

Dr Vije Rajput

Quality Report

Stonydelph Medical Practice, Ellerbeck

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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 carried out an announced comprehensive inspection of Dr Vije Rajput's Practice on 11 July 2016. Overall the practice is 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.
- Risks to patients were assessed and well managed.
- 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 effective care and treatment.
- Patients said they were treated with compassion, 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 as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We found two outstanding features:

- The provider had an effective management system process that delivered high quality patient care. This quality management system is recognized by the International Organisation for Standardisation (ISO) and was evident throughout the inspection particularly in relation to the comprehensive, systematic programme of completed audits.
- The provider had been proactive in identifying how patient's physical and mental health could deteriorate due to social isolation. The practice

Summary of findings

engaged with community services to gain an understanding of how they operated. An in-house counselling service was offered to any patient presenting with signs of loneliness or social isolation.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. An electronic tracker that included electronic links to supporting documents recorded each event and was available to all staff.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from the risk of abuse.
- There was a robust medication review system and the practice had reviewed a high percentage of patients on repeat medication in the preceding 12 months.
- The practice had completed appropriate recruitment checks prior to staff members' employment and held proof of registration with professional bodies when required.
- Policies and procedures to support staff with current best practice had been regularly reviewed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above when compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The GP had completed clinical audits and used findings as an opportunity to drive improvement.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- When the results from the July 2016 GP national patient survey showed feedback was slightly below average in some areas relating to the patients' experiences, the practice had investigated and acted on findings.
- The practice identified those patients who also acted as carers. A carers' register was held and the practice worked proactively to increase the number of carers included. Additional services offered to carers included annual health checks and flu vaccinations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had 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 the practice responded quickly to issues raised.
- The practice was proactive in offering online services that included making an appointment, ordering a repeat prescription and viewing medical records.

Are services well-led?

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

Good



- The practice had a clear 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.
- The practice had achieved ISO9001:2008 accreditation in 1999, and had been successful in the annual reaccreditation each year since (ISO is an internationally recognised total quality award).

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

Good



- All patients over 75 years of age had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the local enhanced service for the avoidance of unnecessary admissions to hospital. Care plans for these patients were reviewed every three months. Patients were discussed at regular multi-disciplinary team meetings.
- The practice had an assigned care coordinator for each patient with a care plan. They were able to refer patients who were isolated and in need of support, provide information and signposting to other services and could organise day centre and support for carers.
- The practice engaged with Age UK, Staffordshire Cares and Community Together, three local support services for elderly patients.
- The practice carried out planned and opportunistic pulse checks on patients over 65 years of age to reduce the risk of a stroke through a pro-active approach to detecting asymptomatic atrial fibrillation (an irregular heart beat not detectable by the presence of other symptoms).

People with long term conditions

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

Good



- Patients at the highest risk of unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was a robust recall system that ensured patients with long term conditions were regularly reviewed by a clinician.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were generally similar to local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79% which was comparable with the CCG average of 81% and national average of 82%.
- The practice was young person-friendly and offered condoms, pregnancy testing and chlamydia testing for all patients aged 15-24.
- The practice nurse ran immunisation clinics and patients who did not attend these clinics were followed up by the practice and referred to the health visitor.

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).

Good



- The practice offered appointments outside of core working hours on a Tuesday between 7am and 8am.
- The GP contacted the working age group when a blood test result was abnormal to prevent the need to take time off work to attend a face to face consultation.
- The practice provided online services to enable patients to book appointments, order repeat medicines and access some parts of their health records online.
- Health promotion and screening services reflected the health needs of this group.
- Patients were able to request telephone advice/consultation and the response to this was made the same day, or the evening of the request.
- 57% of eligible patients had been invited for an NHS health check and 39% of eligible patients had attended to date.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including known vulnerable adults, those who were housebound and patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held a register of the practices' frail and vulnerable patients and had identified patients who may be at risk of unplanned hospital admissions.
- The practice facilitated patients requiring GP services with drug and alcohol rehabilitation needs.
- The practice had a planned, proactive approach to suicide prevention which included a significant event being raised for any instance of a patient self-harming and annual reviews were carried out on those patients.

