

Merton Surgery

Quality Report

Merton Street, Longton
Stoke-on-Trent, ST3 1LG
Tel: 01782 322966
Website: www.mertonsurgery.co.uk

Date of inspection visit: 18 August 2016
Date of publication: 16/11/2016

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
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

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	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Merton Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Merton Surgery on 18 August 2016. Overall the practice is rated as requires improvement.

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 Care Quality Commission (CQC) at that time.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Risks to patients and staff had been identified but not all had been assessed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients spoke of a high level of service that was supported by the national patient survey scores for aspects related to care.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure but the combined role of medical secretary and practice manager impacted the capacity to manage the administration.

The areas where the practice must make improvements are:

Summary of findings

- Ensure risk is assessed in the absence of emergency medicine associated with minor surgery and fitting specific contraceptive devices.
- Complete recruitment checks in accordance with schedule three of the Health and Social Care Act 2008 (Regulated Activities).
- Complete a risk assessment or criminal records check for all staff who chaperone.
- Improve the health and safety procedures to minimise risks to staff and patients. This should include legionella and fire risk assessments.

The areas where the practice should make improvements are:

- Extend the cleaning schedule to include non-clinical areas of the premises.
- Introduce a prescription tracking system.
- Update the business continuity plan to include current arrangements and contact details.
- Review the arrangements of formalised meetings with other healthcare professionals to ensure coordinated patient care is maintained.
- Ensure patient consent is recorded in accordance with nationally recognised guidelines.
- Complete regular appraisals for all staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events. Lessons shared and action taken improved safety in the practice. When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard patients from the risk of abuse. There were nominated safeguarding leads for vulnerable adults and children.
- The practice had well maintained facilities and equipment. Regular infection prevention control audits were carried out and actions identified had been completed or planned. However cleaning schedules did not include non-clinical areas.
- A review of personnel files showed that appropriate recruitment checks on staff had not been carried out.
- Prescription forms and pads were stored securely but there was no tracking system in place to monitor their use.
- Some risks to patients and staff were assessed and regularly reviewed. There was a list of identified hazards but risk assessments had not been carried out. For example, fire and legionella had been identified as risks but no assessment had been completed. Regular fire evacuation drills had been completed.
- There were some arrangements in place to respond to emergencies and major incidents. However, we found that the practice had not assessed the risk in the absence of an emergency medicine associated with minor surgery and fitting specific contraceptive devices.

Are services effective?

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

Requires improvement



- Data from the Quality Outcomes Framework (QOF) showed that the practice performance was similar to the national average.

Summary of findings

Exception rates were below local and national averages.

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.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice carried out clinical audits that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a comprehensive training programme for staff. However, the organisational structure, of the combined practice manager and medical secretary role, did not support the administration requirements.
- Recent appraisals had not been carried out for all staff.
- There were no regular, formalised meetings held with other healthcare professionals to understand and meet the range and complexity of patients' needs.
- Patient consent was not recorded in accordance with national guidelines.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar or above local and national averages in the 16 indicators related to aspects of care.
- Patients spoke very positively about the service provided by the whole team at the practice.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Home visits were provided for patients that were unable to attend the practice.
- The practice held a carers' register and had systems in place which highlighted to staff patients who also acted as carers.
- The practice engaged with carers in face to face meetings.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.
- The practice showed an awareness of health problems specific to the local population.
- The feedback from patients was very positive about the services and care provided.

Are services well-led?

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

- There was a culture to deliver personalised care and be at the centre of the community promoting equality of care.
- The practice was aware of and had identified future challenges. There was no written plan in place but there was evidence of actions completed.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had policies and procedures to govern activity. All staff were aware of how to access these documents. However the policies were not always seen to be governing practice.
- The governance framework did not support the administrative management requirements.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners and practice manager encouraged a culture of openness, honesty and learning.
- The practice had systems in place for knowing about notifiable safety incidents.
- The GP partners and the management team were aware of the practice performance and the specific requirements of their patients. However they lacked awareness of the Health and Social Care Act 2008 regulations.

