

# Northgate Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this service	Good	
Are services safe?	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 undertook an announced comprehensive inspection of Northgate Surgery on 19 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- The practice had the majority of defined and embedded systems to minimise risks to patient safety. The exception was that the system for managing alerts did not include a check to ensure appropriate action had been taken.
- Staff were aware of and seen to be providing treatment in line with current evidence based guidance.
- Clinical staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The provider had a training programme that included all staff. We saw that training requirements had been completed or planned.
- Results from the national GP patient survey published in July 2016 showed most scores were above average when patients were asked if they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. The scores for access by telephone and availability of appointments were significantly higher than local and national averages.
- Information about services and how to complain was available and we saw improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure; GPs had leadership roles in specialist clinical areas and staff spoke positively about the support they received from the management team.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. We reviewed the process for managing significant events and complaints and saw evidence that the practice complied with these requirements.

# Summary of findings

The areas where the provider should make improvement are:

- Review the system for managing alerts to include a check that appropriate action has been taken.
- Review the policy for exception reporting patients to ensure that patients who require reviews remain highlighted on the clinical system.

- Explore ways to increase the number of patients identified as carers.

**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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However, the system did not include any reviews to ensure that appropriate action had been taken.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. Children with protection plans, parents and siblings of those children, and adult patients with safeguarding concerns were highlighted on the clinical system.
- Prescriptions forms and pads were securely stored and an effective system that tracked their usage minimised the risk of fraud.
- There were effective systems that governed the dispensing function. Medicines were stored securely and all found to be in date. Standard operating procedures instructed staff at each stage of the dispensing process and an effective near miss reporting system allowed regular reviews of any errors found through in house checking.
- Appropriate recruitment checks had been completed on staff employed to work at the practice.
- The practice had suitable arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from 2015/16 for Quality and Outcomes Framework showed that the provider's overall performance was above local and national averages. Non-validated data for 2016/17 highlighted that this performance had been sustained.
- Staff were aware of current evidence based guidance. The practice had informal systems to monitor that these guidelines were followed.

# Summary of findings

- A comprehensive programme of audits and repeated cycles carried out demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff and a comprehensive training programme for all staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked together and with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services including the out of hours service, district nursing and integrated local care teams.
- Cancer screening data showed that uptake rates were above local and national averages. There were systems in place to follow up non-attenders and the practice had been commended on their cancer detection rate.
- Childhood immunisation uptake rates were above the national expected uptake rates.

## 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 patients rated the practice the same or above others for all aspects of care.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 27 patients as carers (0.5% of the practice list). Annual flu immunisation was offered to carers but there was no call/recall system to invite carers in for annual health checks.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice provided screening and diagnostic services that reduced the need for patients to travel the considerable distance to attend hospital appointments.

Good



# Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients' feedback on the availability of appointments and contacting the practice by telephone was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available; evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a written business plan and set of objectives. These included a review of capacity to meet the rapid growth in the local population.
- There was a clear leadership structure and staff felt supported by the management. Staff and patients spoke positively about their inclusion in practice decisions and said that the GPs and management team were approachable and listened to ideas and concerns raised.
- The practice had written policies and procedures that were reviewed every two years or sooner when required. Staff were aware of where they were located and we saw that the policies were governing activity.
- An overarching governance framework included regular clinical, business, administrative and nurse team meetings.
- Newly appointed staff had received inductions and there were opportunities for all staff to attend regular staff meetings. All staff had received annual appraisals and personal development plans.
- The provider was aware of the requirements of the duty of candour. A culture of openness and transparency was encouraged in the practice. The practice had systems in place to manage notifiable safety incidents, share the information with staff and ensure appropriate action was taken.
- The practice proactively sought feedback from patients and we saw examples where feedback had been acted on. The practice engaged effectively with the established and active patient participation group.

Good



# 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.

- Patients aged 75 years or over had been advised of a named GP.
- The practice had identified their most frail and older patients and those with complex needs. The practice carried out monthly reviews for this group of patients, and their carers, to reduce avoidable hospital admissions and attendances to A&E.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, the surgery provided a bypass telephone number for urgent access.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs carried out weekly reviews for those patients who resided in a care home. These included visits and virtual ward rounds (blocked off time weekly for a GP to review patients identified by the care home as in need of a review and/or visit).
- The practice followed up older patients discharged from hospital and liaised with GPs and district nursing staff so that patients' care plans were updated to reflect any additional needs.
- The practice identified older patients who needed palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care and held monthly palliative care meetings with other health professionals.

