Wolstanton Medical Centre

Quality Report

Palmerston Street
Newcastle Under Lyme
Staffordshire
ST5 8BN
Tel: 01782 627488
Website: www.wolstantonmedicalcentre.nhs.uk

Date of inspection visit: 1 June 2016
Date of publication: 07/07/2016

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wolstanton Medical Centre on 1 June 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes. They worked with other local providers to share best practice. For example, the cleansing of non-surgical wounds with tap water rather than sterile water. A report had been presented to the local Clinical Commissioning Group (CCG) highlighting the benefits to patients and the health economy to influence and change local practices.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice provided a shared care maintenance programme for patients with opioid addiction.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had added three additional telephone lines to reduce the waiting time for the telephone to be answered.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision which had quality and compassion as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw three areas of outstanding practice:

- The practice went beyond the scope of normal support and development of their staff. For example, three GPs had been supported to study for a Doctor of Philosophy (a doctorate degree awarded by universities) and an Advanced Nurse Practitioner (ANP) had been supported by the practice to take on leadership roles within and outside of the practice.
- Patients over 75 years old were provided with a questionnaire to identify any medical or social needs. Seven hundred and seventy-nine questionnaires had been sent out to patients of which 701 were returned. Of these, 221 patients had identified needs and were assessed by the complex needs nurse and appropriate care and referrals were made to support these patients.
- The practice was not only proactive in managing, monitoring and improving outcomes for its own patients but it shared its learning locally and nationally within primary care. It did this by contributing to reports to the CCG such as the benefits to the health economy through the use of tap water rather than sterile water in the cleansing of non-surgical wounds. They had also published their research in recognised medical journals, for example, the diagnosis of Addison's disease (a rare, chronic disorder in which insufficient steroid hormones are produced).

However there were areas of practice where the provider should make improvements:

- Ensure there is a system in place to record and monitor all prescription pads received into the practice.
- Ensure blank prescription forms are stored securely in locked rooms at all times.
- Ensure regular fire drills are carried out.
- Ensure that targeted services are in place to support 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?

Good

The practice is rated as good for providing safe services.

- There was an effective and robust system in place for reporting, recording and analysing significant events. These were reviewed at monthly meetings with all staff.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Blank prescription pads were securely stored and there was a system in place to monitor prescriptions issued.However, there was no system in place to record and monitor blank prescription pads received into the practice.
- Blank prescription forms were not always stored securely in locked rooms.
- Risks to patients were assessed and well managed.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average with low exception reporting in several areas.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. Patients over 75 years old were provided with a questionnaire to identify any medical or social needs. Seven hundred and seventy-nine questionnaires had been sent out to patients of which 701 were returned. Of these, 221 patients had identified needs and were assessed by the complex needs nurse and appropriate care and referrals were made to support these patients.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. For example, following a review of admissions for the 2% most vulnerable patients registered with the practice, vulnerable patients who attended the A&E department, or were admitted to hospital, were contacted by the practice's complex needs nurse to ensure a responsive discharge home. The practice reviewed these admissions monthly and where appropriate referrals were made to relevant services such as falls prevention, occupational therapy and social services.

The practice challenged traditional methods of delivering effective care and treatment. For example, the cleansing of non-surgical wounds with tap water rather than sterile water. A report had been presented to the local Clinical Commissioning Group (CCG) highlighting the benefits to patients and the health economy to influence and change local practices.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

The practice could identify 115 patients as carers (1.02% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Staff opportunistically supported carers but targeted services to support this group of patients were not in place.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

In response to patients' needs, Wolstanton Medical Centre did not close on Thursday afternoons as most other GP practices in the CCG did. Consequently, the number of patients who attended A&E during GP opening hours was 8.2 per 1000 patients lower than the CCG average. The overall number of patients who attended A&E at any time was 18.4 per 1000 patients lower than the CCG average.

Are services well-led?