Requires improvement



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 requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

The number of patients over the age of 65 registered with the practice was similar to local and national averages and each had a named GP. Patients identified as being at risk of hospital admission, which included those that resided in nursing and care homes, had a written care plan. All hospital admissions were reviewed and on discharge from hospital by a care facilitator. Practice staff had regular communication with the community team but no regular formal meetings were held. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of services, for example, pneumonia and shingles vaccinations. The practice was responsive to the needs of older people and offered home visits and longer appointments as required. Elderly patients were offered the flu vaccination in their home.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

The practice had a robust recall system that invited patients for regular reviews. Patients were reviewed in GP and nurse led chronic disease management clinics. We saw that nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. The practice provided an in house diabetic retinal screening service. Longer appointments and home visits from a GP or nurse were available when needed. Written management plans had been developed for patients with long term conditions (COPD, asthma and diabetes) and those at risk of hospital admissions. The practice held a list of patients who required palliative care and a GP partner acted as the lead. The practice followed the principles of the gold

Requires improvement



Summary of findings

standards framework (GSF) for the coordination of end of life care. GSF is a framework to improve the quality, coordination and organisation of care. The practice was engaged with two research studies for hypertension and chronic heart disease (CHD).

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

It was practice policy to provide same day access to children and the practice provided childhood illness books to support patients. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Children who had not attended appointments were followed up, and where non-attendance continued, the GP child safeguarding lead was informed. Appointments were available outside of school hours and the premises were suitable for children and babies. There were screening and vaccination programmes in place for children, and the practice indicators were consistently higher than the local Clinical Commissioning Group averages. The practice worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies. The practice offered a family planning service.

Requires improvement



Working age people (including those recently retired and students)

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 requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, increased opening hours and telephone consultations. A range of on-line services were available, including medication requests, booking of GP appointments and access to health medical records. The practice offered a full range of health promotion and screening that reflected the needs for this age group, for example, patients aged 40 to 74 years old were offered a health check with the nursing team.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service was available for non-English speaking patients and one of the GP partners spoke Hindi and Urdu. The premises had facilities suitable for disabled patients. The practice had identified and supported patients who were also carers and had recently established a formal meeting for carers.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 29 patients on the learning disabilities register, all had been invited and 23 had received annual health checks in the preceding 12 months. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice offered discretionary registration to homeless patients.

Requires improvement



People experiencing poor mental health (including people with dementia)

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 requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. GPs carried out advance care planning for patients with dementia. The practice conducted audits on the number of patients identified as having dementia and the register was increasing through increased awareness and referrals to a memory clinic.

Requires improvement



Summary of findings

The practice had regular meetings with other health professionals in the case management of patients with mental health needs. The emergency dementia admissions rate was lower than the locality average.

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate. For example, patients could self-refer to a local counselling service called 'Healthy Minds'.

Summary of findings

What people who use the service say

We spoke with two patients on the day and collected 31 Care Quality Commission (CQC) comment cards. The comments from patients highlighted a high level of patient satisfaction and in particular the personal care provided and the number of home visits provided. Comments from patients were very positive about the practice staff and spoke of a friendly and caring service. Patients said the nurses and GPs listened and responded to their needs and provided a personal service that involved the patient in decisions about their care.

The national GP patient survey results published in July 2016 highlighted that patient satisfaction was similar to local and national averages. For example:

- 93% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 95% and national average of 92%.
- 83% of respondents described their experience of making an appointment as good compared with the CCG average of 77% and national average of 73%.
- 84% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 78% and national average of 78%.
- 74% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 75% and national average of 73%.

There were 256 surveys sent out and 121 sent back, giving a response rate of 47%.

Areas for improvement

Action the service **MUST** take to improve

The areas where the practice must make improvements are:

- Ensure risk is assessed in the absence of emergency medicine associated with minor surgery and fitting specific contraceptive devices.
- Complete recruitment checks in accordance with schedule three of the Health and Social Care Act 2008 (Regulated Activities).
- Complete a risk assessment or criminal records check for all staff who chaperone.
- Improve the health and safety procedures to minimise risks to staff and patients. This should include legionella and fire risk assessments.

Action the service **SHOULD** take to improve

The areas where the practice should make improvements are:

- Extend the cleaning schedule to include non-clinical areas of the premises.
- Introduce a prescription tracking system.
- Update the business continuity plan to include current arrangements and contact details.
- Review the arrangements of formalised meetings with other healthcare professionals to ensure coordinated patient care is maintained.
- Ensure patient consent is recorded in accordance with nationally recognised guidelines.
- Complete regular appraisals for all staff.

Merton 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 and the team included a GP specialist advisor and a practice manager specialist advisor.

