

# Potteries Medical Centre

## 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?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously inspected Potteries Medical Centre on 10 August 2016. Following this comprehensive inspection, the overall rating for the practice was Requires Improvement. A total of two breaches of legal requirements were found and two requirement notices were served. The practice provided us with an action plan detailing how they were going to make the required improvements in relation to:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Safe care and treatment.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good Governance.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Potteries Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced comprehensive follow up inspection at Potteries Medical Centre on 12 and 27 July 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was a formal system in place to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care and access to services as a result of complaints and concerns.

# Summary of findings

- Data from the national GP patient survey published July 2017 showed patient satisfaction continued to be above local Clinical Commissioning Group (CCG) and national averages for all but two areas measured.
- There was a clear leadership structure in place and staff felt supported by the management team. The practice responded positively to feedback from staff and patients.
- The practice had improved procedures for the storage of emergency medicines and regular checks were undertaken to ensure medicines were fit for use.
- Effective systems were now in place for identifying and assessing the risks to the health and safety of patients and staff.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Patients found it easy to make an appointment, with urgent appointments available the same day.
- Governance arrangements had improved to include the formalisation of clinical and reception staff meetings.
- The practice was limited by the size of their facilities, however it was equipped to treat patients and meet their needs.
- Clinical audits demonstrated quality improvement in patient outcomes.

The areas where the provider should make improvements are:

- Consider obtaining written consent for the insertion of intrauterine (coil) contraceptive devices.
- Review the security of treatment and consultation rooms.

**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.

- 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.
- The practice had clearly defined and embedded safeguarding procedures in place. Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions had improved to ensure that patients and staff were protected from the risk of harm at all times.
- The practice system for prescribing high risk medicines on a shared care basis had improved ensuring patients had received the recommended monitoring before prescriptions were issued.
- There was a formal system in place to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- The practice had reviewed and improved their systems to help manage unplanned emergency events. An Automated External Defibrillator (AED) had been obtained in addition to specific medicine for use in the event of cervical shock when performing coil fittings.

Good



### Are services effective?

The practice is rated as Good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national averages for most clinical indicators.
- Staff were aware of and worked in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of completed appraisals for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice higher than others for most aspects of care.
- CQC comment cards and surveys we reviewed and discussions held with patients showed 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 accessible.
- Staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had 132 patients identified as carers (3% of the practice list) and offered free flu vaccines.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Home visits were triaged by a GP to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- Routine appointments were available with a clinician within 48 hours. Same day appointments were available for children and those patients with medical problems that required urgent consultation.
- Patients we spoke with said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice was limited by the size of their facilities, however it was equipped to treat patients and meet their needs.
- There was a designated person responsible for handling complaints. Information about how to complain was available and evidence reviewed showed the practice responded to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- There was a clear leadership structure. The partners encouraged a culture of openness and honesty and staff felt supported by the management team.
- The practice had policies and procedures to govern activity. Regular reception staff and clinical staff meetings were now formalised and meetings held were recorded.
- Effective systems were now in place for managing risk to ensure that patients and staff were protected from the risk of harm.
- The provider was aware of the requirements of the duty of candour.
- Staff had received induction, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care plans and priority access for patients on the admissions avoidance register.
- The practice held a register of housebound patients.
- The practice followed up on older patients on the hospital admission avoidance register when discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Patients aged 75 years or over had a named GP.

Good



### People with long term conditions

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

- There was a system to recall patients for ongoing monitoring and a structured six monthly or annual review to check their health and medicines needs were being met.
- The practice provided care plans and priority access for patients on the admissions avoidance register.
- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 79% compared with the CCG and the national average of 78%. The practice exception reporting rate of 2% was lower than the CCG average of 9% and the national average of 12.5%.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care and held.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates for the vaccinations given were above standard for childhood vaccinations for children aged two and higher than the Clinical Commissioning Group (CCG) for children aged five. Dedicated baby clinics were held every Thursday morning.
- Same day appointments were available for children with urgent medical need.
- Education booklets regarding childhood illnesses were available for patients.
- Appointments were available outside school hours and the premises were suitable for children and babies.
- Family planning services was available in addition to lifestyle advice on healthy living.

