

Brinsley Avenue Practice

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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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 Brinsley Avenue Practice on 19 September 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.
- Feedback from patients about their care was consistently positive.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The needs of patients had been identified and measures had been put in place to bridge gaps. For example, the practice ran a voluntary befriending group for those who were socially isolated.

- 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 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice including:

- The practice was the third highest out of 85 practices for reporting safety concerns about patients. As a result of the practice's reporting, the clinical commissioning group and local authority had implemented an information sharing agreement to enable quicker sharing of concerns about patients between the organisations.

Summary of findings

- The needs of older patients had been extensively assessed. The practice had set up a befriending group to benefit those who were socially isolated. The health, social and care needs of older patients had been assessed and the practice had a list of 130 patients who received regular contact from an elderly care facilitator. Over time, the practice had made a difference by helping patients to secure benefits or referred patients to others for example, the fire service when home safety issues had been identified.
- The practice had 8% of their patients who lived in care homes; this was significantly higher than the national average of 0.5%. Individualised and

responsive care had been implemented including regular care home visits and assessment of the reasons why patients had been admitted to hospital unexpectedly. The practice acted on the findings and implemented measures such as training care home staff and introducing protocols for the care homes to assist them on what to do when patients deteriorated.

The area where the provider should make improvement are:

- Improve the recording of the actions taken following medicines alerts.

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 outstanding for providing safe services.

- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- As a result of the practice's reporting of safety issues, the local clinical commissioning group (CCG) had implemented an information sharing agreement with the local authority to speed up the sharing of safeguarding information.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had trained staff and appropriate equipment available to act in emergency situations.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Outstanding



Are services effective?

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average when compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- 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.

Outstanding



Are services caring?

The practice is rated as outstanding for providing caring services.

- Staff were engaged and motivated to provide compassionate care. For example,

Outstanding



Summary of findings

- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Data from the national GP patient survey showed patients rated the practice higher than others for almost all 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.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice had 304 patients who lived in care homes, this represented 8% of the practice population compared to the national average of 0.5%. The practice rose to the challenge of providing care to these patients, many of which had complex health needs. The practice visited over 60 patients each week in the care homes and had helped to prepare care home staff to deal with patients whose health was deteriorating.
- The number of patients attending A&E at any time was lower than the clinical commissioning group (CCG) average. For example, 254 patients per 1,000 attended A&E at any time compared to the CCG average of 257 patients per 1,000.
- 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.

Outstanding



Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. Staff were clear about the vision and their responsibilities in relation to it.

Outstanding



Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- Education and improvement was evident in many areas we looked at.
- 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.
- 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 outstanding for the care of older people.

- The practice had a higher than average patient population in this age group. This corresponded to twice the national average of patients aged 75 years and over.
- The practice had introduced a befriending group for patients who were older and socially isolated. The group provided befriending to practice patients, although others from the wider community were welcomed. The group met regularly and received information health promotion topics, safety talks and other matters of wider interest. The practice had a volunteer befriender who alongside practice staff championed the provision of the service.
- The practice provided an elderly care facilitator to meet the needs of older patients. Since 2015 a total of 130 were included on the case load of a befriending volunteer. Health needs were also considered and the practice recorded that on over 40 occasions they had intervened by referring patients for additional support.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Uptake rates for seasonal influenza (flu) vaccine for the 2015/16 programme showed that 77% of practice patients aged over 65 years received a flu vaccine compared to the CCG average of 72% and national average of 71%.

Outstanding



People with long term conditions

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

- The practice had 217 patients identified with diabetes. In 2014/15 a total of 82% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below an accepted level, compared with the CCG average of 75% and national average of 78%. In 2015/16 the practice performance was 84%.
- The practice rate of patients with COPD who were admitted to hospital in an emergency was over half the CCG average.