Good



### People with long term conditions

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

- Patients at risk of hospital admission were identified as a priority.
- 96% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was higher than the Clinical Commissioning Group (CCG) average of 91% and the national average of 90%.

Good



# Summary of findings

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recommended limits, was 92%. This was higher than the CCG average of 82% and the national average of 80%. However the exception reporting rate of 26% was higher than the CCG and national averages of 13% meaning fewer patients had been included.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There was a system to recall patients with long term conditions for a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients were supported to self-manage their diseases. For example, a rescue treatment pack was provided to patients with chronic obstructive pulmonary disorder (COPD).

## Families, children and young people

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

- There were systems and procedures in place to safeguard children from the risk of abuse. Alerts were placed on patient records to make staff aware of children who had a child protection plan in place. An alert was in place to inform staff of the parents and siblings of children with a child protection plan in place.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child development clinics.
- On the day appointments were available for children.
- There was a system in place to follow up children who did not attend (DNA) for hospital appointments.
- A contraception service was offered and condoms were available free of charge from the practice.
- Access was available to male and female clinicians on request.
- Monthly safeguarding meetings held with health visitors were extended to include the school nurses.

Good



# Summary of findings

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

Good



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

- The needs of this population group had been identified and the practice had adjusted the services it offered to respond to patients' needs. For example, patients had access to an online service for booking appointments and ordering repeat medication.
- An extended hours service provided appointments with the GPs, nurses and healthcare assistant.
- Telephone consultations were offered daily with a GP or a nurse.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The provider offered NHS Healthchecks and had completed 143 since April 2017 (the target for 2017/18 was 209 per annum).

## **People whose circumstances may make them vulnerable**

Good



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

- The practice held a register of patients living in vulnerable circumstances including carers, children at risk, vulnerable adults and military veterans. Extended appointments were offered to vulnerable patients.
- A register was maintained for those patients with a learning disability. The practice had regular communication with the community learning disabilities team who provided annual training for clinical staff. There were 48 patients on the register. Every patient had been invited for an annual health check and 38 had been completed in the previous 12 months.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

# Summary of findings

make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. Child safeguarding meetings were held monthly.

- A translation service and a hearing loop was available at the reception desk.
- The building had disabled facilities which included automated entrance doors to the building.

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

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

- The practice had identified a higher percentage of their patients as having dementia (1.3%) when compared to the CCG and national averages (0.8%); and carried out advance care planning for patients living with dementia.
- 84% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was comparable with the Clinical Commissioning Group (CCG) average of 82% and the national average of 83%.
- The practice hosted an in-house clinic from a counsellor for minor mental health conditions.
- Staff had been provided 'Dementia Friends' training.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 95% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG average of 85% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Staff were aware of where to refer patients for supporting services. For example, a specialist postnatal mental health team.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. For example, a counselling service hosted by the practice.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results most recently published in July 2016 provides data on individual practices.

The data for Northgate Surgery showed the practice overall performance was significantly higher than local and national averages. A total of 230 survey forms were distributed and 104 were returned. This represented a return rate of 45% equivalent to 1.9% of the patient list size.

- 96% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 87% and the national average of 85%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 91% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 80% and the national average of 78%.

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 12 comment

cards which were overall positive about the standard of care received. Patients told us staff were respectful, caring, and helpful and treated them with dignity and respect. One patient commented that the online repeat prescription ordering facility was not working. The practice had acted on this.

During the inspection we spoke with two patients who were also members of the Patient Participation Group (PPG). They told us that they received a high level of care and that patients were highly satisfied with the practice.

Results from the friends and family test showed:

For March, April and May 2017, out of total 175 responses 158 (90%) of patients said they were extremely likely to recommend the practice to friends and family.

The provider undertook their own annual patient questionnaire, the last of which was carried out in October 2016. A total of 177 patients responded and rated the practice between poor and excellent for a set of 10 questions. The responses to all questions were overall positive with the highest scoring responses received for cleanliness of the practice and premises (73% of the respondents scored the practice as excellent), and for the overall level of satisfaction (94% of respondents scored the practice very good or excellent).

