

# Stafford Health and Wellbeing

## 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 carried out an announced comprehensive inspection at Stafford Health and Wellbeing on 28 September 2016. 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 in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, although some staff were not all up-to-date with some training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

The provider should:

- Develop an effective system which identifies when training updates and indemnity updates are due and complete the outstanding staff training.
- Develop and implement a protocol for dealing with uncollected prescriptions.

# Summary of findings

- Implement a consistent system for checking and evidencing that monitoring for patients who take long term medicines on a shared care basis, has been provided before the medicines are issued.
- Develop and implement an effective protocol to follow-up on medical alerts such as the Medicines and Healthcare products Regulatory Agency (MHRA) which includes documenting the action taken in response to the alerts.
- Review the way in which patients who are carers are identified and recorded.

**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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, 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 abuse.
- Risks to patients were assessed and well managed.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations. However there was not a protocol for dealing with uncollected prescriptions. The practice also did not have a consistent system for checking and evidencing that monitoring for patients who take long term medicines on a shared care basis, had been provided before the medicines were issued.
- The practice maintained appropriate standards of cleanliness and hygiene.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey was comparable to both local and national averages.
- 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 had identified % of the practice list).

Good



## Are services responsive to people's needs?

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 Clinical Commissioning Group 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.
- 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 and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. There were some areas within governance which needed strengthening for example not all staff had

Good



# Summary of findings

received up-to-date training in areas such as safeguarding and infection control. There was not a system in place for identifying when training updates were due. The practice's response to external safety alerts was not well recorded and areas of responsibility were not clearly defined.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.

- 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.
- Elderly patients who were house-bound with multiple long term conditions were offered an annual visit from the practice nurse. The patient's wellbeing was assessed and any potential problems related to physical and mental health as well as problems with medication or social/housing were addressed .
- Patients were invited to attend the surgery for vaccines to prevent illnesses such as the flu and shingles.

Good



### People with long term conditions

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

- The percentage of patients with diabetes, on the register, who had influenza immunisation was 98%, this was higher than the CCG average of 97% and the national average of 95%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 91% compared to the CCG average of 87% and the national average of 89%.
- 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.
- Patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 relatively high for all standard childhood immunisations.
- The practice offered an in-house antenatal clinic, run weekly, by a member of the the community midwifery team.
- Six week post-natal mother and baby checks were conducted weekly by a GP.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children under five years of age with acute illnesses were offered an appointment on the day.
- The practice had a link GP who supported families living in a local women and families refuge.
- The practice offered a full family planning service including the fitting of intrauterine devices and implants.
- Meningitis ACWY vaccination was offered to university students.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Pre-booked appointments were available and released at intervals to prevent some doctors being booked up weeks in advance.
- Telephone consultations were offered where appropriate.
- The Practice offered extended hours until 7.30pm on Mondays, Tuesdays and Wednesdays to try and accommodate working people who would otherwise struggle to get to an appointment during the day.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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. Not all staff however had received up-to-date safeguarding training,
- The practice worked closely with the local refuge for women and families.

## 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 percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 75%, which was higher than the CCG average of 74% but lower than the national average of 85%.
- The practice held a register of patients who had been diagnosed with dementia or an enduring mental health illness and offered an annual health review.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and also patients who had alcohol dependency and who suffered from substance abuse.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty one survey forms were distributed and 116 were returned. This represented 1% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients told us they received excellent care and treatment by caring and friendly staff who would go over and above their role in order to support them. Patients told us that the GPs were knowledgeable and always listened and supported them and explained everything clearly.

We spoke with four patients during the inspection (who were also members of the PPG). All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Stafford Health and Wellbeing

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, and a practice manager specialist advisor.

- One pharmacist
- Four practice nurses
- Two Healthcare assistants
- The practice manager oversees the operational delivery of services with a team of administrative staff.

The practice is open between 8am and 7.30pm Monday, Tuesday and Wednesday, and 8am to 6pm on Thursday. On Friday the practice is open from 8am to 1pm and then from 3pm to 6pm. The practice is closed one afternoon each month for team training.