Outstanding



Summary of findings

- The practice had lower emergency admission rates observed in patients with Coronary Heart Disease (CHD), cancer and diabetes.
- 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.
- Patients with long-term conditions were encouraged to receive seasonal flu vaccination and uptake rates were higher than local and national averages. For example, 99% of patients with diabetes had received an annual flu vaccination compared with the CCG average of 95% and national average of 94%.

Families, children and young people

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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86% compared with the CCG average of 80% and national average of 82
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Outstanding



Working age people (including those recently retired and students)

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 reflects the needs for this age group.

Outstanding



Summary of findings

- Extended hours appointments were offered on a two different weekdays from 7:30am.

People whose circumstances may make them vulnerable

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

- The practice had externally reported 58 occurrences of when they had identified concerns about patients who were vulnerable as they relied on others for their care. As a result of the practice reporting of safety issues the local clinical commissioning group (CCG) had implemented an information sharing agreement with the local authority.
- The practice had assessed the reasons for previously higher than CCG average admission rates in vulnerable patients in care homes. The common reasons for admission included acute kidney injury (dehydration) and infections. Practice staff had provided training for care home staff on identifying worsening signs of illness, head injury and weight loss. Emergency admission rates for these conditions had reduced since 2014/15 and at the time of the inspection mirrored the CCG average.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments for patients with a learning disability.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- The practice had 135 patients identified with Dementia. In 2014/15 a total of 94% of patients with dementia had a face to face review of their condition in the last 12 months. This was higher than the CCG average of 85% and national average of 84%.
- The practice had 39 patients identified with an enduring poor mental health condition. In 2014/15 performance for poor mental health indicators was higher than local and national averages. For example, 95% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG and national averages of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Outstanding



Summary of findings

- 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.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2016. The survey invited 232 patients to submit their views on the practice, a total of 121 forms were returned. This gave a return rate of 52% compared with national average return rate of 38%.

The results from the GP national patient survey showed patients were highly satisfied with how they were treated. In the indicators in the GP national patient survey the practice had satisfaction rates mostly higher than both local and national averages. For example;

- 93% described their overall experience of the GP practice as good. This was better than the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 86% said the GP was good at treating them with care or concern compared to the CCG and national averages of 85%.
- 98% had confidence in the last GP they saw or spoke with compared to the CCG average and national averages of 95%.
- 92% said the GP was good at giving them enough time compared to the CCG and national averages of 87%.
- 96% said the practice nurse was good at listening to them. This was higher than the CCG average of 92% and national average of 91%.
- 97% had confidence in the last nurse they saw which was the same as the CCG and national averages.
- 96% said the nurse was good at treating them with care or concern compared to the CCG average of 92% and national average of 91%.
- 88% found receptionists helpful. This was higher than the CCG average and national averages of 87%.

- 84% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 93% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 82% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 79% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 77% and national average of 76%.
- 82% of patients felt they did not have to wait too long to be seen compared with the CCG average of 60% and national average of 58%.

We spoke with 12 patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 28 completed cards which were all 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. Patients shared their individual experiences with us which were consistently highly positive. For example, one patient shared their experience of their poor mental health and told us about the kind, compassionate care they had received and continued to receive over many months.

The practice also used the NHS Friends and Family test to gain the views of patients. Responses in were highly positive of the services provided at the practice. In the previous six months the practice had received 58 Friends and Family responses of which 53 were extremely likely and five likely to recommend the practice. Themes of the comments were consistently positive.

Areas for improvement

Action the service **SHOULD** take to improve

- Improve the recording of the actions taken following medicines alerts.

