

# Dr C Stephenson & Partners

## Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Overall summary

We previously carried out an announced comprehensive inspection at Dr C Stephenson & Partners on 5 September 2017. The overall rating for the practice was requires improvement. The practice was rated requires improvement in providing safe and effective services. A breach of legal requirements was found and a requirement notice was served in relation to fit and proper persons employed. The full comprehensive report on the 5 September 2017 inspection can be found by selecting the 'all reports' link for Dr C Stephenson & Partners on our website at

This inspection was an announced comprehensive inspection carried out on 1 October 2018 as part of our inspection programme for services rated as requires improvement, and to confirm that the practice met the legal requirements in relation to the breach in regulations identified in our previous inspection on 5 September 2017.

## **This practice is rated as Good overall.**

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - RI

## **At this inspection we found:**

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Recruitment procedures had improved. However, the system in place to ensure that all clinical staff were covered by medical indemnity required improvement.
- Staff at the practice had been subject to a fire drill and the staff who attended were identifiable via the staff rota.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. The clinical audits we reviewed were seen to drive improvements in practice.
- End of Life care was a practice focus for the forthcoming year including completing the Marie Curie Daffodil

Standards. The Daffodil Standards help GPs to assess and improve the end of life and palliative care they provide to their patients. These were developed in partnership with the Royal College of General Practitioners (RCGP) and Marie Curie.

- Medicine management for uncollected prescriptions had improved.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff who provided a chaperone services had been in receipt of training.
- Patients reported difficulties with the appointment system, including telephone access. The practice demonstrated that they had responded to patient feedback and made improvements. Access to appointments for urgent or same day appointments were available.
- Staff reported positively on the impact of having weekly whole practice meetings, improved communication and on-going training on their morale and job satisfaction.
- The practice management had workforce planned and reviewed staff skill mix to meet the needs of their registered population.
- Staff contact numbers were now recorded in the practice major incident/business continuity plan.
- There was a strong focus on continuous learning and improvement at all levels of the organisation and the practice is a GP training practice.

## **The areas where the provider should make improvements are:**

- Introduce a system which enables clear oversight on clinical staff indemnity insurance.
- Continue to review the electronic policy and procedure systems to enable ease of access for staff.
- Regularly review the risk assessment now in place for medicines not held at the practice for use in an emergency.
- Implement safeguard policy updates in line with local and national guidance changes.
- Improve staff awareness on how to check that the vaccine fridge temperature ranges are appropriately set.

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager adviser.

## Background to Dr C Stephenson & Partners

Dr C Stephenson and Partners (known as Harley Street Medical Practice) is located in Stoke-on-Trent and is registered with the CQC as a partnership provider. The provider holds a General Medical Services contract with NHS England and is a member of the NHS Stoke-on-Trent Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services.

The practice has approximately 9,121 registered patients. The area is one of higher deprivation when compared with the national average. The practice has 11% of unemployed patients compared to the local average of 7% and the national average of 4%. The practice age distribution is lower than local and national averages for patients aged 25 and over but higher than local and national averages for patients aged 15-29 years. The practice has 59% of patients with a long-standing health condition compared to the local average of 57% and the national average of 53%.

Patients who are students can access services at either of the providers two locations at their convenience:

- Harley Street Medical Centre, Harley Street, Stoke-on-Trent, ST1 3RX (main practice).
- Staffordshire University Student Health Service, 20 Leek Road, Stoke-on-Trent, ST4 2YJ (branch practice for university students only).

The practice is an accredited teaching and training practice for medical students. The main practice is open between 8.00am and 6.30pm Monday to Friday and from 7am to 6.30pm on a Thursday and from 9am and 12 noon on a Saturday. The branch practice is open between 8am to 5pm Monday to Friday except for Thursday when it closes at 1pm. Extended opening hours are provided on a Thursday morning and a Saturday morning at the main practice. GP appointment times are generally from 9am to 12 noon and from 2pm to 5pm. Nurse appointment times are generally from 8am to 5pm. Routine appointments can be booked in person, by telephone or on-line.