Background to Merton Surgery

Merton Surgery is located in the town of Longton, one of the five towns that are part of the city of Stoke-on-Trent. This area has lower unemployment levels overall than the national average. There are patients living in deprived areas and the overall level of deprivation for the patient list is higher than the national average. The practice was established in 1972 and moved to a purpose built premises in 1989. The practice is registered as a partnership of two full time GP partners. The building is single storey and owned by the partners. There are two treatment rooms and two consulting rooms.

The practice has a list size of 4,340 patients. The population distribution is broadly in line local and national averages with a higher numbers of patients aged 50-65. The two full time GPs are assisted by a clinical team consisting of a locum GP, a practice nurse and a healthcare assistant. The administration team consists of a practice manager and nine administration/reception staff. The practice employs the services of a care coordinator for half a day each week.

The practice is open from 8am to 7pm, Monday, Tuesday, Wednesday and Friday, and from 8am to 5pm on a Thursday. Consulting times in the morning are from 9.20am to midday each day and in the afternoon from 3.30pm to

7pm each day with the exception of a Thursday when there is no afternoon surgery. When the practice is closed, patients are advised to call the 111 service or 999 in the case of an emergency. The practice has opted out of providing an out of hours service choosing instead to use a third party provider, Staffordshire Doctors Urgent Care. The nearest hospital with an A&E unit and a walk in service is The Royal Stoke University Hospital in Stoke-on-Trent.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

- Older people

Detailed findings

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

Before inspecting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also

reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced comprehensive inspection on 18 August 2016.

We spoke with a range of staff including GPs, practice nurse, health care assistant, practice manager and administration staff during our visit. We spoke with patients on the day and sought their views through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published in July 2016. i

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been three events recorded in the preceding 12 months. A summary of the past 12 months demonstrated learning was shared, and when appropriate, protocols changed following an event having been reviewed. The practice manager coordinated significant events and any incidents were recorded on a form available on the practice's computer system. Evidence was seen of events being discussed in the practice meetings.

We looked at two events in detail:

- The first was an incident when an unexpected death had been reported by the coroner. The patient had a long term condition and a review of their records evidenced regular contact had been maintained with the patient. This included records of telephone conversations and contact attempts by telephone.
- The second incident was recorded when a vaccination given had passed its expiry date. The date on the vaccine had been misread when administering the injection but had later been noticed when the treatment was documented in the patient's records. The GP sought advice and established there was no risk of harm to the patient. The patient was informed and the practice implemented a vaccination log sheet that included the expiry date for each item.

We reviewed safety records, incident reports and national patient safety alerts. There was no formal arrangement to share learning but staff told us that information was distributed. There was no system that ensured action was taken to improve safety in the practice, but when we looked at three alerts sent from the Medicines and Healthcare Products Regulatory Agency (MHRA), all had been acted on, for example; an alert sent to warn against the prioritising of home visits.

When there were unintended or unexpected safety incidents the practice evidenced a system for recording, reviewing and learning. Information was shared with staff if they were unable to attend the meeting. A culture to encourage Duty of Candour was evident. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that

must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and safeguarding 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. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs and nurse practitioners had attended level three training in safeguarding. One of the GP partners was the appointed safeguarding lead for vulnerable adults and children within the practice. The lead demonstrated they were aware of patients on their safeguarding registers and had the knowledge and experience to fulfil this role. Administration staff had completed face to face training courses in safeguarding vulnerable adults and children. There was no regular formal meeting held with the health visitor to discuss vulnerable children but staff told us that they would be contacted at the time of a safeguarding concern.
- Notices in the reception and clinical rooms advised patients that staff would act as chaperones, if required. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones. However, staff who acted as chaperones had not been Disclosure and Barring (DBS) checked or risk assessed. 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. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling. Minutes from meetings highlighted

Are services safe?

that the standard of cleanliness had been raised as an issue. In response, cleaning schedules had been implemented for all treatment rooms but were not in place for the non-clinical areas.

- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.
- Prescription pads and forms for use in computers were stored securely but there was no system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) were in place for the healthcare assistant who administered influenza, Vitamin B12, pneumonia and shingles vaccinations.
- We reviewed five personnel files and found recruitment checks had not been carried out prior to employment. For example, DBS checks (when appropriate) and written references, immunisations, professional registration. An induction programme was in place and had been completed by recently employed staff. Health screening checks had not been carried out and there were some gaps in employment histories.
- The practice had a system to identify and follow through urgent referrals for cancer screening.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety. However the health and safety assessments were incomplete and did not minimise risks to staff and patients:

- The practice provided health and safety training that included fire safety. Fire evacuation drills were carried out twice annually and the fire alarm was regularly tested. However a fire risk assessment had not been completed and there was no emergency lighting.
- There was an appointed lead for health and safety but they had not received any role specific training. No risk

assessments had been completed and there was no written risk log. For example, no formal risk assessment had been carried out to minimise the risk of Legionella. (Legionella is a bacterium which can contaminate water systems in buildings). No regular monitoring checks were carried out.

- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The practice had a buddy system to provide cover for holidays and absence.
- Infection prevention and control (IPC) audits were last undertaken in June 2016. Actions identified had been completed or planned.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.

Arrangements to deal with emergencies and major incidents

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

- The practice staff had access to a panic alarm system, a panic button was a feature of the clinical software system.
- All staff had received update training in basic life support in line with mandatory timescales.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available. However, we found that the practice had not assessed the risk in the absence of an emergency medicine associated with minor surgery and fitting specific contraceptive devices.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book and staff knew where they were located.
- The practice had a business continuity plan in place for major incidents such as power failure or building

Are services safe?

damage. A copy was kept off site by the GP partners and the practice manager. However the plan did not include contingency plans, for example, for loss of power, loss of

telephone lines and a plan to provide the services from other premises. The provider told us that there was a reciprocal agreement with a nearby practice to share premises in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The staff we spoke with demonstrated knowledge of guidelines and care pathways relevant to the care they provided.

The practice had a register of 29 patients with learning disabilities. Annual reviews had been completed on 23 of the patients with learning disabilities for the year ending 31 March 2016.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed:

- The practice achieved 94% of the total number of points available in 2014/15. This was similar to the CCG average and the national average both 95%.
- Clinical exception reporting was 5.3%. This was lower than both the CCG average of 8.9% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that a GP was required to authorise when a patient was exempted.

There had been four clinical audits undertaken in the last year. Repeated cycles to monitor performance had been completed or were planned. For example, the practice had completed an audit on the appropriate use of antibiotics

for a number of conditions that included cellulitis (a bacterial infection of the skin and tissues beneath the skin) and urinary tract infections (a water infection normally found in the bladder or kidney).

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer. Urgent referrals were tracked until appointments had been confirmed.

Ante-natal care by community midwives was provided at the practice on an appointment basis.

Effective staffing

Although staff demonstrated the skills and knowledge to deliver effective care and treatment, the organisational structure did not support the completion of necessary tasks. The practice manager role was combined with the role of a medical secretary. The practice manager told us that the majority of their time was used to fulfil the secretarial duties.

- The GPs and nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- One of the GPs had undertaken additional training in minor surgery.
- The practice provided training for all staff. It covered such topics as information governance, equality and diversity, health and safety and mental capacity.
- Staff felt they were supported to develop but only three had received a recent appraisal.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GP told us that regular reviews were provided for all patients who had care plans.

Are services effective?

(for example, treatment is effective)

- The practice team held informal ad hoc meetings with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. Hospital attendances, hospital discharges and out of hours reports were reviewed by a dedicated member of staff.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list and review the care plan annually. The practice had included 3% of their most vulnerable patients.

The data from the Health and Social Care Information Centre (HSCIC) showed that the rates of emergency admissions for 19 ambulatory care sensitive conditions (where the admission may make emergency admissions avoidable) were below the local average but above the national average, the number of admissions from the practice was 16.7 admissions per 1000 patients compared to the local CCG average of 18.7 and national average of 14.6 admissions per 1000 patients. The Choose Well campaign was promoted in the patient waiting area and an urgent care dashboard was used to monitor patient activity in the emergency departments of secondary care. The Choose Well campaign is a national project to educate patients on the range of services available to them when requiring urgent care.

Consent to care and treatment

Staff sought patients' consent to care and treatment but this was not done in line with legislation and guidance. The GPs told us that consent was gained and added to the patient notes through a code being entered. However there was no template to record that consent had been obtained verbally or in writing, for example, when carrying out a coil insertion.

