

Birches Head 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

Good



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?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Birches Head Medical Centre on 18 January 2016. As part of our inspection we visited both the main and branch (Hulton House Surgery) locations. Overall the practice is rated as good, with requires improvement in safe services.

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

Our key findings were as follows:

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an effective system in place for reporting and recording significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice was proactive in getting feedback from patients and made improvements following suggestions.
- Risks to patients were assessed and well managed, with the exception of those relating to infection prevention and control.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Operate an effective system to ensure current infection prevention and control practice is followed.

Summary of findings

- Ensure that patients, visitors and staff are protected from the risk of water borne infection by means of completing a legionella risk assessment.

In addition the provider should:

- Implement a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, has been provided before the medicines are issued.
- Ensure that all relevant staff have up to date medical indemnity insurance in place.
- Improve storage and handling of blank prescription forms to reflect nationally accepted guidance as detailed in NHS Protect Security of prescription forms guidance.
- Consider a system to alert staff to known vulnerable adults.
- Consider implementing a recorded system of sharing practice wide learning and governance issues with non-clinical staff.
- Consider adopting a vision and values statement for delivery of services at the practice.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Infection prevention control measures within the practice needed to be improved.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice comparable to others for several 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The number of patients attending A&E during GP opening hours was 20.2% lower than the CCG average.
- The overall number of patients attending A&E at any time was 18.1% lower than the CCG average.

Good



Are services well-led?

The practice is rated as good for being well-led

- The GPs and practice management team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.
- The practice had an active patient participation group (PPG). Staff and the PPG met on a regular basis to discuss services provided and demonstrated they had made changes based on feedback from the PPG.
- The practice team discussed performance and patient feedback and made changes to services when required.
- When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice also offered all patients aged 75 and over with a health check.
- 70.9% of patients aged 65 or over had received seasonal flu vaccinations. This was comparable to the national average of 73.2%.

Good



People with long term conditions

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

- Patients at the highest risk to unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs. The practice had extended this service to include 4% of their patients under a Local Improvement Scheme (LIS).
- Emergency admissions to hospital for patients with Chronic Obstructive Pulmonary Disease (COPD) were 6% lower than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- The practice had systems in place for safeguarding children.
- The number of children admitted to hospital with a lower respiratory tract infection (chest infection) was 20.6% % below the clinical commissioning group (CCG) average.

Good



Summary of findings

- The practice provided childhood immunisations and rates of uptake were in line with CCG and national averages.
- The practice's uptake for the cervical screening programme was 81.4% which was higher than the CCG average of 79.9% and similar to the national average of 81.8%.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered evening appointments to benefit those of a working age.

Good



People whose circumstances may make them vulnerable

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

- The practice offered annual health reviews and longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

- 92% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86.4% and national average of 88.3%.
- 90.9% of patients with dementia had a face to face review of their condition in the last 12 months compared to the CCG average of 85.1% and national average of 84%.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We spoke with eight patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 23 completed cards, of which all were positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

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 January 2016. The survey invited 312 patients to submit their views on the practice, a total of 120 forms were returned. This gave a return rate of 38%.

The results from the GP national patient survey showed patients were broadly satisfied with how they were treated and that this was with compassion, dignity and respect. For example:

- 88% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 76% said the GP was good at treating them with care or concern compared to the CCG average of 84% and national average of 85%.
- 91% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 94% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.

- 92% said the practice nurse was good at treating them with care or concern, which was the same as the CCG average and comparable to the national average of 91%.

The results from the national GP patient survey about access to, and experience of making, appointments were positive:

- 95% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 99% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 70% of patients felt they did not have to wait too long to be seen compared to the CCG and national averages of 65%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 90% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

The practice undertook an internal patient satisfaction survey in February 2015, 190 patients gave their views to a number of questions. Responses were positive and included:

- 97% rated the nurses as good or excellent.
- 92% rated the GPs as good or excellent.

Areas for improvement

Action the service **MUST** take to improve

- Operate an effective system to ensure current infection prevention and control practice is followed.
- Ensure that patients, visitors and staff are protected from the risk of water borne infection by means of completing a legionella risk assessment.

Action the service **SHOULD** take to improve

- Implement a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, has been provided before the medicines are issued.
- Ensure that all relevant staff have up to date medical indemnity insurance in place.

Summary of findings

- Improve storage and handling of blank prescription forms to reflect nationally accepted guidance as detailed in NHS Protect Security of prescription forms guidance.
- Consider a system to alert staff to known vulnerable adults.
- Consider implementing a recorded system of sharing practice wide learning and governance issues with non-clinical staff.
- Consider adopting a vision and values statement for delivery of services at the practice.