Summary of findings

Outstanding practice

- The practice was the third highest out of 85 practices for reporting safety concerns about patients. As a result of the practice's reporting, the clinical commissioning group and local authority had implemented an information sharing agreement to enable quicker sharing of concerns about patients between the organisations.
- The needs of older patients had been extensively assessed. The practice had set up a befriending group to benefit those who were socially isolated. The health, social and care needs of older patients had been assessed and the practice had a list of 130 patients who received regular contact from an elderly care facilitator. Over time, the practice had made a difference by helping patients to secure benefits or referred patients to others for example, the fire service when home safety issues had been identified.
- The practice had 8% of their patients who lived in care homes; this was significantly higher than the national average of 0.5%. Individualised and responsive care had been implemented including regular care home visits and assessment of the reasons why patients had been admitted to hospital unexpectedly. The practice acted on the findings and implemented measures such as training care home staff and introducing protocols for the care homes to assist them on what to do when patients deteriorated.

Brinsley Avenue Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Brinsley Avenue Practice

Brinsley Avenue Practice is registered with the Care Quality Commission as a partnership provider. A partnership of three GPs holds a General Medical Services (GMS) contract. 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 is situated in a residential area of Trentham, Stoke on Trent. The practice area is one of less deprivation when compared with the clinical commissioning group (CCG) and national averages. Services have been provided from the current location for over forty years. The partnership providing services significantly changed in October 2015 following the retirement of a long-standing GP. The practice is currently fully staffed with no vacancies reported.

The practice has patients of all ages ranging care, although there are significant differences in the demographic in groups that are known to increase the workload of GP services:

- 15.4% of the practice population are aged 75 and over compared with the CCG average of 7.5% and national average of 7.8%.
- The practice has 8% of their patients living in a care home; the national average for practices is 0.5%.
- The number of patients aged 18 and under is around 5% less than local and national averages.

At the time of our inspection the practice had 3,837 registered patients.

The practice is open:

- Monday, Tuesday, Wednesday and Friday from 8:30am to 6pm. The reception closes from 12:45pm to 1:45pm on Monday to Wednesday although there is all day telephone access.
- Thursday from 8:30am to 1pm. The practice is closed on a Thursday afternoon under a local agreement and emergency cover is provided by the local GP out-of-hours provider.
- Earlier appointments are available for 7:30am on a Wednesday and Friday.
- Telephone appointments are available daily with GPs and the advanced nurse practitioner.

Staffing at the practice includes:

- Five GPs (three female and two male giving a whole time equivalent (WTE) of 2.6.
- The all-female practice nursing team consists of an advanced nurse practitioner (WTE .74), practice nurse prescriber (WTE 1) and a healthcare assistant/elderly care facilitator (WTE .22 in each role).

Detailed findings

- A managing business partner oversees the operational and governance of the practice. The wider administrative team of nine include a reception supervisor and senior administrator.
- A befriending volunteer provides the practice with a link to the community and coordinates activities for the practice befriending club.

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

We carried out an announced visit on 29 September 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff and members of the leadership and administrative team. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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



Are services safe?

Our findings

Safe track record and learning

The practice operated an effective and well used process for reporting significant events. Significant events are described as a positive or negative occurrence that are analysed in a detailed way to learn and improve practice.

Staff we spoke with were aware of their individual responsibility to raise concerns appropriately. On receipt of a significant event, the practice management team investigated the occurrence and shared learning both within the practice and when appropriate within the clinical commissioning group (CCG) area.

- During the last 12 months the practice had recorded 13 internal significant events.
- The practice was the third highest out of 85 practices for reporting incidents via a CCG reporting tool. During 2014/15 the practice had reported 51 incidents and this had increased in 2015/16 to 74 incidents. The high level of reporting had led to change within other organisations and care providers within the area.
- We saw that when significant events were raised the occurrence was investigated thoroughly and measures were put in place to minimise the opportunity of less positive events reoccurring.
- All events were coded with severity using a Red, Amber, Green (RAG) rating and all were reviewed over time to make sure the plans put in place had worked.

One example of learning was a significant event following identification that a patient had been prescribed two medicines that may interact. Practice staff took action by checking that no other patients were affected and put measures in place to prevent a similar event reoccurring. A transparent culture was evident in that the patient was offered an apology and the learning from the event was shared with staff at practice meetings.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice did not always record the actions they had taken in response to alerts, although other evidence

demonstrated they had taken appropriate action. We spoke with the practice about this and shortly after our inspection the practice shared a new procedure on recording MHRA information with us.