Outstanding 

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

- The practice had a clear vision with quality and compassion as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and staff satisfaction.
- There was a focus on continuous learning and improvement at all levels within the practice. For example, a newly appointed advanced nurse practitioner (ANP) received a high level of one to one clinical supervision from the GP partners and her patient consultations were reviewed by the GP nurse management lead. The partners had plans to film patient consultations carried out by the ANP to ensure there was learning and continuous improvement in this role.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group (PPG) which influenced practice development. For example, following consultations with the PPG, the practice had added three additional telephone lines to reduce the waiting time for the telephone to be answered.
- The practice went beyond the scope of normal support and development of their staff. For example, three GPs had been supported to study for a Doctor of Philosophy (a doctorate degree awarded by universities) and an Advanced Nurse Practitioner (ANP) had been supported by the practice to take on leadership roles within and outside of the practice.

Summary of findings

- An ANP had received the Queen's Nurse Award in May 2016. This was for her strategic vision in chronic disease reviews, in-service learning sets for the practice nurses and the extension of the practice educational role to nursing students. The work that lead to this award continued to drive forward benefits for patients and the local health economy.

The practice was not only proactive in managing, monitoring and improving outcomes for its own patients but it shared its learning locally and nationally within primary care. It did this by contributing to reports to the Clinical Commissioning Group and the publishing of their research in recognised medical journals.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 years had a named GP.

Patients over 75 years old were provided with a questionnaire to identify any medical or social needs. Seven hundred and seventy-nine questionnaires had been sent out of which 701 were returned. Of these, 221 patients had identified needs and were assessed by the complex needs nurse and appropriate care and referrals were made to support these patients.

People with long term conditions

Outstanding ☆

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

- Performance for diabetes related indicators was comparable with the national average.For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was within normal limits was 82% compared with the Clinical Commissioning Group (CCG) average of 80% and national average of 81%. There was a practice exception reporting rate of 8% for patients with diabetes which was lower than the average CCG rate of 10% and the national average rate of 12% meaning a higher than average rate of patients had been included.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were

being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- The practice offered enhanced anticoagulation drug monitoring (drugs that prevent blood clotting) and made changes to medications where required.
- There were systems in place to monitor the prescribing and use of high risk drugs.

The practice was proactive in sharing local learning with the wider national primary care setting. For example, it had published research articles in national medical journals regarding the diagnosis of Addison's disease (a rare, chronic disorder in which insufficient steroid hormones are produced) and the management of gout.

Families, children and young people

Outstanding ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 82% which was comparable with the national average of 82%. There was a robust practice policy in place supporting this service which helped to support their low exception reporting rate of 1.9% (CCG average of 5.3% and national average of 6.3%) meaning a higher than average rate of patients had been included.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Summary of findings

- Children who were at risk were discussed at monthly disciplinary practice meetings.

The practice was proactive in sharing local learning with the wider national primary care setting. For example, it had published research articles in national medical journals regarding women's health and the early diagnosis of cancer.

Working age people (including those recently retired and students)

Outstanding ☆

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Patients could request prescriptions on line or by using the Patient Access smartphone app.
- The practice offered extended practice hours every Saturday morning between 8am -11am. Telephone consultations were also available during the working day.

The practice offered NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice had identified 43 patients with a learning disability and 31 of these patients had attended for an annual review to assess their needs and had been provided with a personalised care plan.
- The practice regularly worked with other health care professionals in the management of vulnerable patients.
- The 2% most vulnerable patients registered with the practice who attended the A&E department or were admitted to hospital, were contacted by the practice's

complex needs nurse to ensure a responsive discharge home. Their care and further needs were discussed at monthly unplanned admissions meetings held at the practice.

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice could identify 115 patients as carers (1.02% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Staff opportunistically supported carers but targeted services to support this vulnerable group of patients were not in place.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 91% compared with the CCG and national averages of 84%.
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 97% which was higher than the CCG average of 87% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

Patients with known drug misuse issues had a named GP. The practice provided a shared care opioid maintenance programme for patients with opioid addiction.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing slightly higher than local and national averages. The survey invited 239 patients to submit their views on the practice, a total of 121 forms were returned. This gave a response rate of 51%:

- 80% of respondents found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 72% and national average of 73%.
- 97% of respondents said the last appointment they got was (CCG average 95%, national average 92%).
- 91% of respondents described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 84% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average of 80%, national average 79%).

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 35 comment cards which were positive about the standard of care received. Four patients commented about the inability to book appointments more than one week in advance however others were happy with the appointment system. Patients told us the staff were helpful, caring, supportive and friendly. They told us they were treated with dignity and respect and staff went the extra mile to help them.