- Staff had received training in the Mental Capacity Act 2005 and when asked, staff were clear on the relevant consent and decision-making requirements of the legislation and guidance.
- 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, where appropriate, recorded the outcome of the assessment.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment. Patients aged 40 – 74 years of age were invited to attend for a NHS Health Check with the practice healthcare assistant. Any concerns or health risks identified were followed up in a consultation with a GP.
- Travel vaccinations and foreign travel advice was offered to patients.

Data from QOF in 2014/15 showed that the practice had identified 18% of patients with hypertension (high blood pressure). This was in line with the CCG average of 16% and national average of 14%.

Data published by Public Health England in 2015 showed that the number of patients who engaged with national screening programmes was similar to both local and national averages.

- The practice's uptake for the cervical screening programme was 81% compared the CCG average of 80% and the national average of 82%.
- 80% of eligible females aged 50-70 attended screening to detect breast cancer. This was higher than both the CCG average of 75% and national average of 72%.
- 54% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was slightly lower than both the CCG average of 55% and the national average of 58%.

The practice provided childhood immunisations and seasonal flu vaccinations. Uptake rates were consistently

Are services effective?

(for example, treatment is effective)

higher for children aged 12 months, 24 months and the five year old age groups when compared to local and national averages. For example, all 55 of the children aged 24 months had received the five vaccinations offered.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect. The reception hatch provided confidentiality with phone calls being responded to at the back of the reception area out of earshot. There was a sign that offered a room for confidential conversations if required.

We spoke with two patients during the inspection and collected 31 Care Quality Commission (CQC) comment cards. Feedback was positive about the service and a number of patients complimented the practice staff for providing a friendly, personal service.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. There was a sign at the reception desk that advised patients of a confidential room available if they wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2016. The survey invited 256 patients to submit their views on the practice, a total of 121 forms were returned. This gave a response rate of 47%.

The results from the GP national patient survey showed patients' satisfaction with how they were treated by the GPs and nurses. The practice had satisfaction rates similar to local and national averages. For example:

- 91% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 87%.
- 94% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93% and national average of 91%.

- 84% said they found the receptionists at the surgery helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information showed patient satisfaction was the same or higher than the CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment. The GP patient survey published in July 2016 showed:

- 93% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 82%.
- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 93% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 88% and national average of 85%.
- 92% 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%.

Comments we received from patients on the day of inspection were positive about their own involvement in their care and treatment. We spoke with one patient who was a carer and she described the practice staff as like a family.

Patient/carers support to cope emotionally with care and treatment

The practice had a carers' policy that promoted the care of patients who were carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. There was a carers' register that numbered 123 patients (2.8% of the practice population). There was a dedicated carers' notice board in the practice waiting area that contained information on local support services and information for carers was available on the practice website. The practice had started to hold meetings for carers to attend and provided support through social media. The provider had engaged with the North Staffs Carers Association and a representative had presented to practice staff and nine patients who acted as carers.

Are services caring?

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff. There was an alert on the system to identify patients who also acted as carers.

The practice had a notice board behind the reception desk to notify staff members of any deaths. The GPs were made aware of patients who had died, the district nurse was informed and the chemist informed when repeat medications needed to be stopped. A GP would normally contact immediate family members to offer support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The building was single storey with all treatment rooms easily accessible.
- The facilities were suitable for disabled patients.
- Translation services were available for patients through a telephone translation service.
- Baby changing facilities were available and breastfeeding was supported with the offer of a private room for mothers wishing to feed their child.

The practice told us that multidisciplinary team meetings had been stopped due to lack of attendance from the community team. We were told that regular informal reviews took place on an ad hoc basis. The provider offered support and information on services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol misuse service if required. The practice also worked with the health visiting team to support mothers experiencing post-natal depression.

Access to the service

The practice opened from 8am to 7pm, Monday to Friday with the exception of a Thursday when the practice closed at 5pm. Consulting times in the morning were from 9.20am to midday each day and in the afternoon from 3.30pm to 7pm each day with the exception of a Thursday when there was no afternoon surgery. When the practice was closed, patients were advised to redial the NHS 111 service or 999 for life threatening emergencies. The practice had opted

out of providing an out of hours service choosing instead to use a third party provider, Staffordshire Doctors Urgent Care. The nearest hospital with an A&E unit and a walk in service was The Royal Stoke University Hospital.