## **Working age people (including those recently retired and students)**

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

- The needs of these populations 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, clinics were provided daily until 6.30pm and until 8pm on a Tuesday evening.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Lifestyle advice regarding healthy eating and smoking cessation were available.
- New patient health checks in addition to NHS Health checks for patients aged 40 to 74 years were available.
- The practice allowed the temporary registration of students whilst home on holiday leave.

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 offered longer appointments for patients with a learning disability and for patients with complex needs.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good





# Summary of findings

- The practice had 47 patients recorded with a learning disability. Twenty one of these patients had received an annual health assessment since 1 July 2016. There were plans for more reviews to be scheduled shortly.
- The practice had information available for patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

## **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).

- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 93% compared to the CCG average of 90% and national average of 89%. The practice clinical exception rate of 3% which was lower than the local CCG average of 11.5% and the national average of 12.7%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 79%, which was slightly lower than the CCG and national averages of 84%. However, the practice clinical exception rate of 0% was lower than the CCG and the national averages of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available to signpost patients experiencing poor mental health and were able to refer patients or patients could self-refer to a consortium made up of specialist mental healthcare providers.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2017. The survey invited 286 patients to submit their views on the practice and 100 surveys were returned. This gave a return rate of 35%. The results showed the practice was performing higher than local and national averages. Data showed:

- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%.
- 98% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 71%.
- 100% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the CCG and the national averages of 95%.
- 97% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 75% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 completed comment cards. All of these were very positive about the standard of care received. Staff were cited as 'friendly', 'helpful' 'professional' and 'excellent'. All the cards contained positive comments in relation to the care, treatment and service received from the practice.

We spoke with nine patients during the inspection to include a representative of the Patient Participation Group (PPG). They told us they were very satisfied with the care they received they told us they felt listened to and were fully involved in their care and treatment. They thought staff were approachable, helpful and very caring.

The practice took part in the NHS Friends and Families test (FFT). This is a feedback tool that provides patients the opportunity to give feedback on their experience and asks would they recommend the services they have used. We reviewed the feedback the practice had received from April to June 2017. Feedback gathered indicated that patients were likely or extremely likely to recommend the practice. Additional comments made indicated patients were very happy with their experience of the service provided by the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Consider obtaining written consent for the insertion of intrauterine (coil) contraceptive devices.
- Review the security of treatment and consultation rooms.

# Potteries Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Potteries Medical Centre

Potteries Medical Centre is located in Bentilee, Stoke On Trent and is registered with the CQC as a partnership provider. The provider holds a General Medical Services contract with NHS England and is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The premises is a single storey purpose built building owned by the partners and has a car park with designated disabled parking spaces. The practice is owned and managed by three GP partners (two male and one female) two whole time equivalent (WTE). The partners are assisted by one advanced nurse practitioner, one practice nurse, a practice manager and a team of five reception and administrative staff. The practice is an accredited teaching practice for medical students. At the time of the inspection the practice had one medical student from a local university.

The practice had 4,938 registered patients. An increase of over 300 patients since the last inspection. The practice age distribution is higher than CCG and national averages for patients aged 0-29 years. The practice has a higher percentage (6%) of unemployed patients compared to the

national average of 4%. The percentage of patients with a long-standing health condition is 60%, which is slightly higher than the local average of 57% and the national average of 53%.

The practice is open between 8am and 6.30pm Monday to Friday and 8am to 1.00pm on a Thursday. Extended opening hours are provided on a Tuesday evening with a GP or nurse from 6.30pm to 8pm. There is no telephone access after 6.30pm, however patients can ring prior to this time and book an appointment for late surgery. Routine appointments can be booked in person, by telephone or on-line. Home visits are triaged by a GP to assess whether a home visit is clinically necessary and the urgency of the need for medical attention.

The practice does not provide an out-of-hours service but patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice is closed. The practice is approximately five miles away from the University Hospital of North Midlands.

## Why we carried out this inspection

We undertook a comprehensive inspection of Potteries Medical Centre on 10 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Requires Improvement overall. The full comprehensive report following the inspection on 10 August 2016 can be found by selecting the 'all reports' link for Potteries Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a comprehensive follow up inspection of Potteries Medical Centre on 12 and 27 July 2017. This

# Detailed findings

inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a comprehensive inspection of Potteries Medical Centre on 12 and 27 July 2017. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed information the practice provided us in preparation for the inspection. During our visit we:

- Spoke with a range of staff including two GPs, an advanced nurse practitioner, the practice nurse, the practice manager and two receptionists.
- Spoke with nine patients who used the service, including the Chair of the Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

# Are services safe?

## Our findings

When we inspected the practice on 10 August 2016 we identified a number of issues affecting the delivery of safe services to patients. At that time we rated the practice as requires improvement.