People experiencing poor mental health (including people with dementia)

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

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to identify and support patients with mental health needs and dementia.
- Patients experiencing poor mental health were offered longer appointments and subject to their consent could bring a carer, family member or friend. Flexible appointments were offered to support attendance.
- The practice had 15 patients on their mental health register, 93% had care plans agreed and had received an annual review. All patients prescribed a particular medicine used to treat bipolar disorder; manic-depressive illness had appropriate blood tests completed.
- There were six patients on the patient dementia register. All of these patients had their care plan reviewed in the previous 12 months.
- Patients experiencing poor mental health were identifiable to all staff that used the clinical software system. Staff meetings

Good



Summary of findings

had been used to raise awareness of the extra care potentially required for patients with memory loss or dementia. Leaflets in the waiting area signposted patients and their carers to services for advice and support.

- Having highlighted suicide as the third largest cause of premature death in the country, the practice implemented a proactive approach to prevention, recording and monitoring any patient known to have self-harmed.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from:

The national GP patient survey published in July 2016 invited 344 patients to submit their views on the practice, a total of 106 forms were returned. This gave a return rate of 31%. In the national GP survey, patient satisfaction was positive in areas relating to interaction with the nurse. Satisfaction levels were less positive in the areas of making an appointment and interaction with GPs.

The practice had a recently established patient participation group (PPG) and the initial meeting had been attended by the GP, practice manager and senior receptionist.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 23 completed cards. The feedback we received from patients about the practice care and treatment was positive. Themes of positive feedback included; the helpful, caring, compassionate and professional nature of staff and the high standard of cleanliness within the practice.

Dr Vije Rajput

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 also included a GP specialist advisor.

Background to Dr Vije Rajput

Dr Vije Rajput is registered with the Care Quality Commission as a single handed provider. The provider holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

At the time of our inspection 2,050 patients were registered at the practice. The practice has a lower proportion of patients aged 65 years and over compared with the practice average across the Clinical Commissioning Group (CCG) and nationally. For example, the percentage of patients aged 65 and above at the practice is 9%; the local CCG practice average is 20% and the national practice average, 17%. The practice population has a higher percentage of patients aged 18 years and under. The percentage of patients aged 18 years and under at the practice is 27%; the local CCG practice average is 20% and the national practice average 21%.

Dr Vije Rajput's practice is located in the town of Tamworth, Staffordshire. The premises are a purpose built building owned by NHS properties and shared with two other GP practices and community healthcare service providers.

As well as range of primary medical services, the practice provides additional services including:

- Childhood vaccination and immunisation.
- Venepuncture (blood sample taking)

The building also houses two other GP practices and members of the community health team including an emergency dental service and speech therapy clinic.

The practice is open each weekday from 8am to 6.30pm. Extended hours are provided from 7am on a Tuesday. The practice has opted out of providing cover to patients outside of normal working hours. The out-of-hours services are provided by Staffordshire Doctors Urgent Care.

Staffing at the practice includes a GP, a Physician's Associate (self-employed) and a practice nurse. The practice administration team includes a practice manager, a practice administrator, a reception supervisor and three reception staff. There are 8 staff in total, working a mixture of full and part times hours.

Why we carried out this inspection

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

How we carried out this inspection

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

Detailed findings

- 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 our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public

Health England and the national GP Patient Survey. We informed NHS England and NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group that we would be inspecting the practice and received no information of concern.

During the inspection we spoke with members of staff including the GP, the practice nurse, the practice manager, reception and administrative staff.