We spoke with 15 patients during the inspection. They said were satisfied with the care they received and thought staff were supportive, courteous, respectful and caring. The most recent data from the Friends and Family test showed that 94% of respondents would recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Ensure there is a system in place to record and monitor all prescription pads received into the practice.
- Ensure blank prescription forms are stored securely in locked rooms at all times.
- Ensure regular fire drills are carried out.
- Ensure that targeted services are in place to support carers.

Outstanding practice

- The practice went beyond the scope of normal support and development of their staff. For example, three GPs had been supported to study for a Doctor of Philosophy (a doctorate degree awarded by universities) and an Advanced Nurse Practitioner (ANP) had been supported by the practice to take on leadership roles within and outside of the practice.
- Patients over 75 years old were provided with a questionnaire to identify any medical or social needs. Seven hundred and seventy-nine questionnaires had been sent out to patients of which 701 were returned. Of these, 221 patients had identified needs and were assessed by the complex needs nurse and appropriate care and referrals were made to support these patients.
- The practice was not only proactive in managing, monitoring and improving outcomes for its own patients but it shared its learning locally and nationally within primary care. It did this by contributing to reports to the CCG such as the

Summary of findings

benefits to the health economy through the use of tap water rather than sterile water in the cleansing of non-surgical wounds. They had also published their research in recognised medical journals, for example, the diagnosis of Addison's disease (a rare, chronic disorder in which insufficient steroid hormones are produced).

Wolstanton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience. Experts by experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Wolstanton Medical Centre

Wolstanton Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Newcastle, North Staffordshire. 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.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 11216 patients, with a practice age distribution comparable to the national and CCG area in all age groups. The percentage of patients with a long-standing health condition is 48% which is comparable with the local CCG and national averages. The practice has been at its present site since 1967 and has access suitable for disabled patients. The practice is a training practice for GP registrars and medical students to gain experience, knowledge and higher qualifications in general practice and family medicine.

The practice staffing comprises of:

- Four GP partners (three male and one female) providing three whole time equivalent (WTE)
- Four female salaried GPs (1.6 WTE)
- A GP Registrar (one WTE)
- Two female advanced nurse practitioners (1.87 WTE)
- Four female practice nurses including a specialist complex needs nurse and a health care support worker (three WTE)
- A practice manager (one WTE)
- An assistant practice manager (one WTE)
- Twelve members of administrative staff working a range of hours.

The practice is open from 8am - 6pm Monday to Friday. Appointments can be booked up to seven days in advance and are by appointment only. GP appointments are from 8.30am to 10.30am and 11.15am to 12.30pm every morning and 3pm to 5pm or 4pm to 6pm daily. Practice nurse appointments are from 8.45am to 12.30pm and 2pm to 6pm. Extended surgery hours are offered every Saturday morning between 8am -11am. 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 are directed to this service by a message on the telephone answering machine and information on the practice's website.

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 visiting, 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 inspection on 1 June 2016. During our visit we spoke with a range of staff including GPs, the practice nursing team, the practice manger and administrative staff. We also spoke with patients who used the service and observed how patients were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We spoke with a member of the patient participation group prior to our inspection.

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

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

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

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

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 Care Quality Commission at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective and robust system in place for reporting and recording significant events.

- Staff told us they informed the practice manager or lead nurse of any significant events and there was a recording form available on the practice's computer system. The form supported the recording of notifiable incidents under 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 carried out enhanced significant events analysis using the NHS Scotland format. These were discussed and learning was shared with all staff at monthly significant events meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a repeat prescription for an incorrect medication had been issued to a patient. Following this incident, systems for the reissuing of repeat prescriptions were reviewed. A re-authorisation form was developed to ensure that any medication queries were forwarded to the appropriate GP or Advanced Nurse Practitioner (ANP).

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all the staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Children at risk were discussed at monthly disciplinary practice meetings. There was a lead GP for safeguarding who was trained in child safeguarding level four. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. GPs were trained in child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. 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. An ANP was the infection control clinical. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, there was no system in place to record the collection of prescriptions for controlled medicines. The practice had carried out medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Blank prescription pads were securely stored and there was a system in place to monitor prescriptions issued. However, there was no system in place to record and monitor blank prescription pads received into the practice. Blank prescription forms were not always stored securely in locked rooms.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments but regular fire drills had not been carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- Annual infection control audits were carried out and staff were immunised against appropriate vaccine preventable illnesses.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment had highlighted several risks. We saw that the practice had employed an appropriately qualified plumber to address these risks. Following the inspection we received evidence that a system had been put in place to monitor the temperature of the water within the practice.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and staff knew their location.

