

# Mill View Surgery

## 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?	Requires improvement	
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 carried out an announced comprehensive inspection at Mill View Surgery on 27 April 2016. Overall the practice is rated as Good.

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

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns. Information about safety was recorded, monitored, reviewed and addressed.
- Most risks to patients and staff were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Patients said they were treated with 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.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.

We saw one area where the practice must make improvements:

- Ensure repeat prescribing is undertaken in line with national guidance.

We saw a number of areas where the practice should make improvements.

# Summary of findings

The practice should:

- Implement a system to track blank prescriptions throughout the practice that monitors their use and identifies if forms have been lost or stolen.
- Carry out the monitoring checks identified in the formal risk assessment for minimising the risk of Legionella.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was a 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 there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared. The exception was errors found when double checking medicines being dispensed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse.
- The practice had well maintained facilities and equipment.
- Regular infection prevention control audits were carried out.
- A review of personnel files evidenced that appropriate checks on staff were completed.
- There was a comprehensive training programme for staff. For example, safeguarding and chaperoning.
- Risks to patients and staff were assessed and regularly reviewed. A risk log listed all identified hazards. However, monitoring checks identified in the Legionella risk assessment had not been done.
- Fire drills were carried out annually.
- Medicines were not always checked against a prescription during the dispensing process.
- There was no system to track blank prescriptions throughout the practice.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality Outcomes Framework (QOF) showed that the practice performed above both local and national averages. The practice achieved 96% of the total number of points available in 2014/15
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Regular clinical audits were completed and repeated cycles demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with local and national averages for indicators in all aspects of care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Home visits were given to patients when housebound or unable to attend the practice.
- The practice held a carers' register and highlighted to staff when patients also acted as carers.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.
- 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 evidence showed that the practice responded quickly to issues raised.
- The practice showed awareness of health problems specific to the local population.
- Patient feedback was sought and acted on.
- There was no established patient participation group; however the practice used internal and external patient surveys to gain feedback from service users.

Good



## Are services well-led?

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

Good



# Summary of findings

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients and their families.
- The practice had a written business plan and mission statement.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had policies and procedures to govern activity and had an audit trail to evidence staff awareness.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included regular clinical audits to monitor and improve quality of care provided.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents.
- The GP and practice manager partners were aware of the practice performance and the specific requirements of their patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Every patient over the age of 75 had a named GP and all hospital admissions were reviewed. This included patients that resided in nursing and care homes. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, risk profiling and case management. All patients over the age of 75 who were identified as at risk of hospital admission had a completed care plan. The practice was responsive to the needs of older people and offered home visits and offered longer appointments as required. The practice had identified and supported patients who were also carers.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice adopted a GP led, holistic approach to patients with long term conditions. Patients were assessed on their clinical needs and extra support offered if seen as beneficial. After initial diagnosis, patients (and sometimes their families) were invited in to talk about the condition, the effect on their life and how families could support them. A robust patient recall system ensured that patients were invited in for regular reviews. Patients were reviewed in GP and nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long-term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. Written management plans had been developed for patients with long-term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice held a list of palliative patients and a GP partner acted as palliative care lead. The gold standards framework was used to provide the framework for end of life care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Children who did not attend appointments were followed up or reported to the health visitor. Appointments were available outside of school hours and the

Good



# Summary of findings

premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the practice indicators were comparable with the local Clinical Commissioning Group (CCG) averages. The practice worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies.

## **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. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered a health check with the nursing team to all patients aged between 40 and 75. The practice offered a full range of health promotion and screening that reflected the needs of this age group.

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. We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service was available for non-English speaking patients. The building had automated entrance doors and a disabled toilet.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of seven patients on the learning disabilities register, four had received annual health checks in the preceding 12 months and two had declined and one relocated. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning. The GPs regularly performed ward rounds at a local care home for patients with learning disabilities.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. For example, there were posters for a local substance misuse support service. 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.

Good





# Summary of findings

## **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). Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups and the practice carried out advance care planning for patients with dementia. Practice staff had received training in dementia awareness.

The practice had regular meetings with other health professionals in the case management of patients with mental health needs.

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate.

Good



# Summary of findings

## What people who use the service say

We collected 17 Care Quality Commission (CQC) comment cards. The comment cards highlighted a high level of patient satisfaction. Comments from patients were positive about the practice staff and spoke of a friendly and caring service. Patients said the nurses and GPs listened and responded to their needs and they provided a personal service that involved the patient in decisions about their care.

The national GP patient survey results published on 7 January 2016 evidenced a high level of patient satisfaction. The practice performance was higher than local and national averages. For example:

- 96% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 94% and national average of 92%.
- 89% of respondents described their experience of making an appointment as good compared with the CCG average of 73% and national average of 73%.
- 83% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 79% and national average of 78%.
- 97% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 73% and national average of 73%.

