

The Practice Drayton Road

Quality Report

Drayton Road,
Stoke On Trent
ST3 1EQ
Tel: 01782 312838
Website: www.thepracticeplc.com

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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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

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 The Practice Drayton Road on 28 September 2016. Overall the practice is rated as requires improvement.

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 their care and decisions about their treatment.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. We saw the practice had acted on significant events. However, the practice had not shared outcomes with all staff or carried out an annual analysis of incidents or in depth to identify any common trends, maximise learning and help mitigate further errors.
- Most patients said they found it easy to make an appointment with urgent appointments available on the same day.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Information about how to complain was available but not readily accessible. The practice responded quickly to issues raised.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a staffing structure in place and staff were aware of their own roles and responsibilities.
- An advanced nurse practitioner had been recruited to mitigate the challenges in recruiting a permanent GP and improve access of appointments. Data showed that some patient clinical outcomes were below local and national averages.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a patient participation group and had implemented suggestions for improvements and had made changes to the way it delivered services as a consequence of feedback.

Summary of findings

- Staff held quarterly meetings with healthcare professionals involved in the care of the patients.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Carry out a regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Implement an effective system that details the actions taken in response to alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).

The provider should:

- Implement an effective programme of continuous a clinical audit.
- Ensure the practice complaints procedure is accessible to patients.

- Ensure all staff are made aware of the safeguarding lead and are made aware of the contact details for the local safeguarding teams for children and adults.
- Carry out an annual review of complaints to identify any common themes and trends.
- Consider expanding the practice emergency medicines to include anti-histamine medicine or carry out a risk assessment as to why this is not required.
- Explore lower the average satisfaction levels in the national GP patient survey and consider ways to improve people's experiences of the service received.
- Ensure all staff are made aware of vulnerable patients on the computer system and the clinical code used to identify them.

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 requires improvement for providing safe services.

- The provider had an online reporting system in place for reporting and recording significant events. We saw the practice had acted on significant events. However, the practice had not shared outcomes with all staff or carried out an overarching review of significant events to identify trends, maximise learning and help mitigate further errors.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had most processes and practices in place to keep patients safe and safeguarded from the risk of abuse. However, a clinician was not aware of the safeguarding lead or how to access the local safeguarding teams. Staff had received training in safeguarding to the appropriate levels. However, not all clinicians were aware of vulnerable patients on the computer system and the clinical code used to identify them.
- There was not an effective system in place that provided assurance that all patient safety alerts were being adhered to.
- The practice had arrangements in place to respond to emergencies and major incidents with the exception of an antihistamine medicine used to treat allergies.
- The practice had well maintained facilities and equipment.
- The practice maintained appropriate standards of cleanliness and hygiene and had a designated clinical lead for infection control that carried out annual audits. Staff had received training in infection prevention and control and had access to personal protective equipment such as disposable gloves and aprons.
- The practice had a detailed business continuity plan in place for major incidents such as power failure or building damage.

Requires improvement



Are services effective?

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

Requires improvement



Summary of findings

- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly below local and national averages. For example, the practice achieved 82% of the total number of points available in compared to CCG and the national averages of 95%. However, the practice told us their end of year unpublished QOF data score for 2015/16 had increased to 90%.
- Clinical audits demonstrated some quality improvement, however, there was no clear programme of continuous clinical audit in place. The senior management team told us they were looking to improve this area to include developing a web-tool for clinical audits and presentations.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver care and treatment.
- There was evidence of staff appraisals and all staff felt well supported in their work.
- Staff had quarterly meetings with a range of other health care professionals to discuss, understand and meet the complexity of patients' needs.
- Staff had an understanding of issues around consent and mental capacity.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed the practice score was comparable to Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and nurses.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers' register in place to raise staff awareness of patients that were also carers. There were 34 patients (1% of the practice population) on the register.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. However, the feedback we received through completed CQC comment cards and discussions held with patients during the inspection about access to appointments was mostly positive. Routine and urgent appointments were available on the day of the inspection.
- Translation services were available. Braille or large print was available upon request. One member of staff was able to speak Urdu and Punjabi. Staff had attended a course in health literacy and were looking to redevelop written invitations to make information easier for patients to read.
- Patients discharged from hospital were contacted within 48 hours to review their needs.
- Information about how to complain was available but not readily accessible. The practice had responded quickly to issues raised.
- The practice had implemented suggestions for improvements and had made some changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, supplying patients with bottled water upon request.
- An advanced nurse practitioner had been recruited to mitigate the challenges in recruiting a permanent GP and improve access of appointments.

