

Stapenhill Medical Centre

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stapenhill Medical Centre on 23 August 2016. Overall the practice is rated as requires improvement.

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. However there was not always evidence that learning had been shared.
- 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.
- Risks to patients and staff were not comprehensively assessed and not all appropriate recruitment checks had been completed.

- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients spoke of a high level of service. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- Information about services and how to complain was available and easy to understand.
- 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, patients and third party organisations, which it acted on.
- Patients said they found it easy to make an appointment with a named or preferred GP and urgent appointments available the same day.

The areas where the practice must make improvements are:

Summary of findings

- Implement an effective system to manage risk, ensuring risks are identified, assessed and actions taken to promote safety.
- Complete a risk assessment for legionella.
- Recruitment checks must be completed in accordance with schedule three of the Health and Social Care Act 2008 (Regulated Activities).

The areas where the practice should make improvements are:

- Ensure actions stated in the infection prevention control audits are completed or planned.
 - Ensure learning is shared and any resultant changes to systems and procedures implemented.
 - Introduce a system to monitor the use of prescription pads and forms.
 - Implement a formal checking system for medication held in GPs' bags.
 - Ensure staff are aware of the business continuity plan.
- Implement a system to ensure nationally recognised clinical guidelines are followed.
 - Complete induction programmes for all new staff and annual competency checks on dispensers.
 - Explore how the practice could be proactive in identifying patients who are also carers.
 - Review complaint handling procedures to ensure arrangements are in place for:
 - Identifying, receiving, recording, handling and responding to verbal complaints.
 - Involvement of the wider practice team in the review of complaints.
 - Ensuring that complainants are aware of their options if not satisfied with the outcome.
 - Review the governance arrangements to record minutes of formal meetings when appropriate.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events. However lessons were not always shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, relevant information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks associated arrangements were not in place to ensure that all risks to patients were assessed and well managed. For example there were weaknesses in the processes for recruiting staff, carrying out risk assessments and infection and prevention and control measures.
- The provider had not completed all appropriate recruitment checks on staff employed.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The GPs had completed clinical audits and used the findings as an opportunity to drive improvement.
- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to local and national averages for questions relating to the care received.

Summary of findings

- 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 identified frail and vulnerable patients. These patients were referred or signposted to support services where required.
- The practice held a carers' register and had systems in place, which highlighted to staff patients who also acted as carers. However the number of carers identified was low.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the 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 not seen to have been shared with staff and complainants were not advised in the practice response of who to contact if not satisfied.
- There was a patient participation group (PPG) but there was no evidence of recent activity due to a reported lack of attendance from patients at PPG meetings. The practice had engaged with external support to revive the group.

Good



Are services well-led?

The practice is rated as requires improvement 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.

Requires improvement



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular governance meetings, although these did not extend to the whole team.
- Clinical governance supported the delivery of good quality care. However there was no overarching governance to monitor and minimise 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. However, there was no formal governance arrangements to share with all staff or to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all over 75s had a named GP
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Elderly patients identified at higher risk of hospital admission were placed on an at risk register and had in place an admission avoidance care plan which highlighted their needs and wishes and was reviewed regularly. All admissions of patients on this plan were discussed to see if they were avoidable.
- Same day access was available to all patients on the at risk register.
- The practice held monthly meetings with their local community healthcare team.
- The GPs and advanced nurse practitioner provided home visits to care home patients and had completed additional training in order to complete advanced care planning for these patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines

Requires improvement



Summary of findings

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 included on the practice frailtest 2% at risk register and had an admission avoidance care plan in place. The practice had systems in place to “flag” patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.
- Patients on the at risk register were offered same day access.
- The practice held a list of patients who required palliative care and their GP acted as the lead. The gold standards framework was used for the coordination of end of life care. The practice provided eligible patients with anticipatory medicines as indicated by their long-term condition or end of life needs.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 held regular clinical meetings where children at risk, child welfare concerns and safeguarding issues were discussed to ensure awareness and vigilance.
- The practice had a system in place to highlight patients of concern, as well as those who were considered at risk and these were discussed at clinical multi-disciplinary meetings.
- The practice provided a contraception and sexual health service included chlamydia screening.
- 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 84%, which was slightly higher than the local CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 provided a telephone consultation system. All patients requesting same day help were offered a telephone consultation, if no appointment was available, and following that, a face-to-face appointment if required.
- 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. Appointments and prescriptions could be booked online and telephone language translation was available for patients with limited English.
- The practice provided extended hours service on a Saturday morning.
- The practice provided NHS health checks to those in the 40 to 74 age groups.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice frail and vulnerable patients at risk register also included carers.
- The practice offered longer appointments for patients with a learning disability and those with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- 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.
- All patients on the practice palliative care register were reviewed at a monthly multidisciplinary meeting.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Patients diagnosed with dementia who had received a face-to-face review in the preceding 12 months was 86%, which was comparable with the local CCG average of 86% and national average, 84%.
- Clinical staff had received training in the Mental Capacity Act and used this when assessing appropriate patients and the practice carried out advance care planning with their carers for patients with dementia.
- Performance for poor mental health indicators was higher than the national averages. For example, 100% of eligible patients with severe poor mental health had a recent comprehensive care plan in place compared with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. One of the GPs was the appointed lead for the dementia and mental health registers.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice performance was comparable with local and national averages. Two hundred and fifty-two survey forms were distributed and 129 were returned, a 51% response rate.

- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 80% and national average of 78%.

There was one area where the survey highlighted patient satisfaction was significantly below both local and national averages:

- 51% of patients found it easy to get through to this practice by phone compared to the national average of 73%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received eight comment cards, all of which were positive about the standard of care received. Patient's comments included that staff were excellent, caring, approachable, friendly, respectful and professional.

Areas for improvement

Action the service **MUST** take to improve

- Implement an effective system to manage risk, ensuring risks are identified, assessed and actions taken to promote safety.
- Complete a risk assessment for legionella.
- Recruitment checks must be completed in accordance with schedule three of the Health and Social Care Act 2008 (Regulated Activities).

Action the service **SHOULD** take to improve

- Ensure actions stated in the infection prevention control audits are completed or planned.
- Ensure learning is shared and any resultant changes to systems and procedures implemented.
- Introduce a system to monitor the use of prescription pads and forms.
- Implement a formal checking system for medication held in GPs' bags.

- Ensure staff are aware of the business continuity plan.
- Implement a system to ensure nationally recognised clinical guidelines are followed.
- Complete induction programmes for all new staff and annual competency checks on dispensers.
- Explore how the practice could be proactive in identifying patients who are also carers.
- Review complaint handling procedures to ensure arrangements are in place for:
 - Identifying, receiving, recording, handling and responding to verbal complaints.
 - Involvement of the wider practice team in the review of complaints.
 - Ensuring that complainants are aware of their options if not satisfied with the outcome.
- Review the governance arrangements to record minutes of formal meetings when appropriate.

Stapenhill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Stapenhill Medical Centre

Stapenhill Medical Centre is part of the NHS East Staffordshire Clinical Commissioning Group. The total practice patient population is 9,750. The age profile of patients is broadly in line with national averages. Stapenhill Medical Centre is located within easy reach of Burton on Trent town centre in Staffordshire and there is a rural branch surgery with a dispensary in the village of Rosliston providing services to 1,800 patients. The premises at both sites are purpose built buildings owned by the partners.

The staff team comprises of six GP partners (5 male, 1 female), one salaried GP (female) and two GP trainees (both female). The GPs combined work 50 clinical sessions per week, the GP trainees combined work 14 sessions per week and six sessions per week were worked by the advanced nurse practitioner who is also a prescriber. The provider has been an approved GP training practice since 2006.

The practice is open each weekday from 8am to 6pm and is open on a Saturday morning from 8am to 12.30pm. The practice has opted out of providing cover to patients outside of normal working hours. Staffordshire Doctors Urgent care provides these out-of-hours services.

There are 28 permanent staff in total, working a mixture of full and part times hours. Staff at the practice also includes: a practice manager, an administrator and a patient services team leader, two practice nurses, two healthcare assistants and a dispenser, two medical secretaries and eight reception/administration support staff.

The practice provides long-term condition management including asthma and diabetes. It also offers child immunisations, minor surgery and travel vaccinations. The practice offers NHS health checks and smoking cessation advice and support. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. It also provides a number of Directed Enhanced Services, for example extended hours access is available.

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

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

- Is it safe?

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 23 August 2016. During our visit, we spoke with a range of staff, which included the registered manager, practice manager, nursing staff, administrative/receptionist staff and GPs. We spoke with one patient and reviewed eight comment cards where patients shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

The practice operated an effective system to report and record significant events. Staff knew their individual responsibility, and the process, for reporting significant events.

- The practice had a lead for significant events and a form available to all staff to report an event.
- Significant events had been investigated.
- When things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, and a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.