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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- There were systems in place to monitor the prescribing and use of identified high risk drugs for example, anticoagulation medicines and medicines that help to control acid reflux.

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 were 94% of the total number of points available. This was comparable with the Clinical Commissioning Group (CCG) average of 93% and the national average of 95%. Data from 2014/15 showed;

- Performance for diabetes related indicators was comparable with the national average.For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was within normal limits was 82% compared with the CCG average of 80% national average of 81%. There was a practice exception reporting rate of 8% for patients with diabetes which was lower than the average CCG rate of 10% and the national average rate of 12%. 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. Generally lower rates indicate more patients have received the treatment or medicine.
- The percentage of patients with hypertension having regular blood pressure tests was 84%. This was comparable to the CCG average of 83% and the national average of 84%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 91% compared with the CCG and national average of 84%.
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 97% which was higher than the CCG average of 87% and the national average of 88%.

There was evidence of quality improvement including clinical audit. We were shown nine clinical audits completed in the last two years and two of these were completed audits where the improvements made were implemented and monitored. For example, an audit of consent for minor operations, injections and contraceptive procedures had been carried out. Following recommendations from the audit, there was an increase in the provision of written information and an increase in the obtaining of written consent. The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Patients over 75 years old were provided with a questionnaire to identify any medical or social needs. Where a need was identified it was followed up by the complex needs nurse. We saw that 779 questionnaires had been sent out of which 701 were returned. Of these, 221 patients had identified needs and were assessed by the complex needs nurse. Appropriate care and referrals were made to support these patients. The deputy manager of a local care home wrote to us explaining the benefits of this service. They told us there was improved communication and provision of care, quality weekly reviews of patients' needs and improved multi-disciplinary working.

Findings were used by the practice to improve services. Following a review of admissions for the 2% most vulnerable patients registered with the practice, vulnerable patients who attended the A&E department or were admitted to hospital were reviewed monthly at practice meetings. Where appropriate, referrals were made to relevant services such as falls prevention,

medical and medication reviews were carried out or patients were visited by the complex needs nurse to ensure effective support was put in place to prevent further unplanned admissions to hospital.

We saw that the practice was not only proactive in managing, monitoring and improving outcomes for its own patients but it shared its learning locally and nationally within primary care. For example, following a delay in diagnosing two patients with Addison's disease (a rare, chronic disorder in which insufficient steroid hormones are produced), two of the GPs carried out a review of the diagnosis of this disease. The review was published in September 2015 in the British Journal of General Practice and was within the top 25% of all research outputs tracked by Altimetric (this is an indicator of the amount of attention a publication has received). Other published works included Women's Health and the Early Diagnosis of Cancer and The Management of Gout.

An advanced nurse practitioner at the practice was supported by the GP partners to challenge traditional methods of delivering care and treatment. For example, following a review of literature for the cleansing of non-surgical wounds with tap water rather than sterile water and an eight week dressing audit, they were able to demonstrate the benefits to patients and the health economy. A report had been written and submitted to the CCG to influence and change local practices.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- With the support of the GPs, practice nurses ran clinics for the management of long term conditions such as asthma, diabetes and cardiovascular disease. The practice demonstrated how they ensured role-specific training and updating for these nurses in the management of long term conditions.
- 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 staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision, reviews of nurse lead consultations by the nurse management GP lead with planned filming of future patient consultations. There was facilitation and support for revalidating GPs. Staff received annual appraisals.
- There was a high commitment by the practice to support and enable staff at all levels to study for additional qualifications to enhance their professional development.
- Staff received training that included: safeguarding, basic life support and information governance.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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 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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- 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.
- The process for seeking consent was monitored through clinical audits.

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had identified 43 patients with a learning disability and 31 of these patients had attended for a review in 2015/2016.