Overview of safety systems and processes

The practice had well organised and comprehensive procedures in place to minimise risks to patient safety:

- There were comprehensive and effective procedures in place to safeguard children and vulnerable adults from the increased risk of harm. Practice staff were aware of their responsibility to help protect patients from avoidable harm. We saw clear examples of staff raising concerns appropriately and this included liaison across multiple agencies. For example, the practice had reported 44 occurrences of when they had identified medicines had been taken or administered in other facilities incorrectly. As a result of the practice's reporting of safety issues, the local CCG had implemented an information sharing agreement with the local authority. The agreement enabled rapid sharing of safeguarding concerns about patients, many of which were vulnerable as they relied on others for their care. All staff had received role appropriate training to nationally recognised standards, for example GPs had attended level three training in Safeguarding Children.
- Chaperones were available when needed, all staff who acted as chaperones had received training, been vetted and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken annually, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nursing team consisted of two



Are services safe?

independent nurse prescribers who had undertaken further training to prescribe medicines within their scope of practice and a healthcare assistant. The healthcare assistant had received training to administer certain medicines under specific circumstances. To enable this, the practice had a template to gain authorisation by a GP or nurse prescriber under a Patient Specific Direction (PSD). Blank prescriptions were securely stored and there were systems in place to monitor their use

- 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 practice had a process in place to ensure that the patient had received appropriate blood monitoring before the medicines were prescribed.
- We reviewed three personnel files and found appropriate and comprehensive recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service.

Monitoring risks to patients

The practice had an organised and comprehensive range of procedures in place to mitigate risks to patients, staff and visitors:

- The managing business partner was a member of the Institute of Occupational Safety and Health and had undertaken accredited training in health and safety.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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. The practice had established their minimum staffing requirements and monitored performance in relation to this.

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- 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 and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Staff had access to methods to alert others for assistance in an emergency.
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure



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.
- Changes to guidelines were shared and discussed at both regular clinical meetings.
- Staff subscribed to email alerts to notify them of changes in guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed that within the practice:

- The practice achieved 99% of the total number of points available; this was higher than the national and clinical commissioning group (CCG) averages of 95%.
- Clinical exception reporting was 9%, which was the same as the CCG and national averages. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.
- The practice performance in 2015/16 was unpublished at the time of our inspection. We considered this and saw that the overall achievement of points was 99.7%. Clinical exception reporting overall was 8%.

Performance in the two previous QOF years demonstrated a strong focus on monitoring and improving outcomes for patients with a range of conditions:

- The practice had 39 patients identified with an enduring poor mental health condition. In 2014/15 performance for poor mental health indicators was higher than local

and national averages. For example, 95% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG and national averages of 90%. There had been no clinical exceptions reported compared with the CCG average of 8% and national average of 10%. In 2015/16 the practice performance was 97% and the clinical exception rate was 2%.

- The practice had 135 patients identified with Dementia. In 2014/15 a total of 94% of patients with dementia had a face to face review of their condition in the last 12 months. This was higher than the CCG average of 85% and national average of 84%. Clinical exception reporting was 2% compared to the CCG and national averages of 8%. In 2015/16 the practice performance was 90% and the clinical exception rate was 9%. The prevalence of patients with dementia was 3.2% compared to the CCG average of 0.8% and national average of 0.7%. Emergency admissions to hospital for patients with dementia were higher than the CCG average. The practice rate was 2.5 per 100 patients compared with the CCG average of 2 per 100 patients.
- The practice had 217 patients identified with diabetes. In 2014/15 a total of 82% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below an accepted level, compared with the CCG average of 75% and national average of 78%. Clinical exception reporting was 13% compared with the CCG average of 9% and national average of 12%. In 2015/16 the practice performance was 84% and the clinical exception rate was 5%.
- The practice had 252 patients identified with asthma. In 2014/15 a total of 81% of patients with asthma had a review of their condition within the previous year. This was higher than the CCG and national averages of 75%. Clinical exception reporting was 2% compared with the CCG average of 6% and national average of 8%. In 2015/16 the practice performance was 85% and the clinical exception reporting rate was 1%.

