

Hazeldene House Surgery

Quality Report

Hazeldene House Surgery
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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 at Hazeldene House Surgery on 19 September 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- The practice had good facilities and was equipped to treat patients and meet their needs.
- The practice had fully effective standard operating procedures and systems in the dispensary to govern dispensing activities.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, outcomes of significant events had not been shared with all staff or regular reviews carried out to identify trends.
- Information about how to complain was not readily available although patients we spoke with told us they had not had cause to complain. Verbal complaints had not been documented to help identify any common trends.
- Some arrangements were in place to ensure risks to patients were identified and managed.
- 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.

Summary of findings

- Most patients said they found it easy to make an appointment with urgent appointments available on the same day.
- The provider was aware of and complied with the duty of candour.

The areas where the practice should make improvements are:

- Ensure outcomes of significant events are shared with all staff and carry out a regular analysis to identify any common trends, maximise learning and help mitigate further errors.
- Ensure all risks to patients and staff are assessed and identified actions completed and the health and safety lead be provided with additional training appropriate to the role.

- Ensure actions stated in the infection prevention control audit are completed or planned.
- Record verbal complaints to enable trends to be identified.
- Carry out health screening on new members of staff.
- Review the competency of dispensing staff as part of their annual appraisal.
- Consider increasing the number of nurse meetings held.

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



- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- There was a system in place for reporting and recording significant events. However, outcomes were not shared with all staff and a regular analysis to identify any common trends and maximise learning had not been carried out.
- When things went wrong patients received reasonable support, relevant information, and a written apology.
- The practice had fully effective standard operating procedures and systems in the dispensary to govern dispensing activities.
- The practice maintained appropriate standards of cleanliness and hygiene. However, actions stated in the infection prevention control audit had not been recorded as completed or planned.
- There was an appointed lead for health and safety and some risks to patients and staff were assessed and identified actions completed. For example, the practice had completed a legionella risk assessment. However, there was no recorded log of all risks and the health and safety lead had not completed additional training appropriate to the role.

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 mostly comparable to Clinical Commissioning Group (CCG) and national averages. However, their exception reporting rate was low in many areas meaning more patients had been included.
- 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 GPs 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

- Data from the national GP patient survey showed patients rated the practice similar to local and national averages for questions relating to the care received.
- 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.
- One GP had a special interest in palliative care and provided practical and emotional support to patients and their families and regularly visited patients in their own time during the evenings or at weekends.
- The practice held a carers' register and had systems in place, which highlighted to staff patients who also acted as carers. The number of carers t of the practice list.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff were aware of how to support patients with making a complaint. However, information about how to complain was not readily accessible and verbal complaints received had not been documented to identify common trends.
- The practice provided a dispensing service to around 55% of their patients.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure. Staff felt supported by the management team and had been encouraged to develop within their role.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for notifiable safety incidents. However, there were no formal governance arrangements to share learning with all staff or to ensure appropriate action was taken.

- The practice 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



- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients aged 75 and over had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was the sole practice for two local care homes and weekly visits were provided by the same GP wherever possible for continuity of care.
- The practice offered flu and shingles vaccinations.
- The practice provided a daily phlebotomy service for GP initiated blood tests and rheumatology/INR patients to save patients having to travel to hospital to access this service.

People with long term conditions

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

Good



- The practice provided a range of mainly nurse led clinics for patients with long-term conditions such as diabetes, coronary heart disease and asthma. An anticoagulation service was also available to monitor and manage patients' medication that prevents blood clots.
- Longer appointments and home visits were available when needed.
- The practice held a list of patients who required palliative care and held regular multidisciplinary meetings with health care professionals to review the needs of patients. One of the GPs had a special interest in this area. They provided medical and emotional support to patients and their families.
- Patients were able to access regular clinics to review their condition including those provided by visiting professionals such as the diabetes specialist nurse to review the needs of more complex diabetic patients, chiropodist and a physiotherapist.