There were 252 surveys sent out and 115 sent back, a response rate of 46%.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure repeat prescribing is undertaken in line with national guidance.

### Action the service **SHOULD** take to improve

- Implement a system to track blank prescriptions throughout the practice that monitors their use and identifies if forms have been lost or stolen.

- Carry out the monitoring checks identified in the formal risk assessment for minimising the risk of Legionella.

# Mill View Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Mill View Surgery

Mill View Surgery is located in the rural village of Rocester, in East Staffordshire. The area has low levels of deprivation and low rates of unemployment when compared to national averages.

The practice was established 80 years ago and is now situated in a purpose built building. The practice has a dispensary within the building that it owns. The building is on two storeys and has a lift although treatment rooms are currently on the ground floor. There is spare capacity to expand, and third party providers work from the premises, for example; a chiropody service and staff from the mental health community team currently use rooms within the building.

The practice has a list size of 1,970 patients. The population distribution shows higher than average number of patients over 65 years of age. The ethnicity data for the practice shows 97.6% of patients are white British. The practice population is static and the local population has remained static. However there are plans to build a school and further housing as well as a golf course.

The practice is a partnership with a GP and practice manager being the two partners. They are supported by a salaried GP and locum GPs. The GPs work a combined

number of sessions equivalent to 1.8 full time equivalent. The GPs are assisted by a clinical team consisting of a practice nurse and a healthcare assistant. The administration team consists of a practice manager and four administration staff. The dispensary is managed by a senior dispenser who is supported by the administration staff.

The practice opens from 8am to 6.30pm, Monday to Friday. Consulting times in the morning are from 9am to 10.30am and in the afternoon from 4pm and 6pm. There is no afternoon session on a Thursday. The dispensary is open each week day between 9am and 1pm and in the afternoon between 3pm and 6pm. When the practice is closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice has opted out of providing an out of hours service choosing instead to use a third party provider, Staffordshire Doctors Urgent Care. The nearest hospital with an A&E unit and a walk in service is Queen's Hospital, Burton-upon-Trent. The nearest walk in centre is in Leek.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 27 April 2016.

We spoke with a range of staff including GPs, nurses, practice manager and administration staff during our visit. We sought the views of patients through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published on 7 January 2016.

findings

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been seven events recorded in the preceding 12 months. A summary of the past 12 months demonstrated learning was shared and protocols changed.

- The practice manager was responsible for significant events and any incidents were recorded on a form available on the practice's computer system.
- An informal meeting was held with appropriate individuals after a significant event had been recorded.
- The practice carried out timely analysis of individual significant events at regular practice meetings and learning outcomes were shared as a group or individually when appropriate.
- Although significant events were recorded, there was no formal process for identifying and recording less significant dispensary incidents and near misses. This meant that no review could take place and no action plan could be put in to place to prevent the errors from happening again.

We reviewed safety records, incident reports and national patient safety alerts. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) warned against a medication used to regulate the heart-beat. All patients on the medication were identified, reviewed and had their medication changed when appropriate.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. All practice staff could access information through a central store of electronic documents. A culture to encourage Duty of Candour was evident although staff had not received formal training. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs had attended level three training in safeguarding and the practice nurse had attended level two training. The GP partner was the appointed safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role. Administration staff had completed in house safeguarding training. Safeguarding was discussed at monthly meetings and a quarterly meeting with the health visitor and school nurse was held to discuss vulnerable children.
- Notices at the reception and in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones had completed a Disclosure and Barring Service (DBS) check. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) had been adopted for the healthcare assistant.
- We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, DBS checks when appropriate and written references. Completed induction programmes were seen for recently appointed staff members.

## Are services safe?

- Arrangements for managing medicines were checked at the practice. The practice had appropriate written standard operating procedures (SOP's) in place, which covered aspects of the dispensing process.
- We observed that medicines were not always checked against a prescription during the dispensing process. This was contrary to good practice and the practice's own SOP.
- Repeat prescribing was not undertaken in line with national guidance. We saw multiple medicines including an example of a controlled drug that had been given to the patient before the prescription had been signed or clinically checked by a GP.
- Arrangements for storing medicines, including emergency medication and vaccinations, in the practice kept patients safe. There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. There were appropriate arrangements in place for their destruction and clear records were kept.
- Although stored securely, there was no system in place to track blank prescriptions throughout the practice and monitor their use and identify if forms had been lost or stolen.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The practice had a buddy system to provide cover for holidays and absence.
- Infection prevention control (IPC) audits were last undertaken in February 2016. An action plan produced was completed or planned. A cleaning audit was completed in April 2016.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). However there was no evidence that the regular monitoring checks identified had been carried out.
- Risk assessments had been completed and there was a written risk log that identified risks. This was updated every year.

