

# Dr S Somerville and Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S Somerville & Partners on 20 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from incidents were maximised.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

- The practice had a clear vision, which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. Staff felt supported by the management team.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had identified 507 patients as carers (4% of the practice list) and worked closely in conjunction with external support agencies to promote the work of carers and provide support and advice to carers.

We saw an area of outstanding practice:

- The practice used innovative and proactive methods to improve patient outcomes. For example, the practice had appointed a practice matron to lead a designated care quality team for managing elderly patients in the community and those patients with long-term conditions.

However there were areas of practice where the provider should make improvements:

# Summary of findings

- Improve the system for ensuring patients receive the necessary monitoring before prescribing high risk medicines to ensure continuing patient safety, and to minimise potential risks.

**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 good for providing safe services.

Good



- There was an effective system in place 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 received reasonable support, truthful information, 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed although the monitoring of patients on some high-risk medicines was not consistently robust.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014-15 showed patient outcomes were at or above average for the locality and compared to the national average.
- The practice used innovative and proactive methods to improve patient outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Arrangements had been made to support clinicians with their continuing professional development and staff received annual appraisals.
- Staff, teams and services were committed to working collaboratively; multi-disciplinary team (MDT) meetings took place on a regular basis to ensure patients with complex needs were supported to receive co-ordinated care. Staff had access to the information and equipment they needed to deliver effective care and treatment.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey published in July 2016, showed patients rated the practice higher than others for almost all aspects of care. For example, 92% of patients described their overall experience of this surgery as good compared to the local average of 88% and the national average of 85%.
- Feedback from patients about their care and treatment in person during the inspection and detailed in CQC comment cards was consistently positive.
- Carers were identified on the practice's computer system and totalled 4% of the practice list. Information for carers was detailed in the waiting room, on the practice website and the social media site for the practice. During the inspection, an advisor from the local Carers' Hub was at the practice promoting the service and was available in the waiting room for patients to access if they wished. The practice had a carers policy in place and the practice matron was the designated lead for carers.
- We observed a strong patient-centred culture and staff were motivated and inspired to offer kind and compassionate care.
- Views of external stakeholders were very positive and aligned with our findings.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- In response to its higher older population, the practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice had appointed a practice matron who led a designated care quality team responsible for managing elderly patients in the community. The team also provided nurse led 'one stop' chronic disease management clinics to support patients with conditions such as stroke, diabetes and asthma. This was following a successful 12 month pilot including patient engagement, clinical team education and training.

**Outstanding**



# Summary of findings

- A range of in-house services were provided which include phlebotomy (taking of blood) and the advanced management of diabetes.
- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had monitored and understood the data available to them from secondary care and highlighted to the CCG a higher than normal rate of readmission of patients to hospital from their practice. This led to a CCG wide audit and a new written contract between the CCG and the practice regarding readmission rates has since been implemented and continues to be monitored.
- The practice had a meet and greet policy in place for patients with disabilities who required help during their visit to the practice. They were escorted to a waiting area by a receptionist, greeted by a clinician, and escorted to the appropriate consulting room.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had set up its own social media webpage to provide updates and news about the practice including the results of the Friends and Family survey. A tool was used for patients to provide feedback about their experience of the practice in response to expanding patient's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice had installed a new telephone system as a result of feedback from the group and patients. The group were consulted and involved in the extension-building project.
- 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, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and the PPG.
- The practice had utilised new technology and obtained four blood glucose monitoring meters enabling patients to monitor their own glucose levels at home through the use of a small sensor and scanner avoiding pain and inconvenience.

# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff felt valued and supported by the management team.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a well-established and very engaged patient participation group, which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# 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 outstanding for the care of older people.

- The practice had appointed a practice matron to lead the clinical management of their frail elderly population.
- The practice had established a Care Quality Team (CQT) responsible for personalised care planning and providing proactive clinical care to the frail elderly. They had completed in excess of 450 care plans of the 499 patients on the register, equating to over 5% of the patients on the avoiding hospital admissions register. The CQC initiative had a direct influence on older people and hospital admissions. A & E attendance and non-elective admission rates in their frail elderly population were consistently below CCG average.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. Regular meetings were held with external health and social care professionals to discuss patients with more complex needs and vulnerability.
- Palliative care meetings were held in house involving the CQT team, their palliative nurse specialist, district nursing team and GP with case discussion and reflection to enable quality improvement.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Admission avoidance meetings were regularly held to discuss cases, learn lessons, act upon findings and disseminate information.