This was because:

- The provider did not have effective systems in place for identifying and assessing the risks to the health and safety of patients and others.
- A formal risk assessment for minimising the risk of Legionella had not been carried out.
- The provider had not obtained a gas safety certificate.
- The provider had not maintained a log of fire tests or undertaken fire drills.
- A risk assessment for inclusion of atropine within the emergency drugs kit had not been carried out for use in the event of cervical shock when performing a coil fitting as per best practice guidance.

We issued a requirement notice in respect of these issues. Improvements were also required around the monitoring of patients on high risk medicines before issuing prescriptions, reviewing the findings of significant events, acting on external alerts that may affect patient safety, the storage of patient files and emergency medicines and not having risk assessed the need for not having an automated external defibrillator (AED) in the event of a medical emergency.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 12 and 27 July 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- We saw a positive culture for reporting and learning from significant events. A system was in place to record significant events. Staff told us they would inform the practice manager of any incidents and these were logged by the practice manager on a standard

significant event recording form and discussed at clinical meetings, investigated and any actions or changes in practice completed and shared with the appropriate staff.

- Since the last inspection there had been fourteen significant events. We saw that improvements had been made for managing and reviewing significant events for themes or trends. A review of significant events had been carried out in July 2017 and the analysis identified a number of prescription errors due to incorrectly completing a template. As a result support and training was sourced and provided to help prevent further occurrences. We saw each significant event had been discussed in detail in a clinical meeting held.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had introduced a formalised system in to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). A MHRA policy had been developed and implemented and a spreadsheet detailing alerts received and the action taken. We looked at the action taken following recent medicine alerts and found that the practice had taken appropriate action, for example carried out searches, identified patients and invited patients to attend reviews. We saw MHRA alerts were discussed and minuted at clinical meetings held.

### Overview of safety systems and process

The practice had improved their systems, processes and practices to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details were clearly displayed in the reception staff office, consulting and treatment rooms. There was a lead GP for safeguarding.

## Are services safe?

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurses were trained to child safeguarding level three. The practice nurse had recently attended a training session on child exploitation organised by the police and local safeguarding team.
- The practice used computerised alerts on patient records to make staff aware of both children and vulnerable adults with safeguarding concerns. When we returned to the practice on 27 July 2017 we saw the practice had developed a child protection register and had requested a meeting with the health visitor.
- Notices were clearly displayed advising patients that chaperones were available if required. Discussions with patients showed they were aware and had been offered this service. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons. The practice employed a part-time cleaner.
- The practice nurse was the infection prevention and control (IPC) clinical lead and had received appropriate training to support them in this role. They attended regular workshops organised through the Clinical Commissioning Group. Discussions with them demonstrated they were aware of their responsibilities and had mitigated risks effectively. There was an infection control policy in place and staff had received training. An infection control audit had been carried out in June 2017 and there was evidence action was taken to address any improvements as a result.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). The practice had improved procedures for the storage of emergency medicines and regular checks were undertaken to ensure medicines were fit for use. Processes were in place for handling repeat prescriptions that patients had not collected. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, we found the practice was not working in line with their repeat prescribing policy for PRN (as needed) medicines. The practice told us they were in the process of changing their policy and a copy of their revised policy was shared with us the day after the inspection.
- The advanced nurse practitioner was an independent prescriber, and could therefore prescribe medicines for clinical conditions within their expertise. Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer immunisation and vaccines in line with legislative requirements.
- We saw that patients who took high-risk medicines that required close monitoring for possible side effects had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. A shared care protocol was in place and we saw the practice now ensured prescriptions were only issued after they had checked patients had received the appropriate monitoring.
- At the inspection on 10 August 2016 we identified that not all of the required recruitment checks had been undertaken for some of the staff employed. On 12 July 2017 we reviewed the file for the most recently employed member of staff and a staff file we had previously reviewed. We found pre-recruitment checks had been obtained with the exception of photographic evidence and information relating to the physical and mental fitness of staff to carry out their work. In addition there was no documentary evidence of checks undertaken on a locum GP. We were told the required documentation had been seen but copies not retained. When we returned to the practice on 27 July 2017 we saw the required documentation had since been

## Are services safe?

obtained with the exception of written references for the locum who occasionally worked at the practice. The practice manager agreed to obtain copies of these at the earliest opportunity.