The practice also participated in The Quality Improvement Framework (QIF) is a local programme with the CCG area to improve the detection and management of long-term conditions. Performance data from 2014/15 demonstrated the number of patients with long-term conditions who were admitted to hospital in an emergency were lower than local averages:



Are services effective?

(for example, treatment is effective)

- The practice rate of patients with COPD who were admitted to hospital in an emergency was half the CCG average. The practice average was seven patients in every 100 on the COPD register compared with the CCG average of 14 patients in every 100 on the COPD register. The prevalence of COPD was 2.5% which was the same as the CCG average and higher than the national average of 1.8%.
- The practice had lower emergency admission rates observed in patients with Coronary Heart Disease (CHD), asthma, cancer and diabetes.

Emergency admissions rates to hospital in 2014/15 for patients with conditions where effective management and treatment may have prevented admission was 30 per 1,000 patients which was higher than the CCG average of 26 per 1,000 patients. The practice had analysed their emergency admissions for patients and had identified that many had been admitted from a care home with dehydration and worsening infections. The practice had provided training to care home staff on recognising worsening illness and had developed protocols for situations such as what to do after falls, head injuries and weight loss pathways. GPs visited care homes at least weekly and reviewed every patient at intervals at no more than three months, although often this was more frequent. At the time of inspection the practice unplanned admission rate had reduced and was in line with the CCG average and was closely monitoring this performance.

The practice used local and nationally recognised pathways for patients whose symptoms may have been suggestive of cancer. Data from 2014/15 from Public Health England showed that 64% of patients with a newly diagnosed cancer had been via a fast track referral method (commonly known as a two week wait). This was higher than the CCG average of 55% and national average of 48%. Earlier identification and appropriate referral is generally linked with better outcomes for patients in this group. The number of patients with cancer admitted to hospital in an emergency was 5.7 per 100 patients compared to the CCG average of 8.7 patients.

The practice had undertaken four practice initiated clinical audits during the previous year. One audit into the prescribing of antibiotic medicines had completed two cycles and had demonstrated improvement. Other audits the adequacy of cervical smears, prevalence of long-term conditions and minor surgery.

Effective staffing

The practice had an experienced, well trained and motivated clinical, nursing and administrative team.

- The GP partners were experienced and had additional training in areas such as women's health and clinical education.
- The practice nursing team included an advanced nurse practitioner who had undertaken independent prescribing and advanced clinical assessment training and was also studying advanced clinical practice at masters' level. The practice nurse was also an independent prescriber and undertaken further training to meet the needs of the range of patients seen. The healthcare assistant had undertaken further training to administer certain vaccinations and medicines under direction.
- The managing business partner had total oversight of the performance of the practice and was motivated to encourage continuous improvement. Administrative staff had undertaken appropriate training and were experienced in their roles.
- All staff had undertaken relevant and recent training in areas such as basic life support and safeguarding.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The practice team met on a regular basis with other professionals, including the community matron, palliative care and community nurses. They did this to discuss the care and treatment needs of patients approaching the end of their life, patients with long-term conditions and those at increased risk of unplanned admission to hospital.



Are services effective?

(for example, treatment is effective)

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. Staff had received training specifically in the application of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards. For example, we saw when patients had decided not to receive resuscitation, the decision had been discussed, recorded and where appropriate those close to them had been involved in all stages of the process.