- We observed how patients were being cared for and talked with carers and/or family members.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibility and the process for reporting significant events.
- Significant events had been thoroughly investigated. When required, action had been taken to minimise reoccurrence, and learning had been shared within the practice team.
- Significant events were discussed at dedicated quarterly practice meetings.
- All occurrences were reviewed and trend discussion/analysis took place and when needed changes were made to promote a safe culture. For example a patient had collapsed in the waiting area and the incident was reviewed to show that emergency equipment and procedures in place worked effectively.
- The number of events recorded in the preceding 12 months was 34.
- All patient deaths were recorded as significant events. In the last 12 months, no deaths had occurred.

We reviewed records, meeting minutes and spoke with staff about the measures in place to promote safety. Staff knew the processes and shared recent examples of wider practice learning from incidents. For example, the practice had identified suicide as the third highest cause or premature death in the country. The GP investigated each incident of self-harm within the practice, recorded it as a significant event and raised awareness through a dedicated significant event meeting held with all staff. An annual audit was carried out to review that any patient who had self-harmed had appropriate care in place aimed at the prevention of reoccurrence. All completed significant event review documents were available on a shared directory available to all staff. Each document included links that provided easy access to supporting detail and related documents.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). These were discussed with the GP and practice manager who

demonstrated clear knowledge on the most recent alerts and provided an electronic audit trail. Patient safety alerts were recorded on the shared drive and a hard copy kept in reception.

A culture to encourage duty of candour was evident through the significant event reporting process. 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, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

The practice had a number of systems in place to minimise risks to patient safety.

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for example all staff were trained to level three. A GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. Each consulting, treatment and reception area had access to the appropriate safeguarding contact details.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Signs at reception and in treatments rooms informed patients that they could request a chaperone. Staff had received additional training from the GP as an enhancement to the online training completed by all staff.

The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation

Are services safe?

of current Infection Prevention and Control (IPC) guidance. The practice nurse was the appointed IPC lead and annual IPC audits had been undertaken by an accredited third party organisation.

- We found that the records in respect of staff immunity to healthcare associated infections were held and individual staff immunity status was recorded in the personnel files. All staff had occupational health clearance as part of their recruitment process.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nurse used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. Blank prescriptions were securely stored and there were systems in place to monitor their use. Staff ensured there were adequate stocks of medicines for example in the use of children's immunisations and travel vaccines to ensure the expiry dates and rotation of medicine stocks held was monitored.
- The physician associate's prescribing was overseen and authorised by the GP. The practice had a protocol that stated the GP should always be present or contactable when the physician associate was in clinic.
- The GP held a bag for home visits that was regularly checked to ensure all items contained were included and within their expiry date.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice reception supervisor ran regular checks and contacted patients to ensure they attended for their appropriate regular medicine management review checks, 83% of patients on repeat medication had been reviewed in the preceding 12 months. The practice carried out regular medicines' audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment for a recent clinical recruit. For example,

there was proof of identification, references, qualifications, registration with the appropriate professional body or the appropriate checks through the Disclosure and Barring Service.

- Locum GPs been used and all checks had been completed. For example, urgent reference requests had been obtained, professional qualifications and registrations were documented and medical indemnity had been checked.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and had carried out regular fire drills.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- Regular infection control audits were carried out. The practice evidenced that a main audit was undertaken in January each year with a secondary follow up completed in June each year.

Arrangements to deal with emergencies and major incidents

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

- Staff had received individual training in basic life support including in the use of a defibrillator. This was updated every 18 months for all staff.
- The practice had emergency equipment accessible within the building. This included an automated

Are services safe?

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).

- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. Medicines were stored securely and staff knew their location. The practice emergency medicines checks completed by staff included expiry date monitoring.

- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure. There was a buddy arrangement with another GP practice based in the same building. The practice held an internal staff training session on disaster recovery periodically. The last one had been held in 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared and discussed at clinical meetings as well as frail and vulnerable and palliative care multi-disciplinary team meetings.
- The practice monitored that these guidelines were followed through audits, for example, an audit to meet the NICE guideline to refer newly diagnosed chronic obstructive pulmonary disease (COPD, a lung disease that restricts breathing) patients for pulmonary rehabilitation. The audit was repeated in 2016 with outcomes included.