# Northgate 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.

## Background to Northgate Surgery

Northgate Surgery is located in the centre of Uttoxeter, Staffordshire. The practice provides services to people living in the surrounding towns and villages. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

Northgate Surgery relocated to its current premises in June 2014, a purpose built building owned privately and leased to the partners. The premises are shared with the district nursing team, a physiotherapist, midwife, chiropody and counselling services. Rooms are situated on the ground floor and consist of a reception area, treatment rooms and consultation rooms. The practice has level access from the car park and is accessible for wheel chair users; there are disabled and baby changing facilities.

The practice area is one of lower deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 5,700 patients.

Demographically the population is 98% white British with the remaining patients being Eastern European. The practice age distribution is similar to the national and CCG

averages. For example, 19% of the patients are aged 65 and over compared to the CCG average of 19% and the national average of 17%. The percentage of patients with a long-standing health condition is 50% which is comparable with the local CCG average of 52% and the national average of 53%.

The practice staffing comprises:

- Three GP partners (two male, one female). 2.6 whole time equivalent (WTE).
- Two practice nurses (combined 58 hours per week, 1.4 WTE).
- A healthcare assistant (0.5 WTE).
- A practice manager and office manager.
- Three dispensary staff
- Eight Administrative staff working a range of hours.

The practice opens between 8am and 6.30pm Monday to Friday. Pre-bookable and same day appointments are made available each day. Appointments can be booked between 8.50am and 11.50am in the morning and between 3pm to 6.10pm each afternoon. Extended hours appointments are provided on a Monday when the practice remains open until 7.30pm. In addition, urgent same day appointments are added to morning and afternoon surgeries. Telephone consultations with a GP or nurse are available each day. Appointments can be pre-booked in advance (no set time limit) and urgent appointments are made available for those that needed them. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients accessed this service by calling NHS 111. An online facility to book appointments and request repeat prescriptions is available to those patients who had registered to use the service.

# Detailed findings

## 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 a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive inspection on 19 June 2017. During our inspection we:

- Spoke with a range of staff including the GP partners, practice nurses, the healthcare assistant, dispensary and administrative staff. We also spoke with two patients who were also members of the patient participation group and a member of staff from the district nursing team.
- Observed how patients were being cared for.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Staff knew their individual responsibility, and the process, for reporting significant events. A dedicated significant event form was available to all staff.
- We reviewed a sample of 20 significant events raised in the last 12 months and found that they had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team to improve processes to prevent the same thing happening again.
- We reviewed safety records, minutes of meetings and asked staff about the measures in place within the practice to promote patient safety. We saw that significant events were discussed as a standing item within the weekly partners' meeting attended by the practice manager.
- The practice also monitored trends in significant events and evaluated any action 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 information and an apology when things go wrong.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice had acted on alerts received; searches had been carried out to identify patients affected. Alerts were communicated by email and highlighted on the system that they had been cascaded. at clinical meetings and sent to each clinician by email. However, the system did not include any review to ensure that appropriate action had been taken. We saw that an MHRA alert from 14 March 2017 had been acted on appropriately. A search on patients had been completed and changes made when required.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Arrangements were in place to safeguard vulnerable adults from the risk of abuse. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Policies were accessible to all staff and staff knew where to find them. There was a lead member of staff for safeguarding.
- Alerts were placed on patient records to make staff aware of children who had a child protection plan in place. Alerts were in place to inform staff of the parents of children with a child protection plan in place or adults with safeguarding concerns. The practice had a register of adult patients with safeguarding concerns and an alert on their electronic records alerted staff.
- Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and the GPs provided safeguarding reports where necessary for other agencies. Systems to follow up children who failed to attend for hospital appointments were in place.
- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. A board in the waiting area advised patients the chaperones available on that day. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy and noted that that the practice was complimented on their cleanliness in a number of the comment cards received. There were cleaning schedules in place and the cleaning contract was carried out by a third party.
- The lead nurse was appointed as infection prevention and control (IPC) clinical lead. There was an IPC

## Are services safe?

protocol, regular IPC audits and most staff had received up to date training. An action plan was put in place following the most recent IPC audit and most actions had been completed to address any improvements identified.