Supporting patients to live healthier lives

The practice offered additional support to patients aged 65 years and over under a local improvement scheme (LIS) for an Elderly Care Facilitator (ECF) to provide health assessments to patients aged 75 and over. Over time the practice had evolved the scheme from a social based assessment in 2014 to the model of using a healthcare assessment to assess for emerging health concerns. As the ECF had only evolved into the more health based assessment model in April, data was not available to demonstrate the impact of the service. However, practice staff told us they had received positive feedback about the effectiveness of detecting emerging health concerns.

The practice offered vaccinations and immunisations for all age ranges to protect patients against illnesses and travel related risk. The practice was approved to administer Yellow Fever vaccines for patients when required. Performance in providing the range of vaccines and immunisations was positive:

- Overall uptake rates for childhood immunisations ranged from 94% to 100% and were higher than the national average in all outcomes.
- Uptake rates for seasonal influenza (flu) vaccine for the 2015/16 programme showed that 77% of practice patients aged over 65 years received a flu vaccine compared to the CCG average of 72% and national average of 71%.
- Patients with long-term conditions were encouraged to receive seasonal flu vaccination and uptake rates were higher than local and national averages. For example, 99% of patients with diabetes had received an annual flu vaccination compared with the CCG average of 95% and national average of 94%. Clinical exception reporting was 11% compared with the CCG average of 20% and national average of 18%.

Other areas of promoting positive health outcomes included:

- The practice offered NHS Health Checks for patients aged 40 to 74 years of age to detect for emerging health issues such as diabetes and hypertension. All new patients were given a health check.
- All new patients received a health assessment as appropriate to their need.
- The practice's uptake for the cervical screening programme was 86% compared with the CCG average of 80% and national average of 82%. Clinical exception reporting rates were 4% compared to the CCG and national averages of 6%.
- The practice had provided 63% of their 21 patients recorded with a learning disability an annual health assessment. All patients had been invited for an annual 30 or 60 minute appointment with the ANP. The national uptake of the assessments is around 50%.

The practice had a notice board for healthy living information which changed topic on a monthly basis. Data from 2014/15, published by Public Health England showed that the number of patients who engaged with national screening programmes was higher than local and national averages:

- 82% of eligible females aged 50-70 attended screening to detect breast cancer. This was higher than the CCG average of 73% and national average of 72%.



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

- 63% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 56% and the national average of 58%.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that staff were engaged, compassionate and helpful to patients and treated them with dignity and respect.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2016. The survey invited 232 patients to submit their views on the practice, a total of 121 forms were returned. This gave a return rate of 52% compared with national average return rate of 38%.

The results from the GP national patient survey showed patients were highly satisfied with how they were treated. In all of the indicators in the GP national patient survey the practice had satisfaction rates higher than both local and national averages. For example;

- 93% described their overall experience of the GP practice as good. This was better than the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 86% said the GP was good at treating them with care or concern compared to the CCG and national averages of 85%.
- 98% had confidence in the last GP they saw or spoke with compared to the CCG average and national averages of 95%.
- 92% said the GP was good at giving them enough time compared to the CCG and national averages of 87%.

Results for how patients felt about their interactions with the practice nurses and receptionists were also higher than, or in line with, local and national averages. For example:

- 96% said the practice nurse was good at listening to them. This was higher than the CCG average of 92% and national average of 91%.
- 97% had confidence in the last nurse they saw which was the same as the CCG and national averages.
- 96% said the nurse was good at treating them with care or concern compared to the CCG average of 92% and national average of 91%.
- 88% found receptionists helpful. This was higher than the CCG average and national averages of 87%.

We spoke with 12 patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 28 completed cards which were all 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. Patients shared their individual experiences with us which was consistently highly positive. For example, one patient shared their experience of their poor mental health and told us about the kind, compassionate care they had received and continued to receive over many months.

Care planning and involvement in decisions about care and treatment

The feedback we received from patients about them feeling involved in their own care and treatment was universally positive.