### Monitoring risks to patients

Procedures for assessing, monitoring and managing risks to patient and staff safety had improved.

- There was a health and safety policy available and staff had access to this on the computer system. A fire risk assessment had been completed. Weekly fire alarm testing was carried out and a written log of these checks was now being maintained. A fire evacuation policy was in place and two drills had been carried out since the last inspection. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Following the last inspection the gas boiler had been serviced to check its safety.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control. Following the last inspection a Legionella risk assessment had been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements in place to cover for staff sickness and leave to ensure appropriate staffing levels were maintained. Staff covered for one another in the event of sickness and leave. A locum GP had recently been used for three sessions to cover a short period of annual leave.

### Arrangements to deal with emergencies and major incidents

We saw that arrangements to deal with emergencies and major incidents had improved.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training. The practice had reviewed the storage arrangements and the emergency medicines held. Emergency medicine in the event of cervical shock had been obtained for coil fitting as per best practice guidance. Medicines were stored securely, staff knew of their location.
- Following the last inspection an Automated External Defibrillator AED (which provides an electric shock to stabilise a life threatening heart rhythm) had been purchased and staff had received training to use it. Oxygen with adult and children's masks was also available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and hard copies were kept off site.
- A first aid kit and accident book were available.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 10 August 2016, we rated the practice as good for providing effective services. However, we made a number of good practice recommendations to include recording clinical meetings on a regular basis and ensuring all staff had an annual appraisal and timely access to training.

These arrangements had significantly improved when we undertook a follow up inspection on 12 and 27 July 2017. The provider continued to be rated as good for providing effective services.

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice 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 2015/16 showed the practice:

- Achieved 99% of the total number of points available. This was higher than the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%.

The overall clinical exception reporting was 2.7%, which was below the CCG average of 5.3% and the national average of 5.7%. (Exception reporting is the removal of

patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 79% compared with the CCG and the national average of 78%. The practice exception reporting rate of 2% was lower than the CCG average of 9% and the national average of 12.5%.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 93% compared to the CCG average of 90% and national average of 89%. The practice clinical exception rate of 3% which was lower than the local CCG average of 11.5% and the national average of 12.7%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 79%, which was slightly lower than the CCG and national averages of 84%. However, the practice clinical exception rate of 0% was lower than the CCG and the national averages of 7%.
- Performance in the outcomes for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) were better than the CCG and national average. For example, 93% of patients had received a review of their condition in the preceding 12 months compared with the CCG and national average of 90%. COPD is the collection of lung diseases. Clinical exception reporting was better at 1.5% compared to the CCG average of 10.5% and the national average of 11.5%.
- The practice had 47 patients recorded with a learning disability. Twenty one of these patients had received an annual health assessment since 1 July 2016. We were told there were plans for the practice nurse to review more of these patients shortly.



# Are services effective?

## (for example, treatment is effective)

- The practice had the lowest non-elective emergency admissions in the locality.

There was evidence of quality improvement including clinical audit. There had been 11 audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the results of a re-audit undertaken on the diagnosis of hypertension (abnormally high blood pressure) showed significant improvement in the use by the practice of ambulatory blood pressure monitoring and home blood pressure monitoring as per NICE guidance.

### Effective staffing

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

- The practice had an induction checklist in place for all newly appointed staff. New staff usually worked alongside existing staff for around one week depending on their previous experience. Induction training covered core topics to include information governance, safeguarding, infection control, moving and handling, fire safety and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had obtained a diploma in the management of asthma and was looking to pursue a diploma in Chronic Obstructive Pulmonary Disease (COPD). Clinicians responsible for administering vaccines and taking samples for the cervical screening programme had received specific training and were able to demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources. One clinician told us brief meetings were held at the end of each day to discuss and share learning across the clinical team and gain general advice from GPs where required.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff were responsible for their own learning and development needs. The learning needs of staff were identified through a system of appraisal. Staff told us if they identified any training needs they were supported by the management team to attend training courses. Staff were able to access external training events organised through the Clinical Commission Group