Are services well-led?

The practice is rated as requires improvement for being well led.

- The provider had a vision and set of values in place to include putting patients first and working together to achieve clear and common goals. Staff told us they had access to these and were clear about their responsibilities in relation to these. However, feedback from the most recently published national GP patient survey showed lower than average satisfaction levels in the service provided therefore they were not always successful in achieving their vision.
- There was a leadership structure and staff had defined roles. All of the staff we spoke felt supported by the practice manager and the senior management team and had received an appraisal.

Requires improvement



Summary of findings

- Governance within the practice was mixed. Areas relating to patient safety, performance and patient outcomes were not always effective.
- The practice had a number of policies and procedures to govern activity and staff knew how to access them.
- The practice sought feedback from staff and patients, which it acted on. The PPG was active.
- The provider was aware of and complied with the requirements of the duty of candour.

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 requires improvement for the care of older people. The provider is rated as requires improvement for safe, effective, well led as well as overall. The provider is rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice provided annual flu, pneumonia, and shingles vaccinations.
- The practice made courtesy calls to patients aged 75 and over every eight to ten weeks to check on their health and welfare.
- The practice had a call and recall system to ensure older people attended their appointments when necessary.
- Same day appointments and home visits were available for older patients with enhanced needs.
- The practice worked in partnership with other healthcare professionals in meeting the needs of older people with complex needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for safe, effective and well led as well as overall. The provider is rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Clinics were available to address the needs of patients with long-term conditions such as asthma, diabetes and hypertension.
- Performance for diabetes related indicators were comparable to the Clinical Commissioning Group (CCG) and the national average.
- Longer appointments were available when needed.
- Patients were offered an annual review with the practice nurse or GP depending on their condition or preference to check their health and medicine needs were being met. They were provided with a self-management plan and referred to the community support services if required to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

- Systems were in place to monitor patients discharged from hospital and to review their medicine and their health needs.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for safe, effective and well led as well as overall. The provider is rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 shared the building with other professionals including the health visitor and liaised with them on a weekly basis regarding concerns about children and their families.
- Young children had access to same day appointments using the protected emergency appointment system. Appointments were available outside of school hours.
- Immunisation rates were comparable to local averages for all standard childhood immunisations. Clinics were well attended. Any child that failed to attend their appointment was followed up with a telephone call by the practice nurse and a letter reminding them of the importance of immunisation. The health visitor was informed of persistent non-attenders.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average 80% and the national averages of 82%. Their exception reporting rate was 5%, which was lower than the CCG and national averages of 6%.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider is rated as requires improvement for safe, effective and well led as well as overall. The provider is rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice had changed the morning GP appointments to start at 8.30 am and

Requires improvement



Summary of findings

offered extended hours on a Monday evening until 8pm to allow flexibility for patients. The practice had monitored the patients that made use of the extended hours service and identified 92% of users were of working age.

- A range of online services were available, including booking and cancelling appointments, prescriptions and access to health medical records.
- NHS Health checks were available for patients aged 40 to 74 in addition to new patient health checks and health promotion material.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for safe, effective and well led as well as overall. The provider is rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice worked with other health care professionals in the case management of vulnerable patients. They held a register of vulnerable patients so that they were clearly identified to staff on the practice computer system.
- 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 with the exception of one clinician.
- The practice held a carers' register and information was available to direct carers to avenues of support available to them.
- The practice offered longer appointments for patients with a learning disability and those with complex needs. Care plans were in place and reviews had been scheduled for a number of people with a learning disability in a local care home.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for safe, effective and well led as well as overall. The provider is rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- 46% of patients experiencing poor mental health had a comprehensive, agreed care plan in place compared with the Clinical Commissioning Group (CCG) average of 86% and the national average of 88%. The practice performance in this area had improved in 2015/16 was 84% and the clinical exception rate was 3%.
- 86% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was comparable to the CCG average of 85% and the national average of 84%.
- Patients experiencing poor mental health were told how to access various support groups and voluntary organisations.
- Longer appointments were available to allow sufficient time to deal with patients with complex issues.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results, which is an independent survey carried out on behalf of NHS England. The most recent results were published in July 2016. The survey invited 321 patients to submit their views on the practice, 118 forms were returned. This represented a return rate of 37%.