### Arrangements to deal with emergencies and major incidents

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

### Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice provided health and safety training that included fire safety. Regular fire drills had been completed and fire risk assessment carried out by an appointed fire officer. There was a lead for health and safety and an external third party was used for expert advice.
- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually.
- The practice staff had access to a panic alarm system as part of the clinical software system.
- All staff had received updated training in basic life support.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book and staff knew where they were located.
- The practice had a written business continuity plan in place for major incidents such as power failure or building damage. A copy was kept off site by the partners and a copy was available to all staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice 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.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.
- We saw a robust procedure in place for dispensary staff to be made aware of and act on national patient safety alerts. Records were kept of the action taken in response to these.

The practice had a register of seven patients with learning disabilities. Annual reviews had been completed on four of the seven patients for the year ending 31 March 2016. All patients were invited and two patients had refused, one had relocated.

### Management, monitoring and improving outcomes for people

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

- The practice achieved 96% of the total number of points available in 2014/15. This was in line with both the CCG average of 97% and the national average of 95%.
- Clinical exception reporting was 12.3%. This was higher than the CCG average of 10% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that a GP was required to authorise when a patient was excepted.

The practice were aware of the above average exception rates and explained that a data capture error had been responsible and the local CCG had been informed. We looked at the exception rates for 2013/14 and 2015/16 and saw that the practice performance was in line with national and local averages.

There had been two clinical audits in the last year. Second cycles evidenced that improvements had been made. The audits included a review of 13 patients on long-term anti-inflammatory medication without a gastric protection in place. The second audit repeated after six months demonstrated that no patients were on long-term anti-inflammatory medication without a gastric protection medicine.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer.

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

### Effective staffing

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

- The GPs and nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- GPs had additional training in minor surgery.
- The practice provided training for all staff. It covered such topics as bullying and harassment, cleanliness and hygiene and control, and dementia awareness.
- All staff felt supported to develop and had received at least annual appraisals.
- We saw evidence that dispensary staff had a competency assessment completed annually.

Members of staff involved in the dispensing process had initially received appropriate training but no formal, role-specific training was arranged on an on-going or regular basis.

### Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for

# Are services effective?

(for example, treatment is effective)

processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

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

- The GP told us that regular reviews were done for all patients who had care plans. We saw evidence that that reviews had been completed at least once every three months.
- The practice team held regular meetings with other professionals, including palliative care and community nurses. Meetings were used to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list, and review the care plan annually.

The practice achieved a low number of patients requiring treatment from a secondary health care provider (such as a hospital consultant) for treatment. Referral rates were the lowest of 19 practices in the local CCG. The rate of referrals per 1000 patients was 23; the national average was 41 per 1000 patients.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was documented. This process was regularly audited to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

## Health promotion and prevention

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

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

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

Data published by Public Health England in 2015 showed that the number of patients who engaged with national screening programmes was the same as or just below national averages.

- The practice's uptake for the cervical screening programme was 82% which was the same as the national average of 82%.
- 70% of eligible females aged 50-70 attended screening to detect breast cancer. This was slightly lower than the national average of 72%.
- 55% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the national average of 58%.

The practice provided childhood immunisations and seasonal flu vaccinations. Uptake rates were comparable with CCG and national averages.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect. The reception hatch was situated in an area that maintained confidentiality and phone calls were responded to behind the front desk out of earshot.

We collected 17 Care Quality Commission (CQC) comment cards. Patients were very positive about the service they experienced and complimented the practice on the provision of a helpful, caring service. Patients said they felt the practice offered same day appointments for urgent requests. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. One negative comment raised concerns about times when a GP was not present in the building. The practice told us that no immunisations were given unless a GP was in the building and a GP was always available on the telephone.

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

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 252 patients to submit their views on the practice, a total of 115 forms were returned. This gave a return rate of 46%.

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

- 84% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 87%.
- 93% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 90% said they found the receptionists at the surgery helpful compared to the CCG average of 87% and national average of 87%.

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

The GP patient survey information we reviewed showed patient satisfaction was comparable with both CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment. The GP patient survey published in January 2016 showed:

- 82% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 84% and national average of 82%.
- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 92% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 89% and national average of 85%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and national average of 90%.

Comments we received from patients on the day of inspection were positive about their own involvement in their care and treatment.

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

The practice had a carers' policy that promoted the care of patients who were carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. There was a carers' register that numbered 24 patients (equivalent to 1.2% of the practice population).

## Are services caring?

There was a notice board for carers positioned in the practice waiting room and a carers' pack provided information local support services. A member of the reception staff had been appointed carers' lead.

Patients gave positive accounts of when they had received support to cope with care and treatment.