The practice's uptake for the cervical screening programme was 82% which was comparable with the CCG and national averages of 82%. Their exception reporting rate of 1.9% was better than the CCG average of 5.3% and national average of 6.3% meaning a higher than average rate of patients had been included. There was a robust policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 96% to 100%.

The percentage of patients with diabetes, on the register, who had received the influenza immunisation was 93% which was comparable with the CCG and national averages of 94%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were supportive, courteous, respectful and caring.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- If patients wanted to discuss sensitive issues or appeared distressed there was a glass partition in the waiting room to provide privacy. Several patients commented positively about this facility.

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

- 90% of respondents said the GP was good at listening to them compared to the CCG) average of 90% and national average of 89%.
- 87% of respondents said the GP gave them enough time (CCG average 88% and national average 87%).
- 94% of respondents said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).
- 94% of respondents said the last nurse they saw or spoke to was at giving them enough time (CCG average 92%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

We spoke with a representative from the patient participation group (PPG) prior to the inspection. They told us they were satisfied with the care provided by the practice and they felt that access to appointments was better than other practices in the area. We spoke with15 patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 35 completed cards which were positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

Care planning and involvement in decisions about care and treatment

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

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 in line with local and national averages. For example:

- 89% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 82% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 83% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- When patients were referred to other services through 'Choose and Book' the referral was completed jointly between the GP and patient to ensure an informed choice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Good

Are services caring?

The practice provided personalised care for vulnerable patients including those who were in chaotic situations and experiencing difficult life events. They were provided with a personalised care plan and longer appointment times.

The practice could identify 115 patients as carers (1.02% of the practice list). There was a carer's policy with forms for patients to complete to identify themselves as carers. However staff we spoke with were unaware of these forms and they were not proactively used. Written information was available to direct carers to the various avenues of support available to them. Whilst staff opportunistically supported carers, the practice did not provide targeted services to support this group of patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them. Patients could be referred to a local counselling service. In addition, there were two attached counsellors who worked with the practice to promote the practice's philosophy to provide passionate, open minded, patient centred care.

Good

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 practice hours every Saturday morning between 8am -11am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- All patients over the age of 75 years and vulnerable/ troubled patients in crisis had a named GP.
- Patients over 75 years old were provided with a questionnaire to identify any medical or social needs and these were followed up by the complex needs nurse.
- The practice had carried out a review of admissions for the 2% most vulnerable patients registered with the practice. If any of these vulnerable patients attended the A&E department or were admitted to hospital, they were discussed at monthly unplanned admissions meetings held at the practice and appropriate care, review and referrals made.
- The practice offered enhanced anticoagulation medicine monitoring (medicines prevent blood clotting) and made changes to medications where required. An audit had been carried out by the practice to improve the monitoring of patients on potentially hazardous drugs who also received this anticoagulation medicine. This had been presented at the Royal College of General Practitioner's annual conference in 2014.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. If a patient was unable to go upstairs, arrangements were made for them to be seen downstairs.
- Patients with known drug misuse issues had a named GP. The practice provided a shared care opioid maintenance programme for patients with opioid addiction.

The number of practice patients who attended A&E was lower than the local CCG average. This was due to the confidence patients had in their GPs and, unlike most other GP practices in the CCG, Wolstanton Medical Centre did not close on Thursday afternoons. We looked at 2014/15 data from the Quality Improvement Framework (QIF) which is a local framework used by NHS North Staffordshire CCG to improve the health outcomes of local people. The data showed that:

- The number of patients who attended A&E during GP opening hours was 8.2 per 1000 patients lower than the CCG average.
- The overall number of patients who attended A&E at any time was 18.4 per 1000 patients lower than the CCG average.

Access to the service

The practice was open from 8am - 6pm Monday to Friday. Appointments could be booked up to seven days in advance and were by appointment only. GP appointments were from 8.30am to 10.30am and 11.15am to 12.30pm every morning and 3pm to 5pm or 4pm to 6pm daily. Telephone consultations were available at 11am each weekday morning. Practice nurse appointments were from 8.45am to 12.30pm and 2pm to 6pm. Extended surgery hours were offered every Saturday morning between 8am -11am. Patients could book appointments on line, by telephone or in person. Prescriptions could be ordered on line or by the Patient Access smartphone app.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 were directed to this service by a message on the telephone answering machine and information on the practice's website.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was slightly higher than local and national averages:

- 80% of respondents were satisfied with the practice's opening hours compared to the CCG and national averages of 78%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 80% of respondents said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 48% of respondents said they always or almost always see or speak to the GP they prefer (CCG average 37%, national average 36%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, some patients commented that they would like to be able to book appointments more than one week in advance.