- There was a system in place for checking the expiry date of items such as syringes, dressings and dressing packs. All items checked were securely stored and within their expiry date.
- Each GP carried a home visit bag carrying appropriate medicines and equipment to deal with an emergency. This included adult and child pulse oximeters. An emergency bag was kept at the practice.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We checked six patients on high risk medicines. All were monitored regularly within the recommended time frames. The practice had developed a template to be used for patients on high risk medicines; this had been recommended to other practices by the CCG.
- The provider had a policy for managing repeat prescription requests. This was in line with national guidelines. For example, the policy stated that telephone requests should not be accepted.
- Prescription forms and pads were securely stored and there was a system in place for tracking the use of prescription pads throughout the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant used patient specific directions (PSDs).
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training. Any 'incidents' or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff had access to written standard operating procedures which covered all aspects of the dispensing process.

- 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. There were also arrangements in place for the destruction of controlled drugs.
- The temperatures of the medicines fridges were monitored and recorded. The thermometers had the facility to record minimum and maximum temperatures.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment for permanent staff. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We saw that the practice was in the process of implementing an assessment of the physical and mental health of staff employed.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment, regular fire drills had been carried out. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

## Are services safe?

- 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.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were available and were stored securely. All the medicines we checked were in date
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP we spoke with was aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw that:

- The practice had systems 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.
- However, the practice had no system to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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). The most recent published results for 2015/16 showed the practice had achieved 100% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Their clinical exception rate was 16% which was higher than the CCG and the national rates of 10%. 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.

Data from 2015/16 showed:

- 95% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG average of 85% and the national average of 89%. Their exception reporting rate of 16% was comparable with the CCG average of 14% and national average of 13%.
- 84% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was

comparable with the CCG average of 85% and the same as the national average. Their exception reporting rate of 7% was comparable with the CCG average of 6% and the same as the national average.

- 77% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was comparable with the CCG average of 74% and the national average of 76%. The exception reporting rate of 14% was above the CCG average of 7% and national average of 8% meaning fewer patients had been included.
- 96% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was higher than the CCG average of 91% and the national average of 90%. The exception reporting rate of 18% was above the CCG average of 10% and the national average of 8% meaning fewer patients had been included.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recommended limits, was 92%. This was higher than the CCG average of 82% and the national average of 80%. Their exception reporting rate of 26% was higher than the CCG and national averages, both 13%, meaning fewer patients had been included.

We looked at details in the diabetes register. The practice explained that the high exception reporting rates was due to the exception reporting procedure when patients were excepted following three invites but then continued to be reviewed opportunistically. Non validated data for 2016/17 indicated that the overall clinical exception rate had reduced; the overall clinical exception rate for diabetes was 13%; and for asthma was 12%.

The provider had a comprehensive audit programme that included 11 audits undertaken in the last 12 months. We reviewed four of the clinical audits undertaken in the last year where repeated cycles had been completed to monitor improvements made. Findings were used by the practice to improve services. For example, an audit in 2016 reviewed the regular monitoring of patients on high risk medicines. The findings showed five patients had not received a blood test within three months or blood tests had been completed in secondary care but no record of the results had been received. The practice implemented a new process for shared care prescribing and a repeat audit in June 2017 showed that all patients on high risk

# Are services effective?

## (for example, treatment is effective)

medicines had a recorded review by a GP within the preceding three months. The nurses were involved in clinical audits, for example; an audit of patients who were on medication for the prevention of blood clots.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, long term conditions such as diabetes and high blood pressure monitoring.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. 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 and discussion at practice meetings.
- The learning needs of clinical staff was identified through a system of appraisals, meetings and reviews of practice development needs. These include wound care, travel vaccinations and diabetes update training.
- All staff completed annual appraisals and these were supported by personal development plans.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Training had been completed or planned. There had been an assessment of staff learning needs beyond the essential training. Additional training had been provided in dementia friends, child sexual exploitation and social media.

### Coordinating patient care and information sharing

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.