The practice staffing comprises of:

- Five GP partners and two salaried GPs giving a whole time equivalent (WTE) 4.6 (based on eight sessions).
- One male pharmacist 0.85 (WTE).
- Three female practice nurses (two full-time and one part-time), a full time male urgent care practitioner and a full time female healthcare support worker.
- The full-time practice manager (business partner) is assisted by a team leader and leads a team of staff including secretarial, administrative, data and reception staff.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

# Are services safe?

At our previous inspection we rated the practice as Requires Improvement for providing a safe service. This was because the practice had not:

- Ensured recruitment procedures were established and operated effectively to ensure only fit and proper persons were employed. Including information regarding staff physical health or mental health was obtained as part of the recruitment process and readily accessible.
- Reviewed the process for the monitoring of uncollected prescriptions.
- Ensured alerts were placed on the electronic records of children whose parents were subject to domestic abuse to ensure clinicians were alerted to the situation.
- Considered providing chaperone training for staff that undertake this role.
- Ensured fire drills were carried out at the recommended frequency.

**At this inspection we saw significant improvements had been made in all these areas and rated the practice as good for providing a Safe service.**

## Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Electronic alerts notified staff of at risk patients. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice safeguarding policy updates were not aligned with local and national guidance changes for example they did not contain information for staff to refer to modern slavery. The Safeguarding Lead advised that safeguarding update training was planned for November 2018 and the policy

would be updated in line with the guidance. However, the practice staff demonstrated awareness of modern slavery and Female Genital Mutilation safeguard updates.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. Staff reported that contact with the Health Visiting service was via telephone and answerphone messaging. They advised that the locality shared access to three Health Visitors who were invited to attend practice multi-disciplinary team meetings but due to their workload commitments did not attend.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The exception was of clinical medical indemnity checks as the records viewed did not demonstrate that all staff had appropriate indemnity in place. The practice investigated this during the inspection. The system in place lacked oversight. Following the inspection, the practice provided evidence that staff had indemnity in place.
- There was an effective system to manage infection prevention and control. However, there was a lack of staff awareness on how to check that the vaccine fridge temperature ranges were appropriately set.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

# Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.
- The practice had recognised the need for additional training in the use of clinical coding and improvements were in place with additional training booked.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. There was no documented risk assessment seen for two medicines not held for use in the event of an emergency by the practice. The practice assured us that this would be discussed at their weekly meeting and the outcome forwarded to the Care Quality Commission. Following the inspection, the practice forwarded the documented decision following their risk assessment on emergency medicines held, which was not to hold the alternative to an antibiotic where there was a known allergy history but to hold a medicine used to reduce inflammation (swelling) for example in an emergency for croup.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in

line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.

- The practice had reviewed the process for the monitoring of uncollected prescriptions with clear guidance in place.
- The practice had put in place a mission statement, safety statement and general policies regarding hypnotics prescribing. The practice developed several action plans aiming for the reduction in overall prescribing of hypnotics and had liaised with specialist in secondary care who also supported patients with addiction.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services overall .**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice provided ambulatory blood pressure machines to those who required monitoring and access to electro-cardiograph (ECG) monitoring.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Every Thursday afternoon VAST (A voluntary sector service) attended the practice following patient self-referral or staff referral for advice on benefits, housing, or for example signposting to other agencies for support and advice.

## Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

## People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, the practice had supported both the lead practice nurse and pharmacist through a prescribing course to assist in the medicine management of long term conditions and to assist in comprehensive reviews.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions was below local and national averages. The asthma, COPD and hypertension indicators were lower than the CCG and England averages. The practice exception reporting rate for these indicators were in line with the CCG and England averages. We spoke to the practice who had reviewed these figures, their findings included that patients registered at the branch surgery, at University, in general had their reviews such as asthma completed at their GP practice home base. The GP lead in COPD had reviewed its prevalence and had set up protocol for nurse assessments for example spirometry with GP oversight on the results. We reviewed the latest unverified quality indicator submissions for 2017/18 for these areas and found these had improved and in areas where further improvement was required closer monitoring plans were in place. We reviewed the data for 2018/19 and found that these were on target.

## Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% for children under one year old and above the target percentage for two-year olds.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.



# Are services effective?

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

- The practice's uptake for cervical screening was 61%, which was below the 80% coverage target for the national screening programme. The practice had notice boards used to promote and encourage attendance. The nursing staff we met were fully aware of the guidance available through Public Health England to assist and attempt to reach patients less likely or willing to engage in screening programmes, this included literature in various languages. Staff contacted patients who did not attend for their appointments on at least here occasions.
- The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis was 37.5% which was lower than the CCG and England average of 71%. We spoke with the practice who had put in place notice boards used to promote and encourage attendance and utilised events such as patient attendance at the practice in larger numbers such for the flu vaccination programme to promote screening. Specific staff members contacted patients on more than three occasions to encourage attendance, there role was to ensure patients were recalled.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

## People whose circumstances make them vulnerable:

- End of Life care was a practice focus for the forthcoming year including completing the Marie Curie Daffodil Standards. The Daffodil Standards help GPs to assess and improve the end of life and palliative care they provide to their patients. These had been developed in partnership with the Royal College of General Practitioners (RCGP) and Marie Curie.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

## People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice performance was lower than the CCG and England average for patients with a recognised mental health diagnosis who had had a comprehensive, agreed care plan documented in their record in the preceding 12 months. The patients with a recognised mental health diagnosis whose alcohol consumption had been recorded in the preceding 12 months was 100%, which was higher than the CCG and England averages. However, the practice performance was lower than the CCG and England average for patients with a recognised mental health diagnosis who had had a comprehensive, agreed care plan documented in their record in the preceding 12 months. We spoke to the practice who could demonstrate that the patients were invited to attend with carers/family members for an annual review of their dementia care needs. The practice advised that patient engagement was problematic and they employed various strategies to make improvements. These included for example more than three attempts at recalling patients, including telephone calls and letters.

## Monitoring care and treatment



# Are services effective?

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice achieved 87% of the maximum Quality Outcome Framework (QOF) points available. The practice overall QOF exception reporting (for all clinical domains) was 7.8% when compared with the CCG average of 5.4%, and England average of, 5.7%.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area. Staff reported on a reduction of staff in the local health visiting service, to enable them to attend multi-disciplinary meetings.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

## Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients we spoke with was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services .**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice invested in a new appointment system in which staff signpost patients to the most appropriate clinical staff member. Reception staff received care navigation training for this signposting system. Clinical triage was completed by a qualified and registered Urgent Care Practitioner. The practice demonstrated that the waiting time for appointments had improved for patients with acute problems since the system was implemented. GP appointment times were able to increase to 15 minutes as a result. The practice found that the system implemented had attracted members of their clinical team of partners and the Urgent Care Practitioner.
- The practice provided in house extended hours access on Thursday's from 7am to 8.30am and Saturday's 9am to 12pm. The local GP Federation from September 2018 provided an extended hours service, Monday to Friday from 4pm to 8pm and Saturday and Sunday 8am to 4pm. The reception team were all trained to access these appointments for GP's and nurses through their electronic systems although the appointments were not held at the practice.
- The facilities and premises were appropriate for the services delivered. The practice had submitted applications for funding towards a lowered reception area desk for those who required it but to date without success.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

## Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs, practice nurses and pharmacist also accommodated home visits for those who were assessed as requiring this service.

## People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with multi-disciplinary team members such as the local district nursing team to discuss and manage the needs of patients with complex medical issues.

## Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. There was no formalised system in place for documenting as a register however for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday morning appointments and patient access via the practice to the local GP Federation extended hours service.
- The branch practice is located at Staffordshire University campus and had developed a professional rapport and close working relationship by meeting regularly with the University team.
- The practice attended university fresher's week and annually had a desk in the main university hall. The practice provided information on their GP service and

# Are services responsive to people's needs?

how to register. This year the university program included a gaming course, with a higher number of students registered with Autism. The clinical team were able to update their skills and knowledge by informing the CCG and gaining training provision before the students began to use the service.