Listening and learning from concerns and complaints

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

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

We looked at nine complaints received in the last 12 months and found they were handled satisfactorily, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Learning from complaints was used as a training opportunity by the practice and action taken to improve the quality of care.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice had a clear vision to provide compassionate, quality patient care.

- The practice had a mission statement and staff knew and understood the values.
- We saw, and patients told us, that staff did provide compassionate, quality patient care.
- The practice had a robust strategy and a supporting five year business plan which reflected the vision and values. They were aware of the future demands of a growing patient practice list and plans were being developed for the addition of three additional consulting rooms to meet these needs.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

There was a clear leadership structure in place and staff felt supported by the management. A GP partner had completed the Association for the Study of Medical Education (ASME) leadership course to support this. There were leads within the practice and staff knew who they were. For example, leads in infection control, safeguarding, education, nurse management and information technology. All the staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The GP partners demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised passionate, open minded, patient centered care and were an adaptable practice that looked outside of their world to see how they could enrich the locality and take on the good ideas of others. They had taken external opportunities including visits to India, China and Rome to learn from practice there.

One GP partner was the clinical chair of the Clinical Commissioning Group (CCG) and another GP partner was a Director of Postgraduate Programmes at the local university's medical school. We saw that the knowledge and experiences they gained from these roles were embedded in the practice's culture. For example, there was a strong emphasis on research and the development of staff at all levels to improve outcomes for patients.

An Advanced Nurse Practitioner (ANP) had received the Queen's Nurse Award in May 2016. This was for her strategic vision in chronic disease reviews, in-service learning sets for the practice nurses at Wolstanton Medical Centre and the extension of the practice educational role to nursing students. The practice supported the ANP to continue this innovative work that lead to benefits for patients, staff and the local health economy. For example, the ANP worked as part of a small group that developed The General Practice Nurse (GPN) Handbook and a new programme for practice nurses, 'The Nurse Update'. The practice was one of five practices out of 85 in the area that offered placements for undergraduate and post graduate nurses.

Staff were involved in discussions about significant events and about how to develop the practice at regular practice meetings, role specific meetings and annual away days. Staff told us they could raise any issues at these meetings and felt confident and supported when they did. We saw significant events were raised by administration as well as by clinical staff. 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

Are services well-led?

Outstanding ☆

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

when things go wrong with care and treatment). The GP partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

There were high levels of staff satisfaction. Staff told us of feeling part of a whole team with one culture. Staff we spoke with told us there was a commitment to developing staff in any area which might have a benefit to patients. For example, a new ANP to the practice told us how they had been supported and mentored by the GP partners through observation and supervision. Administrative apprentices were supported to develop their skills through further training in national vocational qualifications.

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) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and made suggestions for improvements to the practice management team. For example, following consultations with the PPG, the practice had added three additional telephone lines to reduce the waiting time for the telephone to be answered.
- The practice had gathered feedback from staff through annual staff away days, staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was proactive in improving care for patients both within the practice, locally and nationally. For example, with the support of the GP partners, an ANP had submitted a report to the CCG challenging traditional methods of cleansing non-surgical wounds. GPs at the practice had shared their learning following the delay in diagnosing a rare condition in two patients by publishing their findings in national medical journals.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the use of a risk stratification tool to identify and support their 2% most vulnerable patients. The practice also employed a complex needs nurse who provided personalised care to patients who were over 75 years of age. As part of the practice's commitment to reduce unplanned admissions to A&E, the complex needs nurse also followed up the practice's most vulnerable patients who had attended A&E. This was to ensure a smooth transition home and identify where areas of support may be needed to reduce the likelihood of the admission occurring again.

Consultations carried out by the newly appointed ANP were reviewed by the GP nurse management lead. The partners told us that they had plans to film the patient consultations (with the consent of the patients) carried out by the ANP. This was to ensure there was learning from the consultations and continuous improvement in this role.