When the practice is closed patients are advised to call the surgery where their call will be diverted after 6.30pm to the designated out of hours service, which is provided by Staffordshire Doctors Urgent Care service.

## Background to Stafford Health and Wellbeing

Stafford Health and Wellbeing is registered with CQC as a partnership provider operating out of new purpose built premises in Stafford. Car parking, (including disabled parking) is available at this practice.

The practice holds a General Medical Services contract with NHS England.

The practice is part of the NHS Staffordshire and Surrounds Clinical Commissioning Group.

The practice area is one of high deprivation when compared with the local average but is less deprived than the national average. The practice has higher than average rate of male and female patients aged 40 and up compared with the national averages.

At the time of our inspection the practice had 10,658 registered patients

The practice staffing comprises of:

- Five GP partners
- Three salaried GPs

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 28 September 2016.

During our inspection we spoke with a range of staff including the GPs, practice nurses, health care assistant, practice manager, and members of the reception team. We observed how people were being cared and reviewed the personal care or treatment records of patients. We 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

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

- Staff knew their individual responsibility, and the process, for reporting significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available. A culture to encourage duty of candour was evident through the significant event reporting process. (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).
- Significant events had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared and discussed formally at clinical meetings.
- Sixteen significant events had been recorded within the previous 12 months.

The practice did not have a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The system relied on individual GPs receiving alerts and responding as appropriate. Whilst we saw no evidence of the guidance was not being followed, the lack of formalised system could lead to an increased risk of an alert not being investigated and changes being made.

### Overview of safety systems and processes

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

- 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 staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- One of the GP partners was identified as the safeguarding lead within the practice. The GPs attended safeguarding meetings when possible and provided

reports where necessary for other agencies. GPs and nurses were trained to child protection or child safeguarding level three. Not all staff had received recent training on safeguarding children and vulnerable adults.

- Staff were made aware of children with safeguarding concerns by computerised alerts on their records.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but we saw that not all 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). We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The system for ensuring patients had received the necessary monitoring before prescribing of the medicine differed between clinicians. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. However, there was a possibility that patients may still receive the medicine if they had not received the required monitoring. For example if a patient missed a blood test at the hospital. The practice did not have a protocol for dealing with uncollected prescriptions.
- The practice had carried out medicines audits, with the support of the practice pharmacist, to ensure prescribing was in line with best practice guidelines for

## Are services safe?

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.

- 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.
- 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 Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as 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).

- Arrangements were in place for planning and monitoring the number of staff 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.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored 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 were 97% of the total number of points available. This was higher than the local CCG average of 96% and the national average of 95%.

The clinical exception rate was 18%, which was higher than the CCG rate of 13% and the national rate 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from October 2016 showed:

The practice's performance in the diabetes related indicators was comparable to the local and national average. For example:

- The percentage of patients with diabetes, on the register, who had influenza immunisation was 98%, this was higher than the CCG average of 97% and the national average of 95%. Clinical exception reporting for the practice was 24% compared to the CCG average of 39% and the national average of 23%.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 91% compared to the CCG average of 87% and the national average of 89%. Clinical exception reporting for the practice was 13% compared to the CCG average of 12% and the national average of 8%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 was 140/80 mmHg or less was 71%. This was lower than the CCG average of 72% and national average of 78%. Clinical exception reporting for the practice was 19% compared to the CCG average of 13% and the national average of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 80% compared to the CCG average of 83% and the national average of 80%. Clinical exception reporting for the practice was 16% compared to the CCG average of 14% and the national average of 13%.

Performance for mental health related indicators were comparable to the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 75%, which was higher than the CCG average of 74% but lower than the national average of 85%. Clinical exception reporting for the practice was 16% compared to the CCG average of 8% and the national average of 6%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 90% compared with the CCG average of 92% and the national average of 89%. Clinical exception reporting for the practice was 47% compared to the CCG average of 29% and the national average of 13%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months was 71% compared with the CCG average of 89% and the national average of 89%. Clinical exception reporting for the practice was 37% compared to the CCG average of 24% and the national average of 10%.



# Are services effective?

## (for example, treatment is effective)

### 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions we found that they had received training for example in blood glucose control.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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. All staff had received an appraisal within the last 12 months.
- 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. Records showed however that some staff were overdue training and there was not an effective system in place for highlighting when training updates were due.