Outstanding



### People with long term conditions

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

- The Care Quality Team focused on providing high quality holistic clinical management of those with multiple long-term conditions and those at risk of emergency admission. They provided a full range of nurse led chronic disease management clinics. The clinics became fully operational in 2016 after a successful pilot following development over 12 months including patient engagement, clinical team education and training.

Good





# Summary of findings

- The practice had developed strong clinical links with wider local physical and mental health and social care providers in a locality multidisciplinary provider (MCP) pilot.
- Data from the 2014-15 Quality Outcomes Framework (QOF) showed that the practice was performing in line with local and national averages. For example, 78% of patients on the diabetes register had received a blood pressure check within the last 12 months compared to the local average of 76% and the national average of 78%. The practice told us that the unverified data for 2015/16 had shown significant improvements.
- The practice had a diabetes specialist nurse and a lead GP providing high quality care including insulin initiation and support to those with complex needs. The diabetes service was more convenient for patients and reduced the need for referral to secondary care.
- Longer appointments and home visits were available when needed.
- Patients had a structured annual review to check their health and medicines needs were being met. The practice provided a 'one stop' generic chronic disease service enabling patients' needs to be reviewed on the same day. The practice had an effective call and recall system in place to ensure people's health needs were regularly kept under review.
- The practice had GPs with a Special Interest (GPwSI) in dermatology and musculo-skeletal conditions within the practice that helped reduce referrals to secondary care.
- The practice had developed strong links with the respiratory service to maximise multidisciplinary team working and had provided respiratory and cardiovascular disease training across the nurse, health care and GP teams.

## Families, children and young people

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

- The practice provided a range of contraception and sexual health services including emergency contraception and coil insertion.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable with the CCG average for all standard childhood immunisations.

**Good**



# Summary of findings

- The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG and national average of 82%. The Patient Participation Group had run a health promotion campaign in the practice to raise awareness during cervical cancer prevention week.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors including case reviews.
- The practice had a strong online presence with a website, online services and its own page on a social media website. The practice website provided a link for young patients to access information about various health matters.

## 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 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available with a GP or a Nurse Practitioner at an agreed time and preferred telephone number provided.
- Pre-bookable appointments were available on a Saturday morning from 8am to 11am with a GP and a Nurse.
- The practice provide a phlebotomy service (removal of blood from a patient) to avoid patients having to travel to hospital.
- The PPG had been actively involved in a variety of health promotion campaigns within the practice to help raise patient awareness. These included cervical cancer prevention, dementia awareness, deaf awareness, national diabetic awareness week and national no smoking.

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 and carers. The practice had a carers support policy in place and a

Good



# Summary of findings

designated carers lead. The practice had identified 507 patients as carers (4% of the practice list) and worked closely in conjunction with external support agencies to promote the work of carers and provide support and advice to carers.

- The practice had a meet and greet policy in place for patients with disabilities who required help during their visit to the practice. They were escorted to a waiting area by a receptionist, greeted by a clinician, and escorted to the appropriate consulting room. The practice offered longer appointments for patients with a learning disability and had a dedicated clinic. They had developed close links with the learning disability nurse and had held a recent educational event.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice held a Carers' Hub campaign week in the practice. During the inspection we saw an advisor was available in the waiting room to offer support and advice to patients.
- 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.
- Translation services were available. Languages spoken by clinical staff included Polish, Hindi, Telugu, Urdu, Punjabi, German and French.

## 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 percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 98%, which was higher than the CCG average of 87% and the national average of 88%.
- The percentage
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The PPG had promoted a dementia awareness month within the practice.

Good



## Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff 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

We reviewed the national GP patient survey results, which were published in July 2016. The survey invited 228 patients to submit their views on the practice, 112 forms were returned. This gave a response rate of 49%. The practice performance scored higher in the majority of areas than local and national averages.

- 78% of patients found it easy to get through to this practice by phone, which was higher than the local Clinical Commissioning Group (CCG) average of 72% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 87% and the national average of 85%.

- 92% of patients described the overall experience of this GP practice as good compared to the local CCG average of 88% and national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local CCG average of 81% and national average of 78%.

We spoke with eight patients during the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 11 completed cards. Feedback highlighted a high level of patient satisfaction. Patients commented that they found staff professional, caring, compassionate and responsive to their individual needs.