(CCG), in-house training sessions and e-learning training modules. The advanced nurse practitioner told us they attended a non-medical prescriber's update usually annually. Improvements had been made to the appraisal system and all staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

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

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

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance. Staff were due to receive on-line training in the Mental Capacity Act 2005 (MCA) shortly.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

(for example, treatment is effective)

- Staff we spoke with were able to share examples of how they sought and obtained patient consent. For example, written consent was obtained for minor surgery and procedures such as ear irrigation and immunisations. However, we saw written consent had not been obtained for the fitting of intrauterine (coil) contraceptive devices. The GP concerned told us they would ensure consent forms were completed as required.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients nearing the end of lives, carers, monitoring those at risk of developing a long-term condition and those requiring advice on smoking, diet and lifestyle. We saw patients had access to appropriate support, health screening and checks. These included new patient checks and NHS health checks. Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable. The practice offered travel advice and vaccinations available on the NHS.

The practice's uptake for the cervical screening programme was 85%, which was higher than the CCG average of 79% and the national average of 81%. The practice exception reporting was 2.4% (26 patients) which was lower than the CCG average of 5.5% and the national average of 6.5% which meant that the practice had maximised, where possible, the number of patients screened. The practice demonstrated how they encouraged uptake of the

screening programme and ensured a female sample taker was available. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test to encourage them to attend for screening.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 74% of female patients aged 50 to 70 years had attended screening to detect breast cancer in the last 3 years. This had increased by 6% from the previous year and was higher than the CCG average of 72% and the national average of 72.5%.
- 47.6% of eligible patients aged 60-69 had been screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This remained lower than the CCG average of 54% and the national average of 58%. We saw information about the bowel cancer screening programme was available on the practice website.

The practice offered family planning advice including coil insertion and removal.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the 90% standard. For example, rates for the vaccines given to under two year olds ranged from 92.3% to 98.6%. The uptake rates for vaccines given to five year olds were above the national average and ranged from 97.1% to 100%.

# Are services caring?

## Our findings

At our previous inspection on 10 August 2016, we rated the practice as good for providing caring services. When we undertook a follow up inspection on 12 and 27 July 2017 we continued to rate the practice as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection on both 12 and 27 July 2017 we observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Patients could be treated by a clinician of the same sex for appointments booked in advance.

We spoke with nine patients across the two days we were at the practice and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 19 completed cards. All comment cards highlighted a very high level of patient satisfaction. Patients commented that the service they received was excellent, that staff were caring, helpful and their privacy and dignity was respected. We spoke with the Chair of the Patient Participation Group (PPG). They also told us they were very satisfied with the care they and family members received from the practice.

We reviewed the national GP patient survey results, which were published on 7 July 2017. The survey invited 289 patients to submit their views on the practice, 100 forms were returned giving a completion rate of 35%. Results showed patients felt they were treated with compassion, dignity and respect. The practice continued to score higher than the Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs. Results were comparable or higher for nurse consultations. For example:

- 97% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.

- 97% of patients said the GP gave them enough time, which was higher than the CCG and the national averages of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 96% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG and the national averages of 92%.

The survey also showed that 92% of patients said they found the receptionists at the practice helpful which was higher than the CCG average of 86% and the national average of 87%.

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

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

Results from the National GP Patient Survey, published on 7 July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment particularly regarding their experience with GPs. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.

## Are services caring?

- 85% of patients 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%.
- 87% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The patient self-check in facility provided a range of languages and there was also a language identification poster displayed in reception for patients to identify their preferred choice of language to reception staff if required.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

- Patients told us that GPs were good at explaining about their condition. The practice nurse showed us a pictorial book that was available to help provide patients with a greater understanding of procedures.

### **Patient and carer support to cope emotionally with care and treatment**

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 132 patients as carers (3% of the practice list). This was an increase of 25 carers since our last inspection. We saw written information was available via reception staff and information was on the practice website to direct carers to the various avenues of support available to them. Carers were offered annual flu vaccinations.

Information in times of bereavement was available on the practice website in addition to leaflets in the waiting area signposting patients to support groups.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 10 August 2016, we rated the practice as good for providing responsive services.