- 90% of patients found the receptionists at this practice helpful compared to the Clinical Commissioning Group (CCG) and the national averages of 87%.
- 98% of patients had confidence and trust in the last GP they saw or spoke to compared to the CCG and the national averages of 95%.
- 94% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93% and the national average of 92%.
- 74% of patients found it easy to get through to this practice by phone. This was comparable to the Clinical Commissioning Group (CCG) average of 75% and the national average of 73%.

Areas where the practice performed less well than the CCG and national averages included:

- 76% of patients were able to get an appointment to see or speak to someone the last time they tried. This was lower than the CCG and the national averages of 85%.

- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who had just moved to the local area. This was lower than the CCG and the national averages of 78%.

We spoke with seven patients on the day of the inspection and also invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 43 completed cards. All but eight comments received highlighted a high level of patient satisfaction. Patients commented that they found staff considerate, thorough, competent and caring. Many positive comments were made in relation to the sole locum GP and the high level of care and treatment they provided to patients. However, eight comments related to the difficulty obtaining appointments.

We saw the practice had randomly selected 20 patients and sent surveys to them and the outcomes were shared and discussed in a practice meeting held to include areas requiring improvement. The practice planned to re-run a further patient survey of two percent of the practice list in January 2016 to review improvements.

The practice also monitored the results of the Friends and Family Test (FFT) on a monthly basis. The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

The Practice Drayton Road

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 practice manager specialist advisor.

Background to The Practice Drayton Road

The Practice Drayton Road is located in Longton, Stoke on Trent and is registered with the CQC as an organisation. 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.

The practice is located in a single storey building and is leased and managed by Chilvers and McCrea Limited (The Practice Group) who have 48 GP practices including four walk-in centres. The practice is situated within Longton Health Centre and has a private car park. The building is accessible and has facilities for patients with a physical disability.

The clinical team consists of one locum GP giving one whole time equivalent (WTE), an advanced nurse practitioner and one practice nurse (1.22 WTE) plus a health care assistant (0.43 WTE). The clinical team is supported by a practice manager, two administrators and two receptionists. Staff are supported by a team of regional and national staff including a regional nurse manager, a

business manager, area lead GP and a Human Resources (HR) business partner. This is in addition to teams from other departments within the organisation to include clinical and information governance, legal and finance.

The practice serves a population of 3,268 patients comprising of 1,596 female patients and 1,668 male patients. The practice age distribution is broadly comparable to England averages with the exception of fewer patients aged 35-44 years and 74 years upwards but more patients under the age of 10 years. The practice population has lower levels of unemployment (2.4%) compared to the local average of 7.8% and the national average of 5.4%. The percentage of patients with a long-standing health condition is 57% which is the same as the CCG and higher than the England average of 54%.

The practice is open between 8am and 6.30pm Monday to Friday except Thursdays when it closes at 1pm. The practice offers extended hours on a Monday evening from 6.30pm to 8pm. If patients require an urgent appointment, they are asked to contact the practice from 8am. Patients can book routine appointments 12 weeks in advance in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the practice.

- GP appointments are available in the mornings from 8.30am to 11.30am and from 4pm to 6pm except Thursday afternoon when the practice closed at 1pm. Appointments with a practice nurse are available from 9am to 6pm on a Monday, Tuesday and a Wednesday. Appointments with an Advanced Nurse Practitioner (ANP) are available on Tuesday and Thursdays from 9am to 11.30am, Wednesdays from 10am to 11.30am and 3pm to 6pm and on Fridays from 3pm to 6pm. Telephone consultations are also available with the ANP on Wednesdays from 9am to 10am.

Detailed findings

The practice does not provide an out-of-hours service to their patients. When the practice is closed patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care. The nearest hospital is the University Hospital of North Midlands.

Why we carried out this inspection

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

How we carried out this inspection

Before the inspection, we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey published in July 2016. We carried out an announced visit on 28 September 2016.