# Dr S Somerville and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Dr S Somerville and Partners

Dr S Somerville and Partners (known as Park Medical Centre) is located in Leek, Staffordshire and is registered with the CQC as a partnership provider. The provider holds a General Medical Services (GMS) contract with NHS England and is a member of the North Staffordshire Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of contract.

The practice building is owned and managed by six GP partners (three male and three female) providing 4.2 whole time equivalent (WTE) in addition to one salaried GP. The partners are assisted by a practice matron and a team of advanced nurse practitioners, practice nurses, health care assistants and phlebotomists. The clinical team is supported by a practice manager, an office manager, reception manager, administration and reception staff. The practice employs a total of 43 staff.

The practice provides its patient population with extended and updated modern facilities. The premises and car park have recently been extended, providing a two-storey building with a large car park located to the rear of the premises. Part of the building is leased to the Staffordshire

and Stoke on Trent Partnership NHS Trust and is occupied by the District Nursing Community Service. Another section of the building is leased to a pharmacy, which is accessible from the main reception area.

The practice serves a population of 12123 patients. The practice serves a higher population of patients aged 45 years and above compared to CCG and England averages and a lower population of patients aged 20-40 years. The practice has a lower percentage of unemployed patients (3%) compared to the local average of 4% and the national average of 5%. The percentage of patients with a long-standing health condition is 58%, which is comparable to the local CCG average of 57% and the national average of 54%.

The practice is open daily from 8am to 6pm Monday to Friday. Appointments with GPs are available from 8am to 11.30am and from 2.30pm to 5.30pm. A duty GP is available from 8am to 6pm to provide flexibility for patients. Appointments with nurses are available from 8am to 5.50pm. Extended surgery hours appointments are offered every Saturday from 8am to 11am with a GP or nurse. Telephone consultations are available during mornings and afternoons. Appointments can be booked in person, on-line or by telephone.

The practice is an accredited undergraduate teaching practice and provides placements for GP registrars and nurses. The practice also works closely with a local university school of medicine and provides placements for medical students.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 July 2016. During our visit we:

- Spoke with a range of staff on duty and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

### Safe track record and learning

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

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

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a prescription had been issued in error to the wrong patient with the same name as another patient and was spotted before it was dispensed. The incident was discussed, learning points identified to include double checking such prescriptions and checking all demographics of the patient before issuing prescriptions. The incident was shared with an external agency and an apology made to the patient concerned.

We discussed the process for dealing with safety alerts with the practice manager, GPs and nurses. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were received, sent to a lead GP, cascaded to clinicians and actioned and the relevant searches were carried out.

### Overview of safety systems and processes

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

- Robust arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. A member of staff was able to share an example of how they had referred a vulnerable patient into the safeguarding process. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and designated nurse for safeguarding children and leads for safeguarding adults and staff we spoke with knew who they were. The GPs regularly liaised with other agencies, for example the visiting Health Visitor, to review the register and the practice prepared case conference reports where required. A list was also provided to the health visitor of any child that had missed their immunisation or child health reviews. We saw vulnerable patients were identified and highlighted on the practice computer system to alert staff. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and nurses to level two or three. We saw the practice had undertaken an audit on the accuracy of their child protection register and as a result had made changes to ensure its accuracy. The practice had also completed a safeguarding audit requested by the Clinical Commissioning Group (CCG) detailing staff, the level of training they had received, designated safeguarding leads and additional information on child safety and record keeping.
- 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. The practice matron was the infection control clinical lead. Discussions with them clearly demonstrated their understanding of their role and responsibilities. There was an infection control protocol in place and staff had received up to date training.



## Are services safe?

Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, as a result of the previous audit, two additional cleaning staff had been employed and a new cleaning cupboard obtained.

- The majority of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. However, the system for ensuring patients had received the necessary monitoring before prescribing of the medicine was not consistently robust. For example, the practice had not always checked or downloaded the hospital data for review prior to prescribing of some high risk medicines.
- The practice had completed a medicines management of diabetes audit in the last 12 months. Prescription pads and electronic prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw detailed checks had been obtained for a locum GP used within the practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up

to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and were checked daily. Six members of staff had successfully completed the first aid at work course.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was regularly updated to reflect the current staff employed at the practice. We saw each member of staff was provided with a communication cascade card, which detailed the designated staff contact details in the event of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Staff spoken with demonstrated a clear awareness and told us NICE guidance was regularly discussed in meetings and accessed via an application on their smartphones.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective in reducing referrals.