There had been seven recorded incidents/events in the preceding 12 months. We saw that the practice reviewed their records and no trends were identified. All were concisely recorded and documented, however the actions and learning had not always been shared. For example, one significant event related to an abnormal blood result not being communicated to the patient after the patient had not contacted the practice for the results. The practice identified that its policy was reliant on the patient to follow up test results and slips were provided to patients as a result to ask them to phone for results and the practice recognised that a failsafe system required a patient follow up from the practice. A template had been set up on the system to contact the patient but there was no evidence of a proactive recall and follow up system having been implemented.

Following diagnosis of diabetes by a trainee GP, a routine referral was made. The provider identified the error and upgraded the referral to urgent. There was no evidence of any system change as a result of the learning.

We reviewed safety records, incident reports and patient safety alerts. We saw that alerts were shared to improve safety in the practice. The practice had a process in place to receive alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). However there was no process in place to ensure agreed actions had been completed and when asked, clinical staff were not aware of the most recent alerts. For example, we reviewed an MHRA alert (for a

medication to control epilepsy not to be used in pregnancy) issued in February 2016. The alert had been distributed but there was no record of any follow up discussion or action.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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:

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards. A GP partner was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. The practice had a system in place to highlight patients of concern, as well as those who were considered at risk and these were discussed at multi-disciplinary meetings. The practice held a monthly meeting with the health visitor to review the register of vulnerable children.
- Chaperones were available when needed. Only clinical staff acted as chaperones. Staff 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 availability of chaperones was displayed in the practice waiting room and in treatment rooms.
- 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

Are services safe?

had been undertaken, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge. However some actions from the audit had not been completed. For example, the last audit undertaken in May 2016 highlighted the requirement for high level cleaning (light fittings and window blinds) but this had not been completed and there was no evidence that plans were in place to address this.

- 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 nurses used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. The GPs held medicines in their bags but no formal checks were regularly carried out.
- Blank prescription forms and pads were securely stored but there was no system in place to monitor their use.
- Processes were in place for handling repeat prescriptions. The practice carried out regular medicines' audits. The practice worked with the local CCG medicine management team to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed data in relation to a particular high-risk medicine prescribed to patients. We found they completed appropriate monitoring, regular auditing which ensured that safe systems were in place
- We reviewed four personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, there was no proof of identity for the individual staff members we checked. References had been obtained with the exception of the recently employed advanced nurse practitioner (ANP). The provider had copies of professional qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for relevant staff. The practice had a GP partner who joined in May 2016 but had not carried out any recruitment checks for this individual.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.

However, there was no check of staff competencies included in the annual appraisal. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place of random checks to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- 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 safe destruction of controlled drugs

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- There was a health and safety policy available but we saw that it was not always followed. For example, the practice had no up to date fire risk assessment and had not carried out any regular fire drills. Fire marshals had been appointed but had not received any role specific training. There were no risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- 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 and staff we spoke with were aware of where they were located.
- Emergency medicines were 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

Are services safe?

stored securely. However, we found that the practice had not assessed the risk in the absence of emergency medicine associated with minor surgery and the fitting of specific contraceptive devices.

- Electrical equipment had not been checked since 2009 to ensure the equipment was safe to use. Clinical equipment was regularly checked to ensure it was working properly.

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. There was a copy kept off site by the senior partner and practice manager. However staff we asked were not aware of the plan.

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.
- However the practice had no system to monitor that these guidelines were followed, for example, through risk assessments, audits or random sample checks of patient records.
- The practice was proactive in using the electronic patient record for alerts and diary entries, which ensured effective, proactive care and regular reviews.
- The practice had appointed leads for each long-term condition.

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.

The frailest two per cent of the practice patients had in place an admission avoidance care plan which highlighted their needs and wishes and was reviewed regularly. All admissions of patients on this plan were discussed to see if they were avoidable.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for poor mental health indicators was higher than the national averages. For example, 100% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%. However, clinical exception reporting was higher at 40%; this represented 50 patients compared with the CCG average of 12% and national average of 13%. 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. The provider was aware of the data and had tasked the recently employed advanced nurse practitioner to improve the number of reviews completed. Recent data showed that since April 2016, 20 reviews had been completed out of a register of 57.

- Performance for diabetes related indicators was higher than local CCG and national averages. For example, 82% of patients with diabetes had received a face-to-face review in the last 12 months, which was comparable with the CCG average of 80% and national average of 77%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 86%, which was comparable with the local CCG average of 86% and national average, 84%.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months, was 79%, which was comparable with the local average of 78% and better than the national average of 75%.
- The percentage of patients with hypertension having regular blood pressure tests was 87%, which was better than the national average of 84%.
- We saw that over 95% of patients on four or more medicines have had a medicines review in the last 12 months.