### 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 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. 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 patient records audits.

### Supporting patients to live healthier lives

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. The practice nurse offered annual visits to elderly patients who were house-bound who had multiple long term conditions. Patients who had been diagnosed with dementia or an enduring mental were offered an annual health review by the GPs and Practice Nurses. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care. Healthy lifestyle clinics were also held, which provided advice on smoking cessation and weight management. Patients were signposted to the relevant support service.



# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 73% which was slightly lower than the CCG average of 80% and the national average of 81%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 73% of eligible females aged 50-70 had attended screening to detect breast cancer. This was the same as the CCG average of 73% and the national average of 72%.

- 54% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was comparable to the CCG average of 62% and the national average of 58%.

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 96% to 100% and five year olds from 88% to 98%

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff had received customer service training using actors and role play.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

- 89% 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%.
- 86% 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%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

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

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

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% 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%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 71 patients as carers (0.7% of the practice list). The practice had identified one of their reception staff to act as a carer's' champion, who acted to support carers and liaised with the carers association.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. A patient told us how grateful they were for the support that they had received following the death of their relative.

# 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.

- Appointments were offered outside of normal working hours. Working patients who could not attend during normal opening hours or patients who relied on working relatives to bring them to surgery could attend appointments with the GPs up to 7.15pm on Monday, Tuesday and Wednesday evenings.
- There were longer appointments available for patients with complex needs including for example, people with a learning disability, and people who had drug and alcohol dependency.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 7.30pm Monday, Tuesday and Wednesday, and 8am to 6pm on Thursday. On Fridays the practice was open from 8am to 1pm and then from 3pm to 6pm. The practice was **closed one afternoon each month for team training**.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly above the local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- 94% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 89% and the national average of 85%.
- 60% of patients felt they did not normally have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.
- 94% of patients said the last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.

However, only 42% with a preferred GP usually got to see or speak to that GP, compared with the CCG average of 55% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary; and

the urgency of the need for medical attention.

### 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.
- The practice manager was the designated responsible person who handled all non-clinical complaints in the practice. Complaints relating to any clinical issues were handled by the GP partners.
- We saw that information was available to help patients understand the complaints system. Details of how to make a complaint was available on the practice website, and within patient leaflets and poster in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at two complaints received in the last 12 months. We found that they were satisfactorily handled, dealt with in a timely way, and with openness and transparency.

# 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 clear vision which prioritised individualised patient care. There was a strong ethos of delivering professional and compassionate care. The working environment was educational and the practice strived to make it an enjoyable and supportive place to work. Staff we spoke with were aware of and worked within the practice's ethos.

### 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.

There were some areas within governance which needed strengthening. For example:

- Not all staff had received up-to-date training in areas such as safeguarding and infection control and there was not a system in place for identifying when training updates were due.
- The practice's response to external safety alerts was not well recorded and areas of responsibility were not clearly defined.
- There was a lack of effective protocol in place for evidencing that patients had received blood tests and that the results had been checked prior to prescribing high risk medicines which required close monitoring.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of 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 when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

There was a clear leadership structure in place and staff felt supported by the management. Staff told us that the GP's and managers were all approachable.

- Staff told us the practice held regular team meetings, which included weekly clinical meetings. Staff met monthly during their protected learning time.
- 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.
- Staff said they felt respected, valued and supported. All staff 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, 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 submitted proposals for improvements to the practice management team. For example, the PPG was very involved in the design of the new practice.

# Are services well-led?

Good 

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

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

## Continuous improvement

The practice was a teaching and training practice for both medical students training to become doctors and registrars training to become GPs. Feedback received by the practice from their trainees was very positive and demonstrated that the practice had been very supportive and encouraging during their training. The practice was looking forward to welcoming their first student nurse to the practice shortly after the inspection.

There was a focus on continuous learning and improvement at all levels within the practice. The staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. For example, one of the healthcare assistants had received training to offer anticoagulation testing on site, using the INRstar system.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was also involved in research. One of the GP's was also an Area Director for GP education for Health Education England (HHE) West Midlands.