### 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). QOF results for 2014/15 showed the practice had achieved 96% of the total number of points available. This was comparable with the Clinical Commissioning Group (CCG) average of 93% and the national average of 95%. The overall clinical exception reporting for the practice was 7%, which was slightly lower than the CCG and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice told us their unpublished QOF result for 2015/16 had increased to 97%.

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

- Performance for the diabetes related indicators was comparable to the CCG and national averages. For example, 78% of patients with diabetes had received a recent blood pressure reading in the preceding year,

compared with the CCG average of 77% and the national average of 78%. Clinical exception reporting was 4% compared with the CCG average of 7% and the national average of 9%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less in the preceding year was 80%. This was slightly below the CCG average of 83% and the national average of 84%. Clinical exception reporting was 2% compared with the CCG average of 3% and the national average of 4%.
- 90% of patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) had a review of their condition in the preceding year, compared to the CCG average of 86% and the national average of 90%. Clinical exception reporting was 11%, which was slightly higher than the CCG average of 9% and the same as the national average of 11%.
- 80% of patients diagnosed with dementia had a face-to-face review of their condition in the preceding year, compared to the CCG and national averages of 84%. Clinical exception reporting was 10%, which was slightly higher than the CCG average of 9% and the national average of 8%.

The practice used innovative and proactive methods to improve patient outcomes. For example, the practice had a designated care quality team (CQT) for managing elderly patients in the community and those patients with long-term conditions. The CQT has been effective in providing positive patient outcomes. For example, A&E attendance and non-elective admission rates in their frail elderly population were consistently below CCG average. The practice regularly reviewed its admissions data and sharing of good practice at locality meetings held and held regular admission avoidance meetings.

There was evidence of quality improvement including clinical audit.

- We saw the practice held a log of audits completed. These detailed individual audits completed, date and repeat date, owner, key points and action taken. There had been 15 audits completed in the last two years. A number of these were completed audits where the improvements made were implemented and monitored. For example, an audit had been undertaken on gout. The first audit in 2013/14 identified 31% of "gout only" patients had a metabolic test (screening tool

# Are services effective?

## (for example, treatment is effective)

to evaluate organ function). A new recall system was started and a dedicated gout check clinic provided. The second audit in 2014/15 saw an increase in 66% of patients being tested. The third audit in 2015/16 identified 99% of patients had been tested and risk factors addressed. This audit had been recognised as an exemplar of good practice by the Clinical Commissioning Group (CCG). Other audits completed by the practice included minor surgery, fever in children, child protection register, attendances at the minor injury unit and repeat prescribing.

- The practice was very active and engaged well with the CCG and commissioning. They were a pilot site for the implementation of the Risk Stratification tool to develop the secondary and primary care data flow to help the local CCG gather evidence for supporting the roll out of the policy across two CCGs. The tool is used for supporting patients with long-term conditions and helps to prevent avoidable unplanned admissions to hospital.
- They were also the leading practice for a back screening tool from a local university working collaboratively with the research team and a consultant physiotherapist with one of the GPs heavily engaged with the university. The tool is a prognostic questionnaire that helps clinicians identify modifiable risk factors for back pain disability.

### Effective staffing

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

- The practice had a designated care quality team of well-qualified staff for managing elderly patients in the community and providing nurse led disease management clinics. The team consisted of a practice manager, three nurses, a health care assistant and an administrator.
- We saw the practice had a comprehensive induction programme for all newly appointed staff. Training 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. Staff told us they were supported in their professional development and had obtained professional qualifications in addition to training specific to their

work. For example, one nurse told us they were currently undertaking a chronic obstructive pulmonary disease (COPD) course. COPD is a collection of lung diseases. The health care support worker had recently successfully completed a Health Care Assistant Award at a local university and an Advanced Nurse Practitioner (ANP) was being supported to complete a Master's Degree.