During our visit, we spoke with a range of staff including a locum GP, the practice manager, an advanced nurse practitioner, a practice nurse, administrators and receptionists. We also spoke with the regional nurse manager, business manager, area lead GP and a Human Resources (HR) business partner. We spoke with seven patients to include two members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. We reviewed 43 Care

Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service. We observed interactions between patients and staff, reviewed an anonymised sample of the personal care and treatment records of patients in addition to reviewing records relating to the management of the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Staff were aware of their individual responsibility to raise concerns and a central online reporting system was in place to report and record significant events. The system in use had weakness in the way reporting or learning was applied at practice level:

- The long standing locum GP had not been provided with access to the online reporting system to record significant events and was therefore reliant on the practice manager to undertake this process. However, this was rectified by the end of the inspection.
- There had been eight significant events recorded in the last 12 months. All events had been dealt with at practice level and had been shared with members of the wider provider team but not all the practice staff were aware of outcomes.
- Staff, including clinicians, were unable to share an example of a recent significant event or examples of learning that arose from significant events. For example, one clinician shared an event from March 2015 and was unable to recall a more recent significant event.
- Significant events had not reviewed for trends or revisited over time to check any measures implemented had worked.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw the practice had a system to act upon medicines and equipment alerts issued by external agencies to include alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager received alerts and these were sent to the practice nurse to carry out searches. However, none of the clinicians we spoke with were able to share examples of recent alerts received or the action taken as a result of these alerts.

Overview of safety systems and processes

The practice had developed systems, processes and practices to keep patients safe and safeguarded from the risk of abuse.

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to

staff. All staff had received role appropriate training to nationally recognised standards, for the GPs this was level three in safeguarding children. The locum GP was the designated safeguarding lead for vulnerable adults and children. However, a clinician was not aware of the safeguarding lead or how to access the local safeguarding teams. The contact details for external safeguarding agencies were displayed in their treatment room and in other areas of the practice. Staff told us they were made aware of vulnerable patients by computerised alerts on patient medical records. The safeguarding lead we spoke with was unfamiliar with the clinical code used to identify vulnerable patients. We saw evidence that child safeguarding had been discussed with clinicians during a recent clinical meeting held.

- Patients had access to chaperones if required and we saw notices displayed offering this service. 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. Staff who acted as chaperones had received training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties.
- We observed the premises to be visibly clean and tidy on the day of the inspection. Patients told us they always found the practice clean and shared no concerns about the cleanliness of the practice or hygiene standards. The practice nurse was the lead person identified for ensuring that the latest infection prevention and control (IPC) measures were applied and carried out audits and we saw action was taken or planned to address any improvements identified as a result. The practice scored 97% in the last audit undertaken in May 2016. Staff had received training and had access to personal protective equipment including disposable gloves and aprons. Cleaners were provided by the Estates Department. We saw clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons. We were advised an audit of infection prevention and control of the whole building was due to take place by the NHS Estates Department shortly.
- There were arrangements in place for managing medicines, including vaccines and patients prescribed high-risk medicines. No controlled drugs were held at

Are services safe?

the practice. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A system was also in place to regularly check that patients had collected their prescriptions and the GP was alerted in the event of patients failing to collect them. We were told the practice was part of the prescribing incentive scheme and had regular input from the local clinical commissioning group (CCG) medicines management team who visited the practice every six to eight weeks.

- The Practice nurse used Patient Group Directions (PGDs) to administer immunisation and vaccines in line with legislative requirements.
- The practice had a recruitment policy in place that set out the standards it followed when recruiting staff. We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and managed.

- The premises were leased and were maintained by the NHS Estates Department. We saw there were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and risk assessment available. We saw staff received training in health and safety and were aware of their responsibilities. Regular checks were undertaken on the fire system and the alarm was tested weekly. The practice manager told us that she carried out weekly visible health and safety checks on the part of the building the provider leased to ensure the safety of the patients.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as fire and

legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Staff had work station assessments completed annually.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, staff covered colleagues with similar roles during periods of annual leave or sickness. Locum clinicians provided sickness or holiday cover. An advanced nurse practitioner had been recruited to mitigate the challenges in recruiting a permanent GP to the practice and also improve access of appointments.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers, which alerted staff to any emergency.
- We saw emergency medicines held at the practice were available with the exception of an antihistamine medicine used to treat allergies. Processes were in place to check medicines were within their expiry dates. We saw medicines were stored securely and accessible to staff.
- Staff had received basic life support training and knew what action they would take in the event of a medical emergency. We saw the practice had taken appropriate action when the partner of a patient had collapsed in the waiting room. The GP attended immediately and 999 was called. Staff had acted efficiently and appropriately and the incident had been logged as a significant event.
- The practice had emergency equipment, which included oxygen and an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm).
- The practice had a detailed business continuity plan in place to direct actions in the event of major incidents such as power failure or building damage. Copies of the plan were kept off site.