Birches Head Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor, a second CQC inspector, a practice manager 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 Birches Head Medical Centre

Birches Head Medical Centre is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a Primary Medical Services contract with NHS England. At the time of our inspection the practice was caring for 6,585 patients.

As part of our pre-inspection checks we saw that one of the GP partners was not included in the CQC registration of the practice and prompted the provider to ensure their registration is accurate.

The practice area is one of less deprivation when compared with the local average, although higher than the national average. Life expectancy and the health of people within Stoke on Trent, whilst improving, are generally worse than the national average.

Patients can access services at two locations at their convenience :

- Birches Head Medical Centre (main practice)
- Hulton House Surgery (branch practice)

Staffing at the practice includes:

- Four GPs (all male)
- Two practice nurses and one healthcare assistant (all female)
- A practice manager and assistant practice manager lead a total of eight administrative staff.

Both the main and branch practices are open from 8:30am to 6pm on Monday, Tuesday, Wednesday and Friday and 8:30am to 1pm on a Thursday. During these times telephone lines and the reception desk are staffed and remain open. Extended appointments are offered on Monday from 6pm to 8pm at the main practice. When the practice is closed patients can access help by telephoning the practice, after which their call is transferred to the NHS 111 service for assistance.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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 our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including NHS Stoke on Trent Clinical Commissioning Group, Public Health England and the national GP Patient Survey.

During the inspection we visited both the main and branch practice locations. We spoke with members of staff including GPs, the practice nursing team, the practice manager, assistant practice manager and administrative staff.

We gathered feedback from patients by speaking with them directly and considering their views on comment cards left in the practice for two weeks before the inspection.

Are services safe?

Our findings

Safe track record and learning

The practice had a system for reporting, recording and learning from significant events.

- The practice had recorded seven significant events in the previous year.
- Significant events were investigated, discussed at clinical meetings and where necessary changes were made to minimise the chance of reoccurrence.
- We saw when a significant event occurred that may involve other patients; the practice performed an audit to ensure that no other patients were affected.

The practice did not have a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The system relied on individual GPs receiving alerts and responding as appropriate. We checked records to establish if guidance had been following two recent medicines alerts and whilst we saw no evidence of the guidance not being followed, the lack of formalised system could lead to an increased risk of an alert not being investigated and changes being made. We spoke with the practice about this, and the day after our inspection the practice implemented a formalised system to receive and act on MHRA alerts.

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 a number of systems in place to minimise risks to patient safety. The overall effectiveness of the systems was mixed

- 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, for example GPs had attended level three training in Safeguarding Children. The lead GP 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 children with safeguarding concerns by computerised alerts on their records, vulnerable adults did not have alerts on their computer records.

- Chaperones were available when needed all staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy. A recent infection prevention and control audit had been completed for the main practice, although this did not cover the branch location. We saw examples of practice that were not in line with current nationally recognised guidance. At the main practice for example, a clinical room did not have a clinical waste bin, a sharps disposal bin was not dated and could be reached by a child as it was on a low level surface and modesty curtains were fabric with no evidence of recent laundering. At the branch practice, we saw that there was a gap between a worktop surface and the wall which may make cleaning less effective, there was no bin to dispose of handwashing paper towels and water based substances used in patient treatment were not of a suggested single use type. We spoke with practice staff about this and they submitted information the day after the inspection to state they had booked an infection prevention control (IPC) nurse to visit the practice to provide staff with additional training and to conduct an audit of both sites.
- 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 to allow them to administer medicines in line with legislation. Blank prescription pads were stored securely although their issue was not always tracked in line with guidance by NHS Protect.

Are services safe?

- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The system for ensuring patients had received the necessary monitoring before prescribing of the medicine differed between clinicians. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. However, there was a possibility that patients may still receive the medicine if they had not received the required monitoring. For example if a patient missed a blood test at the hospital.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for individual GPs, although this did not extend to the practice nurses.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- All portable electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

We saw examples of risk that had not been assessed:

- The practice had not undertaken a formal risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- The practice had not conducted testing of their fixed electrical wiring within a five year time period as required in electricity regulations. The practice submitted information shortly after our inspection to show this had been completed.

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 automated external defibrillators (AEDs), (which provides an electric shock to stabilise a life threatening heart rhythm). We saw the AEDs at both the main and branch locations were not