Families, children and young people

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

Good



Summary of findings

- The practice had systems in place to identify those at risk. Regular meetings were held with the liaison health visitor to discuss vulnerable families and those on the child protection register.
- Immunisation rates were comparable to the local Clinical Commissioning Group (CCG) for all standard childhood immunisations.
- A midwife visited the practice weekly and provided a full range of community antenatal care. The GPs provided a child health surveillance clinic where the GP performed the six-week baby check, first routine immunisations in addition to a post-natal check for the mother.
- 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 85%, which was higher than the local CCG average of 80% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided a telephone consultation system. Patients were telephoned on an agreed number and at a time of their choice.
- The practice was proactive in offering online services. Appointments and prescriptions could be booked online for patients registered for this service.
- The practice provided an extended hours service on a Monday evening and Wednesday and Saturday morning.
- The practice provided a daily phlebotomy service for GP initiated blood tests and rheumatology/INR patients to save patients having to travel to hospital to access this service.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and carers.
- The practice offered longer appointments for patients with a learning disability and those with complex needs. These patients were seen in a timely manner to avoid them distress wherever possible.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All patients on the practice palliative care register were regularly reviewed and their care adjusted to meet their individual needs.

People experiencing poor mental health (including people with dementia)

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

- Performance for poor mental health indicators was higher than the national averages. For example, 95% of eligible patients with severe poor mental health had a recent comprehensive care plan in place compared with the Clinical Commissioning Group (CCG) average of 90% and the national average of 88%.
- Patients experiencing poor mental health were provided with information about how to access various support groups and voluntary organisations and referred to other services where necessary. A visiting psychiatrist visited the practice on a monthly basis to review the needs of patients requiring secondary care input, who found it difficult to travel.
- The percentage of patients diagnosed with dementia who had received a face-to-face review in the preceding 12 months was 72%, which was lower than the local CCG average of 83% and national average of 84%. However, exception reporting was just 3% compared to the CCG average of 9% and the national average of 8%.
- Staff had received basic training in dementia and had become 'Dementia Friends' to help them understand and support their patients with dementia.

Good



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 information from the national GP patient survey published July 2016. The results showed the practice performance was generally below local and national averages. Two hundred and thirty-seven survey forms were distributed and 107 were returned, a 45% response rate.

- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 89% and the national average of 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the local CCG average of 88% and the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 81% and national average of 78%.

The survey highlighted that patient satisfaction with access was significantly below both local and national averages:

- 65% of patients found it easy to get through to this practice by phone compared to the local CCG average of 77% and the national average of 73%.
- 55% of patients described their overall experience of making an appointment as good compared to the local CCG average of 75% and the national average of 73%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 26 comment cards, all of which were positive about the standard of care received. On the day of the inspection we spoke with 14 patients. Patient's comments from CQC comment cards and discussions held on the day of the inspection were positive. Patients described staff being exceptional, professional, wonderful, caring, kind and respectful.

Hazeldene House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hazeldene House Surgery

Hazeldene House Surgery is registered with CQC as a partnership provider in Stafford and is part of the NHS Stafford and Surrounds Clinical Commissioning Group. The practice 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.

Hazeldene House Surgery is owned by the partners and is a two storey property located in a semi-rural location covering a large area, approximately 110sq miles. The practice moved to its current location in 1984 and was extended in 1994. The practice is a dispensing practice and dispenses medicine to around 55% of their patients. The practice has a higher proportion of patients aged 50-84 years. For example, 25% of the patients are aged 65 and over compared to the national average of 17%. At the time of our inspection the practice had 8,193 patients registered. The practice provides an outreach clinic at Hixon Memorial Hall on a Tuesday morning from 9am until 10.30am. This clinic is led by a nurse and a health care assistant and is predominantly for phlebotomy (the taking of blood) and for other forms of monitoring such as blood pressure checks.

The staff team comprises of six GP Partners (five females, one male) four whole time equivalent (WTF), plus one salaried GP (female). The GP's are supported by four nurses, three health care assistants, a practice manager and a team of administrators and receptionists.