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 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 minutes of the most recent clinical meeting showed staff had acknowledged receipt of NICE guidelines.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective in reducing referrals.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed that the practice achieved 82% of the total number of points available. This was lower than the Clinical Commissioning Group (CCG) and the national averages of 95%. The practice had an overall clinical exception reporting rate of 12%, which was higher than the CCG and the national averages of 9%. 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. We were told the reasons for this included patients failing to attend annual reviews despite efforts to encourage them to attend. For example, three written invitations were sent to patients. Those patients who had failed to attend their reviews had been excepted in March. The practice supplied unpublished data for 2015/16 showed the overall QOF achievement for the practice was 90%. This was higher than the 2014/15 achievement.

The individual clinical domain performance data from 2014/15 showed:

- 81% of patients with asthma, on the register, had received an asthma review in the preceding 12 months that included an assessment of asthma control. This was higher than the CCG and the national average of 75%. However, their exception reporting rate of 26% was significantly higher than the CCG average of 6% and the national average of 8%. The practice performance in this area in 2015/16 was 94% and the clinical exception rate was 17%.
- 86% of patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months compared with the CCG average of 85% and the national average of 84%. Their exception reporting rate was 7% compared with the CCG and the national average of 8%.
- 82% of patients with hypertension had had a blood pressure reading measured 150/90mmHg or less in the preceding year compared to the CCG average of 85% and the national average of 84%. Their exception reporting rate was 10% compared with the CCG average of 3% and the national average of 4%.

However, the practice was an outlier in other clinical targets.

- 46% of patients with a recognised mental health diagnosis had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This was significantly lower than the CCG average of 86% and the national average of 88%. Their exception reporting rate was 25% compared with the CCG average of 10% and the national average of 13%. The practice performance in this area had improved in 2015/16 to 84% and the clinical exception rate was 3%.
- 58% of patients with diabetes had received a recent blood pressure reading in the preceding year, compared with the CCG average of 80% and the national average of 78%. Their exception reporting rate was 10% compared with the CCG average of 8% and the national average of 9%. The practice performance in this area in 2015/16 was 60% and clinical exception rate was 11%.
- 72% of patients with chronic obstructive pulmonary disease (COPD) had received a review, including a review of breathlessness compared to the CCG average of 91% and the national average of 90%. Their exception

Are services effective?

(for example, treatment is effective)

reporting rate was 10% compared with the CCG and the national average of 11%. The practice performance in this area in 2015/16 was 94% and clinical exception rate was 9%.

The practice acknowledged QOF targets had been difficult to achieve and advised us of the challenges they had in engaging with and carrying out reviews of patients, particularly those with mental health needs and long-term conditions. They told us they were planning to contact patients experiencing poor mental health to invite them to an evening session with both the GP and healthcare assistant to cover their annual review, update their care plan and review their medicines. The practice manager had also recently attended a health literacy course and was looking at methods of simplifying invitation letters to make the information easier for patients to read and understand. For people with diabetes they told us they were trying to improve performance by recalling patients to attend reviews in good time.

There was little evidence of quality improvement though clinical audit. The locum GP had completed two full cycle audits in the last 12 months to review and drive improvement in patient care. However, the quality of audits required improvement and there was no clear programme of continuous clinical audit in place. The senior managers acknowledged this was an area for improvement. We saw the locum GP had carried out an co-amoxiclav (antibiotic) audit to ensure prescribing guidance was adhered to and to reduce the inappropriate use of this medicine. A random sample of 20 patients' medical notes were reviewed and data collected. The result of the completed cycle audit showed a reduction in prescriptions issued from 78 patients in 2014/15 to 32 patients in 2015/16.

Effective staffing

The practice had a team of staff with the skills, knowledge and experience to deliver care and treatment.

- The practice had a team of staff, some of whom had worked at the practice over 20 years. The team had experienced some changes due to staff retiring, leaving the practice in addition to staff sickness. The practice had experienced significant difficulties with recruiting a permanent GP and therefore had continued using the

same regular locum for two years to provide patients with continuity of care and treatment. They had also recruited an advanced nurse practitioner to help meet patient demand and improve access to appointments.