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

If a patient experienced bereavement, practice staff told us that the senior GP provided counselling to the immediate family and signposted to services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits from a GP were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities. The building was on two storeys and had a lift.
- Translation services were available for patients.
- There was a hearing loop at the reception desk.
- Baby changing facilities were available.
- A newsletter produced included updates on new staff, online services and the medicines waste campaign.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Multidisciplinary team meetings held every quarter were attended by district nurses, community matron, social services and the healthcare visitor.

The GPs performed regular visits to patients residing in care homes. Counselling sessions were held with the partner GP outside of clinical hours to respond to a local need. These individual sessions were held weekly and were regularly attended by five patients. The practice had adopted a GP led, holistic approach to patients with long term conditions. Patients were assessed on their clinical needs and extra support offered if seen as beneficial. After initial diagnosis, patients (and sometimes their families) were invited in to talk about the condition, the effect on their life and how families could support them.

### Access to the service

The practice opened from 8am to 6.30pm, Monday to Friday. Consulting times in the morning were from 9am to 10.30am and in the afternoon from 4pm and 6pm except for a Thursday when there was no afternoon clinic. The dispensary opened each week day in the morning between 9am and 1pm and in the afternoon between 3pm and 6pm. When the practice was closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice had opted out of providing an out of hours service choosing instead to use a third party provider, Staffordshire Doctors Urgent Care. The nearest hospital with an A&E unit and a walk in service was Queen's Hospital, Burton-upon-Trent. The nearest walk in centre was in Leek.

Pre-bookable appointments could be booked up to four weeks in advance with a GP and up to three months in advance with a nurse. Same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with GPs on the same day and with nurses within two working days. We saw that urgent appointments were available on the day of inspection.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 96% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average 92%.
- 97% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 73% and national average of 73%.
- 94% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86% and national average of 85%.

This was supported by patients' comments on the day of inspection. Patients commented positively about same day access to appointments.

# Are services responsive to people's needs?

(for example, to feedback?)

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible staff member who handled all complaints in the practice. Information was available to help patients understand the complaints system and the complaints process was detailed in a practice leaflet and on the website.

The practice had received one complaint in the last 12 months. We were told that complaints made verbally were recorded as well and those made in writing. The complaint had been investigated and responded to in line with the practice complaints policy. Complaints were discussed individually with staff and at practice meetings. The practice provided apologies to patients both verbally and in writing.

# 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 written mission statement and strategic plan. The plan included how the practice planned to adapt to changes in the primary care landscape. For example the practice had submitted practice reinvestment proposals for retention of services provided at the practice to serve the rural community.

### 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. Staff we spoke with demonstrated an awareness of their own roles and responsibilities as well as the roles and responsibilities of colleagues.
- Practice specific policies were reviewed annually. These were available to all staff and an audit trail was in place to record that staff had read and understood individual policies.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. Results were circulated and discussed in practice meetings.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating action. The exceptions were in the dispensary but the practice contacted us within one week of the inspection to confirm that this had been done. For example, errors found when double checking items in dispensary were now recorded and would be reviewed monthly.
- A comprehensive understanding of the performance of the practice was maintained.

### Leadership, openness and transparency

The leadership team within 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 all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. Staff spoke of a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, feedback and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- Dispensary incidents and near misses were informally communicated but not recorded.

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

- The practice had a regular programme of practice meetings. These included a monthly practice meeting and a quarterly multidisciplinary team meeting.
- Agendas were produced in advance and minutes produce from each meeting.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. A board in the reception area gave staff opportunity to note any items for discussion at the next meeting.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice was engaged with patient feedback and reviewed the results of the GP Patient Survey published in January 2016. A questionnaire had been completed as part of the Dispensary Services Quality Scheme (DSQS) that sought patient feedback up to 31 March 2016. There had been 75 questionnaires handed out and 51 returned. The feedback was very positive. An audit on access was carried out in July 2015. There were 63 respondents and all expressed satisfaction with the open access (walk-in) appointment system. There was a suggestions box in the reception area but no suggestions had been made in the preceding 12 months.

There was no established Patient Participation Group (PPG). The practice had taken steps to re-establish a group and notices in reception promoted the establishment of a

# Are services well-led?

Good 

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

patient group and invited patients to become involved. The practice had worked with the PPG facilitator from the local Clinical Commissioning Group (CCG) to establish a patient group. We saw that suggestions from the facilitator had been acted on, for example, a poster campaign had taken place and patients had been approached on an individual basis.

## Continuous improvement

There was a culture of learning and the staff we spoke with told us they felt supported to develop professionally and all

had received recent appraisals and time was set aside for protected learning one afternoon per month. Examples included the practice manager partner who had started at the surgery as a receptionist in 2011.

## Innovation

The practice was involved in a number of innovative projects. For example, they were part of a cooperative working group of local practices and had taken the lead on reviewing how back office functions could be scaled across the CCG.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>The practice had not ensured that repeat prescribing was undertaken in line with national guidance.</b>  12 (2) (g)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	