 5.30pm on Monday, Tuesday and Thursday afternoons. Patients were able to book to see the nurse practitioner from 9am to 10.30am on Mondays, Thursdays and Fridays mornings and from 4.30pm to 5.30pm on Thursdays. Patients could book to see the health care assistant on a Monday and Wednesday between 11am and 1pm. The practice did not provide an out-of-hours service to their own patients but patients were directed to the out of hours service, Staffordshire Doctors Urgent Care (SDUC) when the practice was closed.

The practice was a dispensing practice. The dispensary was open Monday to Friday between 8.30am to 1pm and 3pm to 6.30pm. The dispensary was closed between 1pm and 3pm every day, should patients require medication urgently all special requests were said to be honoured. Patient orders for repeat prescriptions were taken from 9am to 1pm Monday to Friday. Repeat prescriptions were available for collection from the dispensary within 48 hours of placing an order.

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

Are services responsive to people's needs?

(for example, to feedback?)

exception of waiting times to be seen. The practice had surveyed patient opinion in the past and found that the open access system was preferred by their patients. The national GP survey results demonstrated that other than this one area all other satisfaction scores exceeded local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average and national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG) average of 69% and national average of 71%.
- 97% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national average of 84%.
- 98% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 94% of patients described their experience of making an appointment as good compared with the CCG and the national average of 73%.
- 14% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 67% and the national average of 64%.

The practice had a system to assess:

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

The practice telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learned from individual concerns and complaints and also from analysis of trends and action were taken as a result to improve the quality of care. For example, a new protocol was put in place in respect of all letters following a delay in a complaint acknowledgement response. Letters were to be opened by appointed staff and any complaints directed to the complaint lead or deputy. If neither were available these would be forwarded to the GP available on the day to formulate a response.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 14 July 2015, we rated the practice as requires improvement for providing well-led services. This was because the practice had not:

- Ensured effective formal governance systems and arrangements were in place for monitoring, updating and managing: staff training, recruitment, policies and procedures and health and safety.
- Ensured checks were made on the current training status of all staff.
- Had governance arrangements in place to ensure all staff received regular fire awareness training and regular fire drills take place so that staff act in accordance with fire regulations.
- Continued to review recruitment procedures to ensure that all staff who were involved in the direct care of patients including chaperone duties were risk assessed to determine if a Disclosure and Barring Service (DBS) check was required.
- Ensured a copy of the latest infection control audit with any action points shared and made accessible to staff.
- Ensured all staff had an awareness of the Mental Capacity Act.
- Ensured all staff were aware of the practice policies and procedures which included whistleblowing and safeguarding.
- Considered the introduction of regular formal practice meetings.

We issued Requirement Notices in respect of these issues. These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 6 July 2017.

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

Vision and strategy

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

- The practice had a clear undocumented strategy and in the past had developed supporting business plans which reflected the vision and values. For example, in

the changes to the premises to accommodate improvements to the dispensary area, staff inner office areas and these were regularly monitored at their partner meetings although not always documented.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, a lead nurse for infection prevention and control, a managing partner and GP lead for significant events and complaints.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate 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 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

Are services well-led?

Good 

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

wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure and staff felt supported by management.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs, where required, would meet with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. We saw these meetings were minuted and accessible to 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. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- the NHS Friends and Family test, complaints and compliments received
- 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local schemes to improve outcomes for patients in the area. The practice was working with other practices in their locality to determine how they could best meet the needs of their local communities.