- The practice had an induction programme for all newly appointed staff, to include a GP locum induction pack. This covered areas such as safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- The practice manager monitored all staff training and was able to demonstrate how they ensured role-specific training and updating for relevant staff. Staff at all levels had completed training appropriate to their roles and were supported in their professional development. The healthcare assistant was currently studying a university level course to support them in their role.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. The nurses we spoke with could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources and training updates.
- The learning needs of staff were identified through a system of appraisals and staff identifying courses that would be of benefit to their learning. Staff told us they had received an appraisal within the last 12 months and confirmed their essential training was up to date.

Coordinating patient care and information sharing

The practice had a system in place for sharing and receiving information about patients' care and treatment from other agencies such as hospitals, out of hour's services and community services. Staff we spoke with demonstrated an understanding of their role and responsibilities with ensuring information was managed effectively. The practice received reports each morning from these services and shared the information needed to plan and deliver care and treatment in a timely manner. As a failsafe a member of the team had a system in place to capture every pathology test filed by a clinician and regularly checked each test to ensure the appropriate actions had been taken. For example, that repeat tests had a recall, patients requiring review had been booked an appointment and any medicine issued to the patient had been collected.

Are services effective?

(for example, treatment is effective)

Staff told us they telephoned patients discharged from hospital to check on their health and welfare in addition to patients on the admissions avoidance register. The practice advised us they had 71 patients on the register and that care plans were in place and regularly reviewed. We saw evidence of this on the patient records we sampled.

- Staff worked together to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice received electronic reports each day detailing patient outcomes and took any necessary action.
- The practice team met quarterly with other professionals, including the palliative care team and the Integrated Locality Care Team (ILCT) team, which included professionals such as district nurses, community matrons and social workers. They told us they discussed the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. We were told the dementia liaison nurse from the locality regularly reviewed patients at the practice.

Consent to care and treatment

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

- Clinicians understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). A clinician was able to share an example when a young person had attended the practice for medical treatment and how they had effectively managed the situation. We saw posters about MCA were displayed in treatment rooms and clinicians were aware of their responsibilities in relation to gaining informed consent, for example for procedures such as cervical screening tests and family planning.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

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 patients requiring advice on healthy lifestyles.
- Travel advice, immunisations and vaccinations were provided by the practice nursing team, including yellow fever vaccinations.
- NHS health checks were available for patients aged 40 to 74 years in addition to new patient health checks.
- Patients were able to access lifestyle advice with the health care assistant and signposted patients requiring smoking cessation advice to another local service. There was an information file held in the waiting room providing patients with details of medical conditions in addition to advice on a variety of health topics. For example, giving up smoking, pregnancy and birth and travel health.
- The practice encouraged its patients to attend national screening programmes. The practice's uptake for the cervical screening programme was 81%, which was comparable to the Clinical Commissioning Group (CCG) average of 80% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available and by telephoning and sending letters to patients who had not responded to the initial invitation.
- Bowel and breast cancer screening rates were below the CCG and national averages. Data showed 48% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the CCG average of 55% and the national average of 58%. Data showed 70% of female patients aged 50 to 70 years had been screened for breast cancer in the last 3 years. This was slightly below the CCG average of 73% and higher than the national average of 72%.

Published childhood immunisation rates for the vaccinations given were in line with the CCG average and higher than the national average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and for five year olds from 95% to 100%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout the inspection, we observed staff were courteous and very helpful to patients who attended or telephoned the practice. For example, we saw a member of staff assist a patient who was visually impaired into a taxi for their journey home. We also saw a patient being offered bottled water while they were waiting for their appointment.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. A notice was displayed in the reception area advising patients that a room or space would be made available to speak in private should they wish to do so. We saw that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We spoke with seven patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 43 completed cards. All but eight comments received were positive with patients reporting good experiences and highlighted that staff responded compassionately when patients needed help and provided support when required. Negative comments related to the lack of access to appointments. Most patients felt the practice offered a good service and staff were caring, helpful and treated them with dignity and respect. We were advised the practice always tried to use the same locum clinicians wherever possible for continuity of care.

The practice had a Patient Participation Group (PPG). We met with two members of the PPG. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected.