## People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice is in an area where there is known to be an increased number of drug, alcohol, mental health and homeless patients. The practice were looking into providing drop in clinics on a Thursday afternoon to provide a multidisciplinary approach to the provision of care for these vulnerable patient groups. This included drug and alcohol, mental health community and third sector providers such as the YMCA, Macari Centre and Hope Street Centre. The ambition being to all work together to provide a drop-in service provision with a GP, nurse, health care support worker, VAST (Third sector service) community mental health service all available to help and give advice to patients with a joined-up approach. This work was progressing.

## People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice's new signposting care navigation system further highlighted the number of patients with poor mental health problems within their patient population. With a variance of up to 10%, it was noted that this group represented between 50 and 60% of the requests made for appointments. The practice advised that this had been highlighted to the CCG and they had requested further patient support by the provision of a specialist community psychiatric nurse based at the practice.

- The University student population who attend the branch practice demonstrated a higher demand for appointments for poor mental health. The practice met with the mental health lead at the University with concerns about meeting service provision demands on the Mental Health Crisis Team.

The practice actively searched and recalled patients at risk of dementia for a review with the clinical team including the pharmacist.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- National GP Survey results demonstrated areas for improvement by the practice in respect of timely access to appointments as four of the indicators were lower than the local CCG and England averages. For example, the percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone was just under 41%, when compared with the CCG average of 66% and England average of 70%.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

At our previous inspection we rated the practice as Requires Improvement for providing a Well Led service. This was because the practice had not:

- Included emergency contact numbers for staff within the practice's business continuity plan.
- Carried out a regular analysis of significant events for purposes of quality improvement.
- Continued to investigate the reasons for higher than average clinical exception reporting data.
- Developed a programme of clinical audit to evidence improved patient outcomes.

At this inspection we saw significant improvements had been made in all these areas. However, areas such as medical insurance indemnity governance, risk assessment of medicines not held at the practice in the event of an emergency, policy access and updates required further improvement.

**The practice was rated as Requires Improvement for providing a Well Led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice location incorporated some areas going through regeneration, attracting new families and young people. They had taken this into account when recruiting the three new female GP partners. The succession plan as well as the capability to expand the services offered to the patients reviewed staff skill sets for example, one partner had a mental health speciality, one minor surgical procedures and another had recently enrolled on a dermatology course to meet the needs of their registered patients.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,



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understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, the system in place to update and the electronic location of policies and procedures was in a period of transition. The practice had recognised this as an area for improvement and assigned a staff member to this role. Staff we spoke with struggled to locate some specific electronic policies and procedures.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We found that the safeguarding policy required additional information to support staff action on modern slavery and the infection prevention and control (IPC) policy was overdue a review and staff found it difficult to locate the associated procedures and policies aligned to the IPC policy.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety with the exception of a risk assessment for medicines not held at the practice which was completed and forwarded following the inspection.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents such as fire. However, not all staff we spoke with were aware of the business continuity/major incident plan but informed us that in the event of a major incident they would contact the practice manager for direction. The practice manager held a copy of the major incident plan. The plan included emergency contact numbers for staff.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice described the difficulties they had found in gaining patient feedback and engagement for example screening programmes patient attendance and recalls for long-term condition management reviews. They had employed various strategies however it appeared with little effect. The practice had specific notice boards, suggestion boxes and encouraged feedback. There was an active patient participation group of between eight and ten committee members.
- The practice actively engaged with homeless groups and in its location had an increased number of drug, alcohol, mental health and homeless patients. Their vision was to provide drop in clinics on Thursday afternoons with various health providers and third

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sector support in order to work collaboratively to provide a seamless service to these vulnerable patients. This included: a GP, nurse and health care support worker, VAST (voluntary sector), and mental health and drug and alcohol service providers.

- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**