- We found that the practice shared relevant information with other services in a timely way. For example, when referring patients to other services and sharing information about patients nearing the end of their life, for example, with the out of hours service.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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.
- 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.
- We saw that written consent was recorded in the patient's notes, for example, when receiving a vaccination.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those who had recently suffered bereavement.
- The practice had identified their most frail and older patients and those with complex needs. The practice carried out monthly reviews for this group of patients, and their carers, to reduce avoidable hospital admissions and attendances to A&E.
- Literature available in the waiting area and on the practice website signposted patients to services offered in the community, For example, a local GP led service to support people with long term conditions to take more control of their own care.

## Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 82% and the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 80% of eligible women aged 50-70 years had been screened for breast cancer in last 36 months. This was higher than the CCG average of 72% and the national average of 73%. Fifty-nine per cent of eligible persons aged 60-69 years had been screened for bowel cancer in last 30 months. This was the same as the CCG average and comparable with the national average of 58%. The practice had systems in place to follow up on non-attenders. The provider had been praised in an external cancer review report (2017) for the high number of cancer detections found in primary care (43 out of 45 patients).

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from NHS England experimental statistics 2015/16 showed uptake rates for the vaccines given were above CCG and national expected coverage for vaccinations. For example, childhood immunisation rates for children aged two years ranged from 98% to 100% (national expected coverage of vaccinations was 90%). The practice nurses followed up children who failed to attend for their immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private interview room to discuss their needs. A notice on reception advised patients of the facility.
- Patients could be treated by a clinician of the same sex.

We received 12 comment cards which were overall positive about the standard of care received. Patients told us staff were sympathetic, respectful, caring, helpful and treated them with dignity and respect. One comment card contained negative comments on the online repeat prescription ordering system.

We spoke with two members of the Patient Participation Group (PPG) who were also patients at the practice. They told us that the service provided was excellent with particular mention to availability of appointments and the clinical care.

Results from the national GP patient survey published in July 2016 scored the practice above local and national averages for its satisfaction scores on consultations with GPs. For example:

- 93% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

The responses from patients were similar to local and national averages when asked about the nursing staff. For example:

- 93% of patients said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

Results from the national GP patient survey published in July 2016 showed patients scored the practice similar to local and national averages for its satisfaction scores on the helpfulness of the reception staff:

- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

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

Results from the national GP patient survey published in July 2016 showed patients felt the GP involved them in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 88% 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%.

The patients' responses were similar to local and national averages when asked about the nursing staff. For example:

- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.

## Are services caring?

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, a service to support patients whose first language was not English was available and both the reception desk and dispensary had a hearing loop for patients with a hearing impairment. We saw that personalised care plans were in place for those patients at increased risk of hospital admission.

### **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, for example, Staffordshire Cares and Age Concern. The provider offered support to isolated or house-bound patients included signposting to relevant support and volunteer services on the practice website. The Patient Participation Group (PPG) had collated a pack to advise

patients on what was available to them locally. The practice was open to temporary patients that included members of the travelling community and returning students.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (0.5% of the practice list) and 53 patients who were currently cared for. Information was available to direct carers to the various avenues of support available to them. Carers were invited for annual flu vaccinations but there was no recall system to invite them for an annual health check.

Notification was placed on the system in the case of a death so all staff were made aware. An electronic system was used to keep a register and inform other healthcare providers including hospitals and the community nursing team. This was updated as soon as the practice had been notified. We were told that GPs liaised with the district nursing team to offer support to families who had experienced bereavement. Information leaflets for a local bereavement counselling service were available in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The provider offered services to reduce the need for patients to attend a hospital appointment. These included minor surgery, minor trauma and ultrasound scanning.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. A system was in place to prioritise the requests. Each receptionist had access to an emergency call handling protocol and requests were added to the clinical system with the facility for additional notes.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Multi-disciplinary meetings were held monthly at the practice to provide co-ordinated care for these patients. The practice had systems in place to alert the out of hours service if they had any concerns regarding a patient receiving end of life care.
- Same day appointments were available for children and those patients identified as the most vulnerable patients registered with the practice.
- The GPs worked in partnership with the health visiting service, to provide routine child development checks and immunisations.
- There were accessible facilities, which included a hearing loop, and interpretation services. The entrance doors were automatically operated.
- Parking was available at nearby car parks and the practice was served by a local public transport service.
- There were 48 patients registered with the practice who had a learning disability. There was a patient call and recall system to invite these patients for an annual health check. A total of 38 health checks had been carried out in 2016/17.
- The practice had an effective, cohesive approach to prioritising home visit requests.