We reviewed the most recent data available for the practice on patient satisfaction from the National GP Patient Survey, published in July 2016. The survey invited 321 patients to submit their views on the practice and 118 forms were returned. This was a completion rate of 37%. Results showed patients felt they were treated with compassion,

dignity and respect. The practice score was comparable to clinical commissioning group (CCG) and national averages for its satisfaction on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national averages of 85%.
- 94% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 91% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG average of 93% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and had sufficient time during their consultations. They said they were involved in decision making about the care and treatment they received. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly comparable to local and national averages with the exception of patients feeling involved in decisions about their care by a GP. However, on the day of the inspection patients told us that they felt the locum GP involved them in their care and treatment.

Data from the survey showed:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national averages of 86%.

Are services caring?

- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 84% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.
- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

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

- Translation services were available. Braille or large print was available upon request. One member of staff was able to speak Urdu and Punjabi. Staff had attended a course in health literacy and were looking to redevelop written invitations to make information easier for patients to read and understand.

Patient and carer support to cope emotionally with care and treatment

We saw patient had access to a range of information files in the waiting area, which told them how to access a number of local support groups and organisations.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 34 patients as carers (1% of the practice list). An audit of carers had been carried out and all new patients were asked if they had caring responsibilities. Carers were offered health checks and flu vaccinations. We saw patients had access to a range of information available in the waiting area that signposted carers to various local support organisations. The practice nurse was planning to invite all the known carers along to a meeting with a speaker from the local Carers Association so that carers were provided with information about the range of support available to them.

Staff told us that if families had suffered bereavement, the practice contacted them to ensure that support was available if required.

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 appointments on a Monday evening to accommodate working age patients.
- Longer appointments were available for patients with a learning disability and those with complex medical needs.
- Same day urgent appointments were available. Priority was given to young children and patients with complex needs.
- Where possible home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their care records.
- Patients were able to receive travel advice and vaccinations, including yellow fever.
- There were disabled facilities. Braille or large print was available upon request. One member of staff was able to speak Urdu and Punjabi and translation services were available. Staff had attended a course in health literacy and were looking to redevelop written invitations to make information easier for patients to read and understand.
- Patients discharged from hospital were contacted within 48 hours to review their health and medical needs.
- Patients had access to a number of services including NHS health checks, new patient checks, immunisations and travel vaccinations.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patients we spoke with told us they valued this service given there was only one GP at the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except Thursdays when it closed at 1pm. The

practice offered extended hours on a Monday evening from 6.30pm to 8pm. If patients required an urgent appointment, they were asked to contact the surgery from 8am. Patients could book routine appointments 12 weeks in advance in person, by telephone or on-line. Home visits were available to patients with complex needs or who were unable to attend the surgery. GP appointments were available in the mornings from 8.30am to 11.30am and from 4pm to 6pm except on a Thursday. Appointments with a practice nurse were available from 9am to 6pm on a Monday, Tuesday and a Wednesday. Appointments with an Advanced Nurse Practitioner (ANP) were available on Tuesday and Thursdays from 9am to 11.30am, Wednesdays from 10am to 11.30am and from 3pm to 6pm in the afternoon and on Fridays from 3pm to 6pm. Telephone consultations were available with the ANP on Wednesdays from 9am to 10am.

The practice did not provide an out-of-hours service to their own patients but patients were directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice was closed.

Results from the National GP Patient Survey, published July 2016, showed that patients' satisfaction with how they could access care and treatment was below local and national averages in most areas.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average and the national averages of 85%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

The practice had identified this was an area requiring improvement and had taken on a part-time advanced nurse practitioner (ANP) to ensure appointments were more accessible. They told us they now offered 207 GP and ANP appointments each week. This was made up of 122 same day appointments and 85 pre-bookable appointments to meet patient demand. All but one of the seven patients we spoke with on the day of the inspection

Are services responsive to people's needs?

(for example, to feedback?)

told us they were able to get appointments when they needed them. Of the 43 CQC comment cards we received, eight patients told us they had experienced difficulties with getting an appointment.

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.
- The practice manager was the designated lead for handling complaints in the practice.

- Although a complaints leaflet was available to help patients understand the complaints system, this was not readily accessible to patients. However, a notice was displayed in the waiting room advising patients to contact a receptionist should they wish to make a complaint. Staff also told us that any patient expressing dissatisfaction with the service would be signposted to the practice manager to address their complaint.