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 that within the practice:

- The practice achieved 94% of the total number of points available; this was comparable with the national average of 95% and clinical commissioning group (CCG) average of 93%. We were shown the 2015/16 as yet unpublished results which showed the practice had improved the points achieved to 549 out of 559 (98%).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for poor mental health indicators was higher than the national averages. For example, 100% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 90% and national average of 88%. Clinical exception reporting was higher at 29%, when compared with the CCG average of 15% and national

average of 13%. 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. There were 15 patients on the mental health register and a review of 2015/16 showed 93% had care plans in place.

- Performance for diabetes related indicators was similar to local and national averages. For example, 70% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 76% and national average of 78%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- Patients could be referred to a specialist diabetic nurse (based in the same building as part of the community team). They supported diabetic patients with dietary advice, referred patients to a structured education program, foot screening service and retinal screening service when they were first diagnosed. Performance for diabetes related indicators was similar to local and national averages for 14/15. The practice had carried out a lot of work and completed a recent audit in this area during the last 12 months reflecting a 5% increase in patients achieving target levels (2015/16). The practice had low exception reporting of 8.9% below CCG average and 9.5% below England average.
- The practice participated in the avoiding unplanned admission enhanced service. Two per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge.
- In patients who had been admitted to hospital the practice established when they were discharged home or due to be discharged. The GPs at the practice contacted them within 48 hours for an initial post hospital discharge review, to ensure their needs could be met.

The practice performance between 2014/15 for the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 of the population was 18.04 which was slightly higher but comparable with the CCG average of 14.85 and national average of 14.6. Ambulatory care

Are services effective?

(for example, treatment is effective)

sensitive (ACS) conditions are chronic conditions for which it is possible to prevent acute episodes and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions.

The practice was working with the primary support medicines management team on the practice performance on prescribing medicines. They were in receipt of a report based on their prescribing data between 2015/2016 from NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group, Prescribing Quality and Optimisation Scheme (PQOS). The practice engaged with the medicines management team who supported them in ensuring best practice in medicine optimisation and prescribing and in the monitoring and auditing for example, in antibiotic prescribing levels within the practice.

The practice had a comprehensive and extensive programme of clinical audits undertaken. Second cycles were consistently used to establish if objectives had been met. We looked at nine audits that had been completed in the preceding 12 months. Examples of audits seen included a review of patients who suffered profound deafness to review how many were aware of an interpreter service offered. The audit showed that of the three patients identified with profound deafness, all had been offered the service. The audits we saw included recommendations for changes in practice made following these audits which had been implemented and were being monitored. An audit for patient uptake of the breast screening service resulted in patient awareness being increased through leaflets placed in the waiting room and alerts being placed on the records of patients who did not attend. A second cycle had been scheduled to review the uptake rates.

Effective staffing

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

- The practice reviewed its access provision and staff skill mix within the practice to account for the risk of any future recruitment difficulties.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, information governance, infection prevention and control and health and safety.

- The learning needs of staff were identified through appraisals, and staff told us they felt supported. Personal development plans were produced following each staff appraisal.
- Staff received training that included: safeguarding, fire procedures, individual basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice manager was trained in counselling and victim support and used these skills to support patients.

Working with colleagues and other services

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives, those at increased risk of unplanned admission to hospital and the practice identified frail and vulnerable patients. Meetings took place on a monthly basis and were recorded.

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. Staff we spoke with were aware of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).
- 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 were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Health promotion and prevention

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

- NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns. The practice was able to demonstrate that of the eligible patients invited, 39% had attended, 19% failed to respond and 42% were scheduled to be contacted.
- The practice offered a comprehensive range of travel vaccinations and clinical staff had received role specific training.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- The practice's uptake for the cervical screening programme was 79% which was slightly lower than the CCG average of 81% and national average of 82%.
- The practice offered childhood immunisations and the uptake rates were in line with local and national averages.