There had been six clinical audits completed in the last year. Examples included:

- An audit of the appropriate prescribing of oral contraception. This audit had been repeated three times and demonstrated improvement. Findings were shared with the nursing team. Evidence was seen of regular clinical audits were being used to assess, improve and monitor performance.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, a more recent audit was completed on the long-term use of a specific medicine used to treat urinary tract infections which was highlighted to the

Are services effective?

(for example, treatment is effective)

practice by the local CCG in May 2016. The practice identified patients through the audit and sought appropriate advice from the microbiologist about alternative treatments.

- The practice used complaints and significant events to trigger audits, and was reflective in assessing where care could be improved.

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. Staff had access to and made use of e-learning training modules and in-house training. However checks on staff files showed that induction programmes were not always completed.
- 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, administering vaccinations and taking samples for the cervical screening programme. The practice prioritised training and development for the whole team and all staff had individual training folders.
- 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, best practice guidance and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision for the trainee GPs, nurses and dispenser. Not all staff had received an appraisal within the last 12 months but the provider told us that all staff appraisals were planned where not completed.
- There was adequate clinical capacity within the practice to meet anticipated demand, including internal cover for holiday leave and other planned absences. The dispensary was situated at the branch practice and closed when the dispenser was absent. Patients were informed of when the dispensary would be closed.

Working with colleagues and other services

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. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Minuted meetings took place on a monthly basis.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed. The practice worked with the wider healthcare team to ensure that their patients' health and social care needs were being assessed and met.
- The practice held a list of patients who required palliative care and their GP acted as the lead. The gold standards framework was used for the coordination of end of life care. The practice provided eligible patients with anticipatory medicines as indicated by their long-term condition or end of life 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. Clinical staff had also been in receipt of training in the Mental Capacity Act 2005. Where a patient's mental

Are services effective?

(for example, treatment is effective)

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 practice carried out advance care planning with their carers for patients with dementia.

- 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 audits of patient records.

Health promotion and prevention

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.

New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.

The practice's uptake for the cervical screening programme was 84%, which was slightly higher than the local CCG average of 83% and national average of 82%.

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However the uptake rates were just below the national averages. For example, 67% of females patients aged 50 to 70 years had been screened for breast cancer in the last 36 months (national average 73%) and 54% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months (national average 58%).
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 95% and five year olds from 89% to 96%.

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 had access to a confidential hatch if patients wanted to discuss sensitive issues or appeared distressed.

Of the eight patient Care Quality Commission comment cards received, all were positive about the service experienced. Patients said the practice offered an excellent service and staff were professional, attentive and caring and all staff treated them with dignity and respect.

We spoke with one patient who was a member of the patient participation group. The patient told us the staff always made time for the patients and had gained patients confidence and trust following the retirement of a senior partner. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally the same or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 89%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern, which was above the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern, which was below the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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. We saw that patient care plans were personalised.

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 generally higher than national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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

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 available and the practice had started to hold regular patient education meetings.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had a frail and vulnerable register, which included patients who were carers. The practice had identified 76 carers, 0.8% of the practice list.

Staff told us that if families had suffered bereavement, their usual GP contacted them; 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. The practice had an internal procedure to ensure all appropriate staff were made aware.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Saturday morning between 8am and 12.30pm. Appointments were available from 8.30am to 11am followed by telephone appointments with a GP until 12.30pm.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were prioritised in line with NHS England's, March 2016, Patient safety alert, the prioritisation of general practice home visits. Home visits were available for patients whose clinical needs resulted in difficulty attending the practice. Requests were triaged by the duty doctor.
- Patients were encouraged to see or speak with the same clinician for follow-up consultations which promoted continuity of care.
- The advanced nurse practitioner visited one care home to conduct medication reviews. The healthcare assistant visited the care home to take blood pressure readings and supported one of the GPs to carry out annual health reviews.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was proactively working on improving the communication with Child and Adolescent Mental Health Services (CAMHS).
- The practice patients benefited from weekly counselling sessions provided by the Community Mental Health Team.
- Patients were able to receive travel vaccinations available on the NHS as well as travel advice.
- There were disabled facilities, a hearing loop and translation services available.
- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required.

Access to the service

The practice was open Monday to Friday between 8am and 6pm (excluding bank holidays) and on a Saturday morning between 8am and 12.30pm. The practice had opted out of providing cover to patients outside of normal working hours. Staffordshire Doctors Urgent Care (SDUC) provided these out-of-hours services.