The GP patient survey information we reviewed showed a positive patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2016 showed;

- 88% said the last GP they saw was good at involving them about decisions about their care compared to the CCG and national average of 82%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 95% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

Patient and carer support to cope emotionally with care and treatment

The practice had extensively assessed the social and care needs of older patients over time. The practice had provided an elderly care facilitator since 2014. The format of care had continually evolved although had always included a social needs assessment by an Age UK support worker. In April 2016, this had changed to include greater emphasis on health needs as well as social needs. The practice identified that 41% of patients aged 65 and over, and were at highest risk of unplanned admission to hospital, lived alone. In response to patients who lived



Are services caring?

alone the practice introduced a befriending group to enable patients who felt socially isolated to meet others. Over the previous two years the group had grown to over thirty regular attenders. The group was initially created for the practice patients, although those not registered at the practice and from the wider community and had been welcomed. The group had time for interaction and topics such as health improvement and wider topics of presentation were provided. At the time of our inspection the group had planned a Sunday lunch function to provide a cooked meal and were to assess if this was become a permanent addition on a monthly basis. The group functions were arranged by the practice with leading involvement with the befriender coordinator attached the practice working in a voluntary capacity.

The practice recorded information about patients who had, or were, carers. A total of 46 patients (1.2% of the practice population) were identified in this way. The practice also had 304 patients who were recorded as living in a care home (8% of the practice population). These patients were classed as vulnerable as they relied on others for their care. Staff provided additional information for carers and offered annual health assessments and seasonal vaccination against illness.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had 304 patients who lived in care homes, this represented 8% of the practice population compared to the national average of 0.5%. The care homes cared for predominantly older patients although there was also a proportion of patients with complex medical needs. For example, patients who required mechanical ventilation to assist their breathing. The practice had invested a substantial amount of time and resources into meeting the needs of these patients who were considered vulnerable as they relied on others for their care. For example:

- The practice provided weekly visits to each of the four care homes. The practice frequently reviewed around 100 patients on a weekly basis in the care homes.
- The practice had assessed the reasons for previously higher than clinical commissioning group (CCG) average admission rates in patients in the care homes. The common reasons for admission included acute kidney injury (dehydration) and infections. Practice staff had provided training for care home staff on identifying worsening signs of illness, head injury and weight loss. Emergency admission rates for these conditions had reduced since 2014/15 and at the time of the inspection mirrored the CCG average.
- Regular meetings took place with the practice and care homes on how best to provide joined up care for patients.

The practice had assessed the needs of the wider population and provided services to meet their needs:

- The practice provided an elderly care facilitator to meet the needs of older patients. Since 2015 a total of 130 were included on the case load of a befriending volunteer. Health needs were also met and the practice recorded that on over 40 occasions they had intervened by referring patients for additional support. Avenues of additional support included referring patients for care support, for example to falls prevention teams and to third sector organisations for example, the fire service where home safety concerns had been identified. Patients had also been supported to gain financial

support and 30 patients had received additional allowances such as carers' allowance. Feedback from patients about the provision of this service had been very positive.

- Extended hours appointments were offered on two different weekdays from 7:30am.
- Longer appointments were available for patients who needed them, including those with a learning disability.
- Access to the practice was via a single level, corridors and doorways were wide to promote access for those with mobility issues.
- Home visits, including vaccinations were provided to older patients and patients who would benefit from these.
- The practice offered a range of contraceptive services including coil fitting on site.

We reviewed the practice performance from 2014/15 in The Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent CCG to improve the health outcomes of local people. The data related to patient attendance at A&E departments showed:

The number of patients attending A&E at any time was lower than the CCG average. For example, 254 patients per 1,000 attended A&E at any time compared to the CCG average of 257 patients per 1,000.

Access to the service

The practice was open:

- Monday, Tuesday, Wednesday and Friday from 8:30am to 6pm. The reception closed from 12:45pm to 1:45pm on Monday to Wednesday although there was all day telephone access available.
- Thursday from 8:30am to 1pm. The practice was closed on a Thursday afternoon under a local agreement and emergency cover was provided by the local GP out-of-hours provider.
- Earlier appointments were available for 7:30am on a Wednesday and Friday.
- Telephone appointments were available daily with GPs and the advanced nurse practitioner

Consultation times differed dependent on the day. Appointments were a mix of book on the day and book



Are services responsive to people's needs?