Data from 2014, published by Public Health England, National Cancer Intelligence Network Data showed that the number of patients who engaged with national screening programmes was similar to local and national averages:

- 72% of eligible females aged 50-70 had attended screening to detect breast cancer. This was similar to the CCG average of 73% and the same as the national average of 72%.
- 54% 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% and local CCG average of 62%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 23 CQC completed cards, of which all were positive about the service provided and the caring nature of staff.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2016.

The results from the July 2016 GP national patient survey showed that feedback in relation to the experience of their last GP appointment was lower in some areas than the Clinical Commissioning Group (CCG) and national averages. For example:

- 80% said that the GP was good at giving them enough time compared to the CCG average of 87%, and national averages of 87%.
- 82% said that the last GP they saw was good at listening to them compared with the CCG and national averages of 89%.

The GP and practice manager were aware of the results and had conducted an audit that explored the possible causes. Through a focussed patient questionnaire, the practice established that the ten minute GP appointment was insufficient when patients presented with multiple problems and had resulted in patient dissatisfaction. A poster on the door to the GP's room and a television message displayed in the waiting room were introduced to encourage patients to state all of their reasons for attendance at the start of the consultation to allow the GP to prioritise.

The results in the national patient survey regarding the nurse showed for example;

- 94% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 95% said the practice nurse was good at listening to them with compared to the CCG average of 92% and national average of 91%.

Care planning and involvement in decisions about care and treatment

Feedback we received from patients about their involvement in their own care and treatment was positive, all patients felt involved in their own care and treatment.

The GP patient survey information we reviewed showed patient responses to questions about their involvement in planning and making decisions about their care and treatment in comparison to national and local CCG averages. The GP patient survey published in July 2016 showed;

- 81% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 81% and national average of 82%.
- 84% said the last GP they saw was good at explaining tests and treatments which was lower when compared with the CCG average of 86% and national averages of 86%.
- 87% said the last nurse they saw was good at involving them about decisions about their care which was higher than the CCG and national averages of 85%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.

Patient/carer support to cope emotionally with care and treatment

Patients gave positive accounts of when they had received support to cope with care and treatment. There had been written correspondence from 12 patients in 2016 to compliment and thank the practice for the care provided.

The practice's computer system alerted staff if a patient was also a carer. The practice community and care co-ordinator were working towards improving the carers register, as of June 2016 there were 30 carers on the register (equal to 1.2% of the practice population). Known carers

Are services caring?

had been offered an annual health check and seasonal flu vaccination. The practice had identified that 50 patients were identified as having a carer. A carer's form had been given to each patient whose carer had not been included on the register.

If a patient experienced bereavement, the practice had a protocol to follow. All staff were informed via an electronic

message, there was a checklist for staff to complete that ensured all involved in the care received notification. This included the community matron and out of hours provider in addition to any secondary care provider recently involved in the patient's care. The patient's family would normally receive a telephone call and a home visit from the GP or offered a consultation at the practice.

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 offered extended hours evening appointments from 7am to 8am on a Tuesday.
- Online services for ordering repeat prescriptions and appointments were available.
- Same day appointments were available for all patients with a priority given to elderly patients, children and those with serious medical conditions.
- They also offered telephone consultations with the GP.
- There were longer appointments available for patients with a learning disability.
- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required.
- There were disabled facilities, a hearing loop and translation services available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice has a reciprocal agreement to cover annual leave with another practice in the building. The provider had a male GP and female Physician Associate which offered patients gender choice within the practice'

Access to the service

The practice was open each weekday from 8am to 6.30pm. Extended hours were provided from 7am to 8am on a Tuesday. Appointment times were from 8.30am to 10.30am (11.30am on a Monday) and from 4pm to 5.30pm (from 3.15pm on a Wednesday and emergencies only on a Tuesday afternoon). The practice had opted out of providing cover to patients outside of normal working hours. The out-of-hours services were provided by Staffordshire Doctors Urgent Care (SDUC). The practice telephones switched to the out-of-hours service each weekday evening and during weekends and bank holidays.