### Access to the service

The practice opened between 8am and 6.30pm Monday to Friday. Appointments were available between 8.50am and 11.50am in the morning and between 3pm to 6.10pm each afternoon. Extended hours were provided on a Monday when the practice remained open until 7.30pm. In addition, urgent same day appointments were added to morning and afternoon surgeries. Telephone consultations (with a GP or nurse) were available each day. Appointments could be pre-booked in advance (no set time limit) and urgent appointments were made available for those that needed them. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Staffordshire Doctors Urgent Care, patients accessed this service by calling NHS 111. An online facility to book appointments and request repeat prescriptions was available to those patients who had registered to use the service.

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 significantly higher than local and national averages with the exception of the practice opening hours.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 85%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 66% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

### Listening and learning from concerns and complaints

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

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the practice leaflet and in a dedicated complaints leaflet.

The practice had received eight complaints in the last 12 months. We looked at a summary of these complaints and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, there was a complaint regarding the refusal of a repeat medication request for a patient that regularly worked away from home. We saw that the GP had contacted the patient, established the justification and had granted the request.

# 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 set of objectives and a documented three year written business plan. Discussions had taken place with the Clinical Commissioning Group (CCG) and neighbouring practice around the rapidly increasing size of the local population caused by a number of housing developments in and around the town.

- Staff told us that they felt informed and involved in the running of the practice.
- The provider was engaged in discussion with nearby practices and the Clinical Commissioning Group (CCG) on how to accommodate the population increases that would result from ongoing housing developments in the town.
- The provider engaged with the CCG to discuss area wide policy and strategy; the senior GP partner attended monthly steering committee meetings and had joined the governing body of the CCG.

### Governance arrangements

We saw that the practice had an established overarching governance framework to support the delivery of safe and good quality care. The governance framework included:

- Weekly partners' meetings.
- Monthly staff meetings excluding August and December (to include all staff).
- Monthly multi-disciplinary meetings (MDT) meetings.
- Monthly safeguarding meetings.
- Monthly nurse team meetings.
- Monthly dispensary team meetings.
- Protected learning time every month.

These meetings were minuted and staff told us that the minutes were circulated to those unable to attend. Agendas were sent out in advance and standing agenda items included significant events, safeguarding and clinical alerts.

We found that:

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Significant events and written complaints were appropriately recorded, investigated and learning from

them shared with staff. The minutes of meetings we reviewed demonstrated that significant events and complaints were standard agenda items allowing lessons learnt to be shared with staff.

- An infection control audit had been completed and an action plan implemented.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. Second cycles had been completed to demonstrate the changes made had improved outcomes for patients.
- There was a clear staffing structure and staff were aware of their own roles and the responsibilities of others.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. This provided an opportunity for the partners to prioritise the areas of the practice which needed urgent action.

### Leadership and culture

All of the staff we spoke with were positive about the team working relationships and regular communication. Staff were clear of their own roles as well as roles of other staff members. Staff told us the management were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us the GP partners encouraged a culture of openness and honesty. From the sample of significant events and complaints we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was support provided to nursing staff, for example the nursing team held regular team meetings and shared clinical meetings with the GPs. There was a clear leadership

# Are services well-led?

Good 

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

structure in place that included a lead nurse and clinical leadership from the GPs in specialist areas. Non-clinical staff spoke positively about the support by the management team:

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and community matrons to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Regular practice meetings were held and included all staff groups. Staff spoke positively about these meetings and said that information was communicated in a timely manner.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG).
- Through surveys such as the GP national patient survey and complaints received.
- The NHS Friends and Family test.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Patient feedback through the NHS Choices website.

We spoke with two patients on the day of the inspection who were also members of the PPG. They told us that the group had a strong, well established working relationship with the practice and involved patients in the decision making when appropriate. For example, the practice engaged with patients during the relocation to the current premises. The patient group worked with the practice to support patients to healthier lives. For example a 'gym buddy' project was underway to encourage patients to take up regular exercise.