The practice is open each weekday from 8am to 6.30pm. The practice offered extended hours on a Monday evening with a GP until 7pm, a Wednesday morning from 7.30am with a GP, nurse or health care assistant and on a Saturday morning with a GP at varied times between 7.30am and 11.00am. The practice is closed from 1pm on the first Thursday of every month for staff training. Patients are able to access a Sunday morning clinic at Stafford Health and Wellbeing from 10am to 1pm on a Sunday. This service is a part of a network of GP Practices within the local community offering extended hours for routine appointments. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hour's service, Staffordshire Doctors Urgent Care (SDUC) when the practice is closed.

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.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 19 September 2016. During our visit, we spoke with a range of staff, which included the practice manager, nursing staff, administrative/ receptionist staff, dispensing staff and GPs. We spoke with 14 patients, three of who were also members of the patient participation group (PPG) and reviewed 26 comment cards where patients 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 and learning

The practice operated an effective system to report and record significant events. Staff knew their individual responsibility, and the process, for reporting significant events.

- The practice had a lead for significant events and a form available to all staff to report an event.
- Significant events had been investigated.
- When things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, and a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.

There had been nine recorded incidents/events in the preceding 12 months. We saw that the practice reviewed their records and no trends were identified. All incidents/events were concisely recorded and documented, however the actions and learning had not always been shared as not all of the staff we spoke with were able to recall actions that had been taken.

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.

We reviewed safety records, incident reports and patient safety alerts. We saw that alerts were shared to improve safety in the practice. The practice had a process in place to receive and act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw they had acted on the most recent alerts and previous alerts.

Overview of safety systems and processes

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

- The practice had a number of systems in place to minimise risks to patient safety. We saw 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. Two GP partners were identified as the safeguarding lead and deputy 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. The practice had a system in place to highlight patients of concern, as well as those who were considered at risk and these were discussed at multi-disciplinary meetings. The practice held a meeting with the health visitor every six weeks to review the register of vulnerable children and discuss any concerns.
- Chaperones were available when needed and had received appropriate training 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. The availability of chaperones was displayed in the practice waiting room and in treatment rooms. Patients we spoke with confirmed they were offered a chaperone prior to any intimate examination.
- On the day of the inspection, the practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. An IPC audit of the whole service had been undertaken by the Clinical Commissioning Group (CCG) in May 2016. The practice was rated overall as amber. We were told this was an improvement on the previous audit undertaken. The audit included staff immunity to healthcare associated infections, premises suitability and staff training and knowledge. However, some actions from the audit had not been completed or planned, for example, the audit highlighted the requirement for high level cleaning (light fittings and window blinds) but this had not been completed and there was no evidence that this had been planned.

Are services safe?

- 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 nurses used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. The GPs held medicines in their bags but no formal checks were recorded, we were told that GPs managed their own bags.
- Blank prescription forms and pads were securely stored and there was a system in place to monitor their use.
- Processes were in place for handling repeat prescriptions. The practice carried out regular medicines' audits. The practice worked with the local CCG medicine management team to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed data in relation to a particular high-risk medicine prescribed to patients. We found they completed appropriate monitoring, regular auditing which ensured that safe systems were in place.
- We reviewed three personnel files and found that all appropriate recruitment checks had been undertaken prior to employment. For example, there was proof of identity for the individual staff members we checked. References had been obtained, copies of professional qualifications were available, registration with the appropriate professional body was seen and the appropriate checks had been made through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for relevant staff. The practice did not carry out health screening on new members of staff.
- The practice had developed and improved its dispensary service. The service had been extended over two floors to provide more working space for the dispensing staff and less accessibility to patients therefore limiting distractions. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. However, there was no check of staff competencies included in the annual appraisal. Dispensary staff showed us standard

procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We were told the local medicine management team regularly visited the practice and carried out audits.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely and an audit of controlled drugs had been arranged to take place shortly. There were also arrangements in place for the destruction of controlled drugs.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There was a health and safety policy available however not all identified risks had been assessed and the health and safety lead had not received additional training to support them in their role. The practice had an up to date fire risk assessment and had carried out regular fire drills. There was a risk assessment in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available and staff we spoke with were aware of where they were located.