However, we made a good practice recommendation that the practice improve the recording of all complaints received and carried out an analysis of any common trends.

These arrangements had improved when we undertook a follow up inspection on 12 and 27 July 2017. The provider continues to be rated as good for providing responsive services.

### Responding to and meeting people's needs

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

- Home visits were triaged by a GP to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- Routine appointments were available up to four weeks in advance.
- Same day appointments were released at 8am. Each GP had eight urgent appointment slots available in addition to appointments provided by the advanced nurse practitioner, who was an independent prescriber, and the practice nurse. These appointments were available for children and those patients with medical problems that required urgent consultation.
- There were longer appointments available for those that needed them including patients with a learning disability and complex medical needs.
- Online services were available for booking appointments, ordering repeat prescriptions and requesting a summary of care records.
- Patients were able to receive travel advice and vaccinations available on the NHS.
- A variety of clinics and services were available for people to access. These included health screening, child health checks, diabetes, asthma, contraception services and minor surgery.
- The practice offered extended hours from 6.30pm to 8pm on a Tuesday evening.
- There were accessible facilities. The practice provided a designated disabled car parking space. There was level

access to the building and a bell at the front door to alert staff for patients that required assistance to access the building. However, a hearing loop was not provided for patients with impaired hearing.

- Translation services were available for patients who did not have English as a first language. The patient self-check in facility provided a range of languages. A language identification poster was displayed for patients to identify their preferred choice of language to reception staff if required.
- The practice allowed the temporary registration of patients. This included students and forces personnel that maybe home on holiday leave, families visiting for a period of time as well as other temporary patients. The practice offered both short term and long term temporary registrations.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and 8am to 1.00pm on a Thursday. The practice offered extended hours on a Tuesday evening with a GP or nurse from 6.30pm to 8pm. Routine appointments could be booked up to four weeks in advance in person, by telephone or on-line for those registered for this service. Home visits were triaged by a GP and were available to patients with complex needs or for those who were unable to attend the practice.

The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed via Staffordshire Doctors Urgent Care Limited. The practice was located five miles away from the University Hospital of North Midlands.

Results from the National GP Patient Survey published in July 2017 showed that patient satisfaction with how they could access care and treatment continued to be significantly higher compared to local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared with the CCG average of 67% and the national average of 71%.
- 97% of patients said the last appointment they made was convenient compared to the CCG and the national averages of 81%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 97% of patients described their experience of making an appointment as good compared to the CCG and the national averages of 73%.
- 92% of patients said they found receptionists helpful compared to the CCG average of 86% and the national average of 87%.

The feedback we received about access to the service was very positive. All of the patients we spoke with across the two inspection days told us they were able to get appointments when they needed them. This was also reflected in the comment cards we received.

## Listening and learning from concerns and complaints

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- A 'Do you have a complaint?' poster was displayed in the entrance lobby which included the name and telephone number of the Chairperson for the patient participation group (PPG). The Chairperson told us they were happy to provide their contact details to patients

should they not wish to complain directly to the practice. An NHS feedback and complaint leaflet was available in the waiting room and information about how to make a complaint was now available on the practice website.

- Two of the patients we spoke with during the inspection told us they had previously made a complaint and it was immediately dealt with to their satisfaction. Other patients told us they had not had the cause to make a complaint but would speak directly to the practice manager.

The practice told us they had not received any formal written complaints since the last inspection with the exception of one that had been raised via NHS England. We were told any verbal concerns received were immediately actioned. We saw the practice had received nine verbal complaints since the last inspection. We saw these had and been documented and now detailed the action taken as a result of the complaint and how learning was implemented. We saw complaints had been discussed in clinical meetings held. An analysis of all concerns and complaints had been carried out to help identify common trends as recommended at the previous inspection.

# Are services well-led?

Good 

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

## Our findings

When we inspected the practice on 10 August 2016 we identified a number of issues affecting the delivery of well-led services to patients. At that time we rated the practice as requires improvement. This was because:

- The provider did not demonstrate that effective governance was in place.
- Not all risks were identified and mitigated.
- Not all patient files were securely stored.
- The complaints system was not effective to ensure learning and identification of trends.
- The provider had not obtained all pre-recruitment checks on staff prior to employment.