(for example, to feedback?)

ahead. At the time of our inspection there were planned appointments available within one day for nurses and six working days for GPs, although it was possible to book appointments on a daily basis also.

A system was in operation to assess the urgency of any home visits requested. Details of the home visit were taken and assessed by a GP or advanced nurse practitioner to ensure an appropriate visit timeframe.

All but one comment we received about appointments and access to the practice was positive.

Patient satisfaction rates from the July 2016 national GP patient survey about access to the practice and appointments was mostly higher than local and national averages:

- 84% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 93% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 82% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

- 79% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 77% and national average of 76%.
- 82% of patients felt they did not have to wait too long to be seen compared with the CCG average of 60% and national average of 58%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and in the practice booklet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received four complaints within the last 12 months. We tracked two complaints and saw that the practice offered timely responses to both. Complaints were discussed and shared at practice and clinical meetings. All occurrences were reviewed over time for trends to which there was none.

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 written aim of 'providing excellent primary care services to all our patients which are safe, high quality, evidence based, professional and confidential'.

Staff told us their vision for the practice to provide high quality patient centred care. The staff we spoke with were engaged, confident and aware of their responsibilities.

The leadership team described the previous two years of being ones of an evolution and improvement. The partnership had changed and grown in number.

Governance arrangements

The practice operated a number of systems to promote a safe working culture:

- The practice had introduced a 28 point improvement plan in November 2015. A number of risks to the service had been identified. Most actions had been completed or neared completion.
- Patient safety was paramount to the practice and this could be evidenced in the high number of concerns recorded within a clinical commissioning group (CCG) incident reporting system.
- 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 which was used to monitor quality and to make improvements.
- There were comprehensive and effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality

and compassionate care. The lead GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

Where below average performance was identified, the root causes had been identified and measures put in place to improve the situation. We saw at times this included by working with other partners outside of the practice. For example, the practice implemented regular meetings with care homes and provided training to care home staff to reduce the numbers of patients that were admitted to hospital in an emergency. The combined measures needed longer term monitoring to see if they were had worked, although at the heart of the measures was a desire to keep patients, many of which had complex conditions, healthier for longer.

The leadership team had taken action where they saw gaps in the social and care needs of patients. For example, the practice set up a befriending group and had a volunteer befriender who kept in contact with over 100 patients with increased social care needs.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

Are services well-led?

Outstanding



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

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 an active patient participation group (PPG). We spoke with three members of the PPG who told us that the practice was responsive to patients' suggestions and had made a number of improvements to benefit patients. The members of the PPG told us that the befriending group set up by the practice had been a lifeline to some local people and that practice staff went over and above to ensure people could attend. All complaints, significant events and developments had been discussed at monthly PPG meetings and an internal patient survey was planned to take place in January 2017.
- The practice used the national GP patient survey and the NHS Friends and Family test to gain the views of patients. Responses in both surveys were highly positive

of the services provided at the practice. In the previous six months the practice had received 58 Friends and Family responses of which 53 were extremely likely and five likely to recommend the practice.

Staff told us that their views were sought and valued. All felt able to approach the GPs or practice manager with any issues or suggestions. Staff felt able to give feedback at practice meetings, appraisals or at any time they desired.

Continuous improvement

Education was integral to the practice The practice was a teaching practice for medical students studying to become qualified doctors. Training opportunities had also been provided to other healthcare professionals, for example nurses undertaking advanced physical health assessment training.

The practice was an early adopter and innovator using computer tablets and mobile technologies to provide high quality care to patients in their own homes or in care home settings. The practice had committed to working with the CCG to share this knowledge and their experiences to help other practices implement new technologies