Pre-bookable appointments with a GP or nurse could be booked up to six weeks in advance for a GP and a nurse. Same day urgent appointments were offered each day, patients and staff told us that the GPs worked additional hours when required to maintain same day availability. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with GPs the next day and with nurses within two days. We saw that urgent appointments were available on the day of inspection.

Results from the national GP patient survey published in July 2016 showed similar rates of satisfaction for indicators that related to access when compared to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 76%.
- 93% of patients said the last appointment they made was convenient compared to the CCG average of 95% and national average 92%.
- 74% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 75% and national average of 73%.
- 83% of patients were able to secure an appointment the last time they tried compared to the CCG average of 85% and national average of 85%.

This was supported by patients' comment on the day of inspection. Patients spoke positively about access to appointments.

Listening and learning from concerns and complaints

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

Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible staff member who handled all complaints in the practice. Information

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

was available to help patients understand the complaints system and the complaints process was detailed in a practice leaflet, displayed in the waiting area and available on the practice website.

The practice had received two complaints in the last 12 months. Both complaints had been posted anonymously on the NHS Choice website. The practice had not responded to the complaint on the website but a documented review was carried out. Complaints were

discussed individually with staff and at practice meetings. We viewed a complaint from July 2015 from a patient unhappy with the care provided. The patient raised the matter with the local CCG and the General Medical Council (GMC). Although the GMC investigation found the care to be appropriate, the practice treated the incident as a learning opportunity and arranged additional training specific to the complaint.

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 no written strategy but the philosophy was to provide a high level of personal patient centred care, promote equality and remain central to the local community. This was evidenced through comments from staff and patients about the number of home visits provided and extra appointments offered by the GPs at the end of surgery to accommodate same day requests.

Governance arrangements

- There was a clear staffing structure; staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including family planning and a lead for prescribing.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, in some areas governance arrangements were not in place. For example:

- There was no coordinated approach to health and safety and no awareness of which recruitment checks should be carried out on staff employed.
- There were policies and protocols in place and available to staff. However these were seen to not always govern activity. For example, there was a chaperone policy that stated staff acting as chaperones should have a criminal record check but the provider told us that staff acting as chaperones had not been checked.
- The practice did not have formalised multidisciplinary team meetings to coordinate patient care.
- The administrative management of the practice had not been addressed. It was noted that the practice manager had raised concerns about workload and the practice told us this would be looked at after the inspection.

Leadership, openness and transparency

The principal GP, GP partner and the practice manager formed the management team at the practice and the nurse and healthcare assistant were actively engaged. They encouraged a culture of openness and honesty and staff at

all levels were actively encouraged to raise concerns. They were visible in the practice and conversations with staff demonstrated that there was a strong team ethos; staff said they were confident in raising concerns and suggesting improvements openly with members of the management team. The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty.

The practice had recently introduced a regular programme of practice meetings these included clinical meetings and reception meetings held every month. Meetings were governed by agendas which staff could contribute to. We saw minutes of these meetings which highlighted that key items such as significant events and changes to policies and processes were discussed.

The practice manager engaged with local practice managers by attending regular Stoke-on-Trent Clinical Commissioning Group (CCG) meetings to share ideas and discuss best practices with other practices in the local area. Practice nurses also engaged with local nurses by attending educational events and regular clinical updates facilitated by the CCG.

The GP regularly attended clinical updates, education events and monthly locality meetings facilitated by the CCG; these events were used as opportunities to engage with other medical professionals and share ideas.

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 provider had made a number of attempts to establish a patient group that included engaging with facilitators from the CCG. Having experienced difficulties generating interest from patients, the provider had started a group by arranging patient educational sessions that included time for patients' views to be discussed.

The practice responded to the results of their NHS family and friends test which highlighted that between January 2016 and August 2016 94% of the respondents were extremely likely or likely to recommend the service to a family member or a friend. This was based on 320 responses over an eight month period.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice had not carried out a fire risk assessment to minimise the risks to patients in the event of a fire.</p> <p>The practice had not carried out a legionella risk assessment to minimise the risk of infection to staff and patients.</p> <p>The practice had not assessed the risk in the absence of an emergency medicine associated with minor surgery and fitting specific contraceptive devices.</p> <p>The practice could not demonstrate that appropriate recruitment checks had been completed on staff employed.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Governance arrangements were not always effective, some of the policies were not current and actions carried out were not always in accordance with the policy.</p> <p>There was no overarching system in place to identify, mitigate and manage potential risks to patients and staff.</p>