- 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 annual 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, coaching and mentoring and clinical supervision. 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. A member of the nursing team had put together detailed information folders to assist the nursing team with information about the range of conditions they may come across during generic clinics held. We saw there was a generic clinic-training schedule in place and education meetings were regularly held. A range of speakers were identified and training covered a range of sessions including, dementia, diabetes, respiratory pathways and significant event feedback and patient stories.
- There were arrangements in place to cover staff leave. The practice had a policy in place for staff that could take leave at any one time. The practice used a regular locum to cover GP leave. We were told staffing was being reviewed and a proposal had been put forward to obtain additional staffing, for example a deputy matron.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. Meetings included admissions avoidance to discuss cases, learn lessons and act upon findings. Integrated Local Care Team (ILCT) meetings were held to discuss patients with more complex needs and vulnerability. ILCTs comprise of nursing and adult social care teams who support frail, older people and people living with long-term conditions, providing care before a crisis occurs. Palliative care meetings were also held regularly and the practice were working towards the Gold Standards Framework, a model of good practice of care for people who are nearing the end of their lives. The practice held a detailed register of patients and colour coded patients according to their current needs. Part of the building was leased to the Staffordshire and Stoke on Trent Partnership NHS Trust and was occupied by the District Nursing community service and therefore district nurses were readily accessible to discuss and share concerns.

### 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 and were able to provide us with examples of how they sought consent from patients.  
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.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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.
- Patients were able to self-refer or be referred to a local Healthy Hub that provided lifestyle, weight and exercise advice.
- The practice website provided a link for young patients to access information about various health matters to include sex and relationships, acne, cancer and drug related issues and how to access local support.
- The practice raised health awareness through strong partnership with the Patient Participation Group. The practice had provided a number of health promotion awareness campaigns. These included cervical cancer, dementia awareness, deaf awareness, diabetic awareness and smoking. Forthcoming promotions were advertised on the practice website.

The practice's uptake for the cervical screening programme was 79%, which was slightly lower than the CCG and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place 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 immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 96% to 99%.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients. The

practice had previously carried out 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

### Kindness, dignity, respect and compassion

During the inspection, we observed that members of staff were caring, respectful and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients appeared distressed and responded appropriately to their needs. For example, we saw a receptionist attend to a patient whose health had deteriorated in the waiting room and they were quickly seen by the duty GP. Urgent medical assistance was summoned and the patient was taken to hospital. A receptionist also offered a patient with a young child an alternative area to wait for their appointment away from other patients.
- New staff received training in confidentiality, dignity and respect as part of their induction training.

All of the 11 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.

We spoke with three members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.

- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national averages of 87%.
- 95% 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%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national averages of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was 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 were higher than local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments, which was higher than the CCG average of 87% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.



## Are services caring?

- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Languages spoken by clinical staff included Polish, Hindi, Telugu, Urdu, Punjabi, German and French. The practice had a large population of Polish patients and provided them with a leaflet explaining their new patient checks in their language to provide them with a greater understanding of the procedure.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 507 patients as carers (4% of the practice list). The practice had a carers' policy in place and the practice matron was the designated lead for carers. Information for carers was detailed in the waiting room, on the practice website and the social media site for the practice. During the inspection, we saw an advisor from the local Carers' Hub was promoting the service and was available in the waiting room for patients to access if they wished.

Staff told us that if families had suffered bereavement a telephone call was made or a letter was sent to them.



# 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.

- In response to its higher older population, the practice offered proactive, personalised care to meet the needs of this patient group. The practice had appointed a practice matron to lead a designated care quality team of staff for managing elderly patients in the community and those with long-term conditions. The team were identified as an example of excellent practice by the Clinical Commissioning Group (CCG). They had completed in excess of 450 personalised care plans of the 499 patients on the register, equating to over 5% of the patients on the avoiding hospital admissions register. This was far in excess of the 2% target.
- The practice had a strong palliative care team and were working towards the Gold Standards framework, providing a high standard of care for all patients who may be in the last years of life. We saw the practice had adopted a colour coded system for its register of palliative care patients, an analysis of individual need and notes were entered onto patients medical records. Post bereavement reviews were undertaken which indicated a high percentage of patients had passed away at their preferred place of care.
- The practice provided nurse led 'one stop' generic disease management clinics to support patients with conditions such as stroke, diabetes and asthma. A range of in-house services were provided including phlebotomy (taking of blood) and the advanced management of diabetes.
- The practice had utilised new technology and obtained four blood glucose monitoring meters enabling patients to monitor their own glucose levels at home through the use of a small sensor and scanner avoiding pain and inconvenience. The practice had received a letter of thanks from the family of a young diabetic patient at the practice that had benefitted from the device. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had monitored and understood the data available to them from secondary care and highlighted to the CCG a higher than normal rate of readmission of patients to hospital from their practice. This led to a CCG wide audit and a new written contract between the CCG and provider regarding readmission rates has since been implemented and continues to be monitored.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day with GPs and the nursing team.
- The practice had set up its own social media webpage providing updates and news about the practice including the results of the Friends and Family survey. A tool was used for patients to provide feedback about their experience of the practice in response to expanding patient's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice had installed a new telephone system as a result of feedback from the group and patients. The group were consulted and involved in the extension-building project.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and the PPG.
- The practice offered extended hours every Saturday from 8am to 11am with GP and nurse appointments available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- The new extension to the building was designed providing disabled access into the main reception with automatic doors and a disabled lift to three new spacious consultation rooms on the first floor. Disabled parking facilities, a hearing loop, two wheelchairs and translation services were available.





# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice had a meet and greet policy in place for patients with disabilities who required help during their visit to the practice. They were escorted to a waiting area by a receptionist, greeted by a clinician, and escorted to the appropriate consulting room.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Clinical staff were able to speak a range of languages and a translation service was also available. The practice website enabled patients to choose their preferred language to access information about the practice.
- Monthly admission avoidance meetings were held with external professionals and outcomes recorded. Admissions to accident and emergency were lower than the CCG average.

### Access to the service

The practice was open daily from 8am to 6pm Monday to Friday. Appointments with GPs were from 8am to 11.30am and from 2.30pm to 5.30pm. A duty GP was available from 8am to 6pm to provide flexibility for patients.

Appointments with nurses were available from 8am to 5.50pm. Extended surgery hours appointments were offered every Saturday from 8am to 11am with a GP or nurse. Telephone consultations were available during mornings and afternoons. Appointments could be booked in person, on-line or by telephone. Routine appointments could be booked one month in advance.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and the urgency of the need for medical attention.
- 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 an effective 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 person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was detailed in the practice patient guide and there was a separate comments and complaints information leaflet available that contained full details of the process. The practice website also contained information about how to complain and there was the facility for patients to choose a preferred language for reading the procedure.

We saw the practice had received 14 complaints in the last 12 months. We found complaints had been satisfactorily handled, dealt with in a timely way, openness and transparency had been demonstrated in dealing with the complaint. A log of lessons learnt from individual concerns and complaints was completed and any service changes as a result of the findings recorded. We saw the practice had received a complaint about the music in the waiting room and as a result, the Patient Participation Group (PPG) carried out a survey. The PPG told us they were made aware of anonymised complaints the practice had received to help identify any common themes and trends.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement, which was detailed, in the patient practice guide and on the practice computer system. Most staff we spoke with knew and understood the values.
- The practice had a comprehensive five-year business plan in place. We saw that it included a robust and forward thinking strategy, which reflected the vision and values. The plan included succession planning, recruitment, staff training and development.
- The practice prioritised sharing their knowledge both within the practice and externally with other practices and the CCG.
- There were clear management responsibilities with GPs and nursing staff leading in different areas. Staff we spoke with understood their roles and responsibilities.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to them. There was clear leadership and well-defined teams.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place for knowing about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure when there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held various meetings, including non-clinical, clinical, partner and whole team meetings. We saw all meetings held were recorded.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners in the practice and the management team. 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.
- All the staff we spoke with said they worked in an inclusive working environment.

### 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.

# Are services well-led?

Good 

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

- The practice worked in partnership with the patient participation group (PPG) who were a significant asset to the practice and had gathered feedback from patients. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice had installed a new telephone system as a result of feedback from the group and patients. The group were consulted and involved in the extension-building project and the practice had taken on board their views regarding disabled access and the positioning of the PPG notice board in the practice. The group had held PPG awareness events within the practice and provided patients with detailed information about the PPG.
- The PPG had produced a patient newsletter. We saw the June 2016 newsletter, which included a range of information on health promotion sessions, the new telephone system, Carers Hub and staffing information at the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they were encouraged 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They were a pilot site for the implementation of the Risk Stratification tool to develop the secondary and primary care data flow to help the local CCG gather evidence for supporting the roll out of the policy across two CCGs. The tool is used for supporting patients with long-term conditions and helps to prevent avoidable unplanned admissions to hospital. The practice was a designated research practice and had contributed to research. Arrangements were in place to signpost patients to take part research projects as appropriate.

They were also the leading practice for a back screening tool from Keele university working collaboratively with the research team and a consultant physiotherapist. The tool is a prognostic questionnaire that helps clinicians identify modifiable risk factors for back pain disability. The practice had received a Research Award from the university to recognise their contribution to primary care research.

One GP from the practice and the practice manager were the locality leads for the CCG and ensured all information was communicated and cascaded down to the other lead members of the locality meetings to take back to their respective practices.