Results from the national GP patient survey July 2016 showed that patient's satisfaction with how they could access care and treatment was similar to or better than local and national averages in some areas.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 74% of patients said they usually waited 15 minutes or less after their appointment time to be seen which was better than the local CCG average of 67%, and national average of

65%.

However the responses to telephone access and getting to see a preferred GP were below average. For example:

- 51% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.
- 57% of patients usually get to see or speak to their preferred GP, which was better than the CCG average of 63% and national average, 59%.

The practice was aware of the low score for access to the practice by phone. It had investigated the reasons for this and found that a direct line number (a non responding line) had accidentally been placed in the public domain. The process to remove this was seen to be underway. In addition the provider told us that all non-clinical staff were now tasked to answer telephones as peak times to support the reception team.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made by contacting the appropriate emergency service to meet their needs. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Patients could book appointments in person, by telephone and through on line access. The availability of

Are services responsive to people's needs?

(for example, to feedback?)

appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with GPs and nurses available on the same day, or with a specific named GP within three days.

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 except that complainants were not advised on their options if not satisfied with the outcome.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system which included a summary leaflet.

We looked at five complaints made in the preceding 12 months and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency when dealing with the complaint which included the complainants' involvement. Complaint records demonstrated that complaints were recorded and well documented. However the complaints were not seen to have been shared and discussed with the practice team and verbal complaints were not recorded to identify and analyse any trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a business plan that was being reviewed into a five year plan.

- The practice planned to expand the building and offer more services although a residential new build project close to the practice had the practice on hold with a potential need to review capacity.
- The practice engaged with local practices and the local CCG on a monthly basis. The GPs attended a steering group meeting monthly.
- The practice was involved with a federation and a cooperative working group.

Governance arrangements

- There was a clear staffing structure; staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including family planning and a lead for diabetes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, in some areas governance arrangements were not effective. Although policies and documented protocols were well organised and easily accessible to staff, we found that some of the policies were not governing. For example:

- The practice health and safety policy was not followed and in particular risk assessments had not been carried out or reviewed in recent years. There were some records in place to the support practices arrangements for identifying, recording and managing risks. However, we found that records were not kept to support that regular fire alarm tests and fire drills had taken place at the practice.
- The learning from significant events and complaints was not always shared with the practice team. Reviews were conducted and actions agreed. However these actions were not always implemented to promote safety and minimise risk.
- Appropriate recruitment checks were not always carried out on staff employed.

- The provider had a system for managing clinical alerts but the alerts were seen to have not always been acted on.

Leadership and culture

The GP partners and the practice manager formed the management team at the practice. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and conversations with staff demonstrated that they were confident in raising concerns and suggesting improvements openly with members of the management team.

The practice had a regular programme of practice meetings; these included a daily meeting for the GPs, a monthly partner's meeting attended by all GPs and a bi-weekly practice meeting attended by the GPs and practice manager. However, meetings were not always governed by agendas which staff could contribute to and minutes of these meetings were not always recorded. Staff told us that informal communication did take place and information was cascaded by email. However we saw that learning from meetings was not always shared.

The practice manager engaged with local practice managers by attending regular meetings to share ideas and discuss best practices with other practices in the local area. Practice nurses also engaged with local nurses by attending educational events and regular clinical updates facilitated by the clinical commissioning group.

The GP regularly attended clinical updates, education events and monthly locality meetings facilitated by the CCG; these events were used as opportunities to engage with other medical professionals and share ideas.

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

The practice valued and acted on feedback from patients, the public and staff. It proactively sought patients' feedback and had tried to engage patients in the delivery of the service through a patient participation group (PPG).

- The practice gained feedback through national GP surveys, compliments and complaints received.

Are services well-led?

Requires improvement 

(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 daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- A PPG had been established but was inactive due to a decrease in the numbers of members attending the meetings. The provider was proactively working to revive the group and had enlisted the services of another local practice group to assist them.

The practice responded to the results of their NHS family and friends test which highlighted that between January 2016 and August 2016, 224 (86%) of the respondents were extremely likely or likely to recommend the service to a family member or a friend. This was based on 261 responses over an eight month period.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice worked with other local providers to share best practice. The significant events and complaints were reviewed and investigated to determine where improvements could be made although the implementation stage was not always evidenced.

The practice was insightful about current and potential future challenges and planned toward meeting them; for example, the increasing number of services that can be provided in primary care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risks to patients and staff were not comprehensively assessed and not all appropriate recruitment checks had been completed.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Governance arrangements were not always effective, actions identified from audits and shared learning were not always completed or planned. There was no overarching system in place to identify, mitigate and manage potential risks to patients and staff.