Are services safe?

- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- Electrical equipment had been checked in the last 12 months to ensure the equipment was safe to use. Clinical equipment was regularly checked to ensure it was working properly.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. There was a copy kept off site by the practice partners and the practice manager.

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.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective in reducing referrals.
- The practice was proactive in using the electronic patient record for alerts and diary entries, which ensured effective, proactive care and regular reviews.
- The practice had appointed leads for each long-term condition, for example diabetes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results for 2014/15 showed the practice had achieved 93% of the total number of points available. This which was slightly lower than the Clinical Commissioning Group (CCG) and the national average of 95%. The practice told us their end of year unpublished QOF data score for 2015/16 had increased to 95%.

Data from 2014/15 showed they had a low exception reporting rate across most indicators. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

- Performance for poor mental health indicators was higher than the national averages. For example, 95% of eligible patients with severe poor mental health had a

recent comprehensive care plan in place compared with the CCG average of 90% and the national average of 88%. Clinical exception reporting was 17% compared with the CCG average of 26% and national average of 13%.

- Performance for diabetes related indicators was lower than local CCG and national averages. For example, 63% of patients with diabetes, on the register, had a blood pressure reading that was within recognised limits. This was below the CCG average of 73% and the national average of 78%. However, their exception reporting rate of 7% was lower than the CCG average of 11% and the national average of 9% meaning more patients had been included.
- The percentage of patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 72%, which was below the local CCG average of 83% and the national average of 84%. However, their exception reporting rate of 3% was lower than the CCG average of 9% and the national average of 8%. The practice told us that 70% of 471 patients with diabetes had received an annual review, an increase of over 150 patients on the previous year.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months, was 69%, which was lower than the local average of 77% and the national average of 75%. Their exception reporting rate of 14% was the same as the CCG average but higher than the national average of 8%.
- The percentage of patients with hypertension having regular blood pressure tests was 76%, which was below the local CCG average of 81% and the national average of 84%. However, their exception reporting rate of 3% was lower than the CCG average of 5% and the national average of 4%.
- We saw that 80% of patients on repeat medicines had received a medicines review in the last 12 months. The practice was systematically working their way through the list of medicine reviews and prioritising patients and providing additional GP and nurse time to monitor the patients and perform reviews.

There was evidence of quality improvement including clinical audit. Six audits had been completed within the last two years. Examples included:

Are services effective?

(for example, treatment is effective)

- An audit carried out as a result of a significant event to review the appropriate form of oral contraception when prescribed medicine in the treatment of epilepsy and migraines. This audit had been repeated and demonstrated improvement and evidenced prescribing and documentation was clearer and safer. Findings were shared with the clinical team.
- The practice used complaints and significant events to trigger audits, and was reflective in assessing where care could be improved.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice prioritised training and development for the whole team and all staff had individual training folders. The health care assistant we spoke with told us they had completed a level three training course appropriate to their role in addition to phlebotomy. (The taking of blood).
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, best practice guidance and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision for the nurses, healthcare assistants and dispensers.

- There was adequate clinical capacity within the practice to meet anticipated demand, including internal cover for holiday leave and other planned absences.

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. These included patients at risk, patients approaching the end of their lives and those at increased risk of unplanned admission to hospital.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed. The practice worked with the wider healthcare team to ensure that their patients' health and social care needs were being assessed and met.

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. Clinical staff had also been in receipt of training in the

Are services effective?

(for example, treatment is effective)

Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through audits of patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- 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.

Data from the QOF 2014/15 showed that the practice's uptake for the cervical screening programme was 85%, which was slightly higher than the local CCG average of 80% and national average of 82%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The National Cancer Intelligence Network data published in March 2015 showed:

- 78% of female patients aged 50 to 70 years had been screened for breast cancer in last 36 months. This was higher than the CCG average of 73% and the national average of 72%.
- 63% of patients, aged 60-69, had been screened for bowel cancer in last 30 months. This was higher than the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 97% and five year olds from 88% to 97%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.
- There was a notice in the waiting room advising patients of access to a confidential room if they wanted to discuss sensitive issues or appeared distressed.