We issued a requirement notice in respect of these issues. Improvements were also required around:

- The monitoring of patients on high risk medicines before issuing prescriptions.
- Reviewing the findings of significant events.
- Acting on external alerts that may affect patient safety.
- The storage of patient files and emergency medicines in addition to not having risk assessed the need for not having an automated external defibrillator (AED) in the event of a medical emergency.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 12 and 27 July 2017. The practice is now rated as good for providing well-led services.

### Vision and strategy

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

- The practice had a mission statement and this had been shared with the staff team and detailed on the practice website. Staff knew and understood the values and told us that patients always came first.
- The practice had a business plan in place. The practice manager agreed to update this to include succession planning.

- The practice had identified what they did well and the areas for future development.

### Governance arrangements

There had been an improvement in governance arrangements at the practice since the last inspection.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Due to considerable difficulties recruiting a GP to the practice the provider had reviewed its skillset prior to the last inspection and had appointed an advanced nurse practitioner (ANP) who was an independent prescriber. This had helped by providing a multi-disciplinary skill mix and increased access to appointments. Patients spoken with during this inspection reported improved access to appointments. A new receptionist had also been appointed and the management team considered they now had a stable and effective staff team going forwards.
- Staff understood how to access specific policies and we saw these were available to all staff.
- Arrangements for assessing, monitoring and managing risks to patient and staff safety had improved. A written log of fire safety checks was now being maintained. A fire evacuation policy was in place and two drills had been carried out and the gas boiler had since been serviced to check its safety. A legionella risk assessment had been completed and the monitoring of patients on high risk medicines had improved. The practice had clear process for acting on external alerts that may affect patient safety. The security of emergency medicines had been reviewed and a risk assessment completed for medicines not held by the practice. An Automated External Defibrillator (AED) had been obtained in the event of an emergency.
- We saw patient files were now securely stored. However, we saw treatment and consultation rooms were not locked when vacant and therefore were accessible to patients.
- The provider had obtained the required staff recruitment checks by the second day of the inspection with the exception of copies of references for a locum GP which the practice manager agreed to obtain.
- Staff had received essential training.

# Are services well-led?

Good 

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

- Improvements had been made to the significant event and complaints processes. There was evidence to support significant events and complaints were being reviewed for trends or themes.
- An understanding of the performance of the practice was maintained. Regular clinical and reception meetings were now being held which provided an opportunity for staff to learn about the performance of the practice. All meetings were minuted which enabled staff who were not in attendance to update themselves.

## Leadership and culture

During the inspection the partners we met demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to them. They felt valued and supported within their role and were able to make suggestions for improvement. Staff felt involved and were aware of what was happening within the practice and considered the practice had made improvements since the last inspection.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty.

## 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.

- Patient satisfaction was established by consideration of NHS Friends and Family test results, GP national patient and internal patient satisfaction survey results, and complaints.
- The practice had a small evolving group of patient representatives that formed the patient participation group (PPG). The PPG met every three months and

meetings held were informal and recorded. The Chair told us they had continued to make every effort to recruit new members to reflect the demographics of the patient population but still had difficulty getting new members despite advertising and promoting the PPG in the practice and on the website. The Chair told us the last CQC report had been shared with them and the required actions had been discussed. They said they were kept informed of any proposed changes within the practice and told us they continued to be happy with the services provided. The Chair shared an example of where the practice had acted on a suggestion for improvement by including their contact details on the complaint poster in the event a patient wished to share any concerns with them in the first instance rather than going directly to the practice.

- A patient survey had been carried out in February 2017. Feedback was shared with the PPG and shared on the practice website. The results showed patients were overall happy with the service provided and an action plan produced based on the feedback.
- We reviewed the feedback the practice had received for the last three months via the NHS Friends and Families test (FFT). Feedback gathered indicated that patients were likely or extremely likely to recommend the practice. Additional comments made indicated patients were very happy with their experience of the service provided by the practice.
- The whole practice staff did not formally meet as a team, although staff spoken with told us they felt able to give their views to the management team. They also said that they were kept up to date by regular conversations within the team on a daily basis.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was an accredited teaching practice for medical students. Partners and the practice manager attended regular membership events organised by the Clinical Commissioning Group to discuss strategic plans. The practice had identified areas of strength and areas for improvement and shared these with us.