During the practice open times the telephone lines and the reception desk were staffed and remained open. The practice offered pre-bookable appointments and telephone access appointments for all patients who required an urgent (same day) appointment.

Patients could book appointments in person, by telephone and on line access. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with GPs and nurses within a day. Pre-booked appointments could be made up to six months in advance.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made by contacting the appropriate emergency service to meet their needs. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Results from the national GP patient survey published in July 2016 showed patient satisfaction with access was generally slightly lower when compared to local and national averages:

- 66% of patients found it easy to contact the practice by telephone compared to the CCG average of 70% and national average of 73%.
- 88% of patients said the last appointment they made was convenient compared to the CCG average of 92% and national average of 92%.
- 66% of patients felt they did not have to wait too long to be seen compared to the CCG average of 63% and national average of 58%.
- 65% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

The practice were aware of the results review areas where they were below the national average and/or below 80% patient satisfaction. An internal patient survey was conducted to gain further information and produce an action plan. For example, the practice aimed to improve the access by telephone through promotion of the online services and asked patients to telephone before 10am for urgent requests and appointments only.

Listening and learning from concerns and complaints

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

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 person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, website and a practice leaflet.

The practice had received two complaints in the last 12 months. We reviewed the two complaints as part of the inspection and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. Complaints were discussed with staff and at practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a written policy statement that detailed aims and objectives. These included a continual improvement in the quality system that was seen through a comprehensive audit programme.
- Staff knew and understood the practice values and participated in the quality management approach. For example, all staff were involved in the audit programme and spoke of a blame free culture that used shared learning to monitor and improve performance.

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:

- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous performance management and interrogation of their systems to internally audit and monitor quality and to make improvements was undertaken.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice specific policies were implemented, monitored and reviewed and were available to all staff.
- The practice had a staff training planner that included specialist training for clinical staff. Dates for refresher training were clearly noted to enable governance and oversight.
- The practice had achieved ISO9001:2008 accreditation each year since 1999. ISO is an internationally recognised total quality award.

Leadership and culture

The GP, practice manager and patient service managers were visible in the practice and staff told us they were approachable and took the time to listen to staff.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. The practice had defined roles for staff and regular staff meetings were held and recorded.

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

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

Practice seeks and acts on feedback from its patients, the public and staff

The practice had established a patient participation group (PPG) in 2016 (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). We saw the minutes of the first and only PPG meeting held since formation. The meeting had been used to establish the aims and objectives for the group. For example;

- To organise health focussed events for patients.
- To engage with local health professional and volunteers.

The staff had a good insight into the broad feelings of patients about their experience of the practice. The practice conducted their own annual patient survey. The last survey had been completed in November 2015 and 100 patient questionnaires returned. Any result below the national mean or below 80% overall were investigated. For example, the practice recorded 63% of patients found it easy to contact the practice by telephone. This was above the national average but represented a small decrease in patient satisfaction when compared against results from the previous year. In response, the practice increased the promotion of and number of appointments that could be booked using the online service and requested that when possible, patients contact the practice by telephone before 10am for appointments only.

Staff told us they felt able to provide feedback and discuss any issues in relation to the practice. Staff received annual

Are services well-led?

Good 

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

appraisals and had a personal development plan. The practice used 360 degree appraisals (a method that uses feedback from colleagues to review individual performance) as part of their professional development.

Continuous improvement

Staff told us that the practice supported them to develop professionally. All staff had been provided with training to

assist them with supporting the needs of patients with a learning disability. Dementia training was planned for later in 2016. The practice used clinical and non-clinical audits extensively to monitor improvement. For example; an audit performed in July 2016 to monitor the uptake of online services demonstrated that 13% of registered patients had signed up to use the services.