Of the 26 patient Care Quality Commission comment cards received, positive comments were made about the service experienced. Patients said and were professional, attentive and caring and all staff treated them with dignity and respect. There were four negative comments regarding the availability of appointments.

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

Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern, which was above the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern, which was above the national average of 91%.

However, the feedback was less positive when patients were asked about how they were treated by reception staff:

- 77% of patients said they found the receptionists at the practice helpful which was below the CCG average and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local than national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was available and the practice had started to hold regular patient education meetings.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a frail and vulnerable register, which included patients who were carers. The practice had identified 136 carers, 1.65% of the practice list.

The practice was proud of the palliative care service they provided. One of the GPs had a special interest in palliative

care and worked closely with the district nursing team and two local hospices. During the inspection they were attending a three-day training course in bereavement. The GP provided practical and emotional support to patients and their families and regularly visited patients in their own time during the evenings or at weekends. We saw the GP had received a number of compliments from patients and carers expressing their appreciation for the support they had received from the practice. A leaflet about care and support following bereavement was also available in the reception area. An audit had been carried out to review all patients that had died within a 12-month period to identify the place of death and bereavement visits offered. Of the 59 deaths, 26 patients had had at least one visit from 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 on a Monday evening with a GP until 7pm. On a Wednesday morning from 7.30am with a GP, nurse or health care assistant and a Saturday morning with a GP at varied times between 7.30am and 11.00am.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were prioritised in line with NHS England's March 2016 patient safety alert, the prioritisation of general practice home visits. Home visits were available for patients whose clinical needs resulted in difficulty attending the practice. Requests were triaged by the duty doctor.
- Patients were encouraged to see the same GP for follow-up and telephone consultations, for example for test results (by the GP or nurse requesting them) which in turn reduced the number of practice visits the patients needed to make.
- The practice provided an outreach nurse led clinic at Hixon Memorial Hall on a Tuesday morning from 9am until 10.30am. The clinic was predominantly for phlebotomy (the taking of blood) and for other forms of monitoring such as blood pressure checks.
- Same day appointments usually with a duty GP were available to book at 8am and 2pm for children and those patients with medical problems that require same day consultation.
- The practice patients benefited from monthly outreach clinics from a psychiatrist.
- Patients were able to receive travel vaccinations available on the NHS as well as travel advice.
- There were disabled facilities, a hearing loop and translation services available. A wheelchair was also kept on the premises for patients use within the building.

- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required.
- The practice provided a dispensing service to around 55% of their patients.

Access to the service

The practice was open Monday to Friday between 8am and 6.30pm (excluding bank holidays) and at variable times on a Saturday morning between 7.30am and 11.30am. The practice closed at 1pm on the first Thursday of each month for protected learning time. Patients were able to access a Sunday morning clinic available at Stafford Health and Wellbeing from 10am to 1pm. This service was a part of a network of GP Practices within the local community offering extended hours for routine appointments. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hour's service, Staffordshire Doctors Urgent Care (SDUC) when the practice is closed.

Results from the national GP patient survey July 2016 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages in all areas.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 52% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared to the local CCG average of 66% and the national average of 65%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- 48% of patients usually get to see or speak to their preferred GP, compared to the CCG average of 55% and the national average of 59%.

The practice were aware of the concerns raised about access to appointments and told us they constantly reviewed their appointment system in response to patient feedback. They had recently reviewed the system and added capacity release appointments in addition to discussing the issue with the Patient Participation Group (PPG). Therefore if patients were unable to be seen on the

Are services responsive to people's needs?

(for example, to feedback?)

day they called the practice, they would be booked to be seen the following day. They had also looked into the number of patients that failed to attend their appointments that impacted on availability of appointments. The practice had introduced a did not attend (DNA) policy and a letter was sent to patients that did not attend their appointment. A dedicated telephone number had also been introduced making it easier for patients to cancel their appointment. DNA rates were also displayed in the waiting room at the request of the patient participation group (PPG).