The practice had received 10 complaints in the last 12 months. We saw these had been dealt with in a timely manner with openness and transparency. We saw a recent complaint had been discussed in a clinical meeting held. However, an annual review of complaints had not been carried out to identify any common themes and trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The provider had a vision and set of values in place to include putting patients first and working together to achieve clear and common goals. Staff told us they had access to these online and were clear about their responsibilities in relation to the vision and values. However, feedback from the most recently published national GP patient survey showed lower than average satisfaction levels in the service provided therefore they were not always successful in achieving their vision.

Governance arrangements

We found governance arrangements within the practice was mixed.

- There was a staffing structure and staff were aware of their own roles and responsibilities and these were established across the practice.
- There was governance support from Chilvers and McCrea (The Practice Group). However, the day-to-day clinical leadership fell to the sole locum GP who worked at the practice four days per week. They told us they felt well supported by the practice group clinical lead and the clinicians based at the practice.
- The practice staff had access to and were supported by the senior management team within the organisation. For example the regional nurse manager, business manager, area lead GP and a Human Resources (HR) business partner. However, staff had experienced a number of changes at business management level but felt well supported by the recently appointed business manager who visited the practice on a monthly basis.
- Staff understood how to access specific policies and we saw these were available to all staff with the exception of the sole locum GP who was unable to access all essential documents on the central computer system. However, this was rectified at the time of the inspection.
- The practice's Quality and Outcomes (QOF) performance for 2014/15 was below the national and CCG averages with clinical exception reporting higher. We were told

the reasons for this included patients failing to attend annual reviews despite efforts to encourage them to attend and patients were only excepted at the end of the QOF year in March.

- Staff were unable to recall an example of a significant event. The practice had not shared outcomes of significant events with all staff or carried out an overarching review of to identify trends, maximise learning and help mitigate further errors.
- There was not an effective system in place that detailed the actions taken in response to alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) and clinicians were unable to provide examples of alerts received and acted upon.
- There was not an effective continuous cycle of continued clinical audits in place to drive improvement in patient outcomes.
- An annual review of complaints had not been carried out to identify any common themes and trends.

Leadership and culture

Staff told us an open culture was promoted within the practice and the practice manager was approachable and took the time to listen them. The practice manager and members of the senior management team told us they operated an open and 'no blame' culture.

- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment. They gave affected people reasonable support, and an apology.

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

- Staff told us they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so. The practice aimed to hold practice and clinical meetings on a monthly basis but this frequency over recent months had provided difficult with staff taking leave over the summer period.

Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported in their work.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), complaints and patient surveys. We saw leaflets providing information about the PPG and a joining form were available in the waiting area. During the inspection, we met with two members of the group. They told the practice welcomed their suggestions for improvement and had implemented changes as a result of their feedback. For example, having a supply of bottled water available for patients upon request and fitting hand sanitisers outside clinical rooms. They also told us they had suggested questions for a patient survey carried out.
- We saw there was a suggestion box and cards available in the waiting room, encouraging patients to provide feedback on the service they received.
- Following feedback from the Friends and Family Test (FFT) the practice had changed the GP morning appointments to start at 8.30am and had extended the session to three hours to help with demand.
- We saw the practice had randomly selected 20 patients and sent surveys to them and the outcomes were shared and discussed in a practice meeting held to

include areas requiring improvement. The practice planned to re-run a further patient survey of two percent of the practice list in January 2016 to review improvements.

- Staff told us they were encouraged to give feedback would not hesitate to give feedback and discuss any concerns or issues with colleagues and member of the management team.

Continuous improvement

The practice had identified strengths and areas for improvement and shared these with us. Improvements included expanding telephone appointments at the end of clinics and providing early morning access to the practice nurse from 7.30am for working patients.

There was evidence of the practice acting on patient feedback, for example on suggestions made about access to appointments. Some working patients were unhappy regarding the lack of availability with the practice nurse for their annual reviews, therefore the practice nurse was arranging to stay late to accommodate these patients.

Staff were encouraged to develop and learn at all levels and were supported in their professional development. For example, the practice nurse had been supported to complete a diploma and the healthcare assistant was currently studying a university led course relevant to their role.

The practice manager told us they had attended a health literacy course and as a result were looking to redevelop their written invitations that the practice sent to patients to make them easier to read and understand.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not have an effective significant event process to share outcomes and learn from incidents Regulation 12

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have an effective system to demonstrate the action taken on all alerts issued by the Medicines and Healthcare Regulatory Agency about medicines.