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.

Patients could book appointments in person, by telephone and through on line access for those registered to use the service. 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 available on the same day.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the procedure was not readily accessible to patients. None of the patients we spoke with were aware of how to complain but told us they had not had cause to make a complaint about the service.
- There was a designated responsible person who handled all complaints in the practice. The complaints procedure had been discussed with staff during a recent meeting.

We looked at ten complaints made in the preceding 12 months and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency when dealing with the complaint which included the complainants' involvement. Complaint records demonstrated that complaints were recorded and well documented. However the complaints were not seen to have been shared and discussed with the wider practice team and verbal complaints were not recorded to identify and analyse any trends.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a written mission statement and a written set of values. The mission statement was included in the patient information booklet. The core values had been shared with all staff during a recent meeting. However not all the staff we spoke with knew and understood the values.

- The practice engaged with local practices and the local CCG on a monthly basis. One of the GP partners was a CCG board member and was a planned care lead, which involved designing pathways of planned care in the community. They were also involved in the procurement of local services, financial performance and contracting meetings.
- The practice was involved with a GP First Federation, providing the opportunity to network with other local GPs and be involved in the development of local services.
- The practice had recognised that patients would benefit from them reorganising the nurse clinics into a 'one-stop shop' model to be more proactive and avoid duplication of work and greater convenience for patients.
- The practice management team were aware of the constraints of the building and the potential demand for its services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice policies were implemented and were available to all staff.
- Clinical and internal audits were undertaken to monitor quality and to make improvements.

- There were some arrangements in place for identifying, recording and managing internal risks, issues and implementing mitigating actions. However, risk assessments had not always been carried out for all identified risks such as all health and safety.
- The learning from significant events and complaints was not always shared with all members of the team.

Leadership and culture

The principal GPs, GP partners and the practice manager formed the management team at the practice. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and conversations with staff demonstrated that they were confident in raising concerns and suggesting improvements openly with members of the management team.

The practice had a programme of practice meetings. Fortnightly practice meetings were held chaired by the practice manager and attended by all available GPs. Dispensing meetings and reception meetings were also held. The practice acknowledged the need to increase the number of nurse meetings held.

The practice manager engaged with local practice managers by attending regular meetings to share ideas and discuss best practices with other practices in the local area. Practice nurses also engaged with local nurses by attending educational events and regular clinical updates facilitated by the clinical commissioning group.

The GP regularly attended clinical updates, education events and monthly locality meetings facilitated by the CCG; these events were used as opportunities to engage with other medical professionals and share ideas.

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

The practice valued and acted on feedback from patients, the public and staff. It proactively sought patients' feedback and had tried to engage patients in the delivery of the service through a patient participation group (PPG).

- The practice gained feedback through national GP surveys, the NHS family and friends test, compliments and complaints received.
- The practice had reviewed the outcomes of the GP survey and had developed an action plan to address the

Are services well-led?

Good 

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

areas of concern identified as a result of the patient feedback. They acknowledged that access to appointments had proved difficult for some patients but considered this would improve following the appointment of a new partner, the change in the appointment system and extra reception staff manning the telephones.

- The practice had gathered feedback from patients through the patient participation group (PPG). The PPG consisted of 16 members that met quarterly and meetings were minuted. We saw the outcome of the most recent published national survey results had been discussed with the PPG at the meeting held in August 2016. The PPG told us where they had submitted proposals for improvements to the practice management team these had been acted on. For example, changes to the wording of blood result letters

to include a 'tick box' list showing the action the patients should take. We saw patient access, staff changes and future plans for the practice were discussed with the PPG.

- The practice had gathered feedback from staff through staff meetings, appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The new GP partner had agreed to take up the role of as nurse clinician liaison lead to develop the role of the nurses and health care assistants and ensure regular meetings were held.

The practice had identified areas for strength and areas for improvement such as the constraints of the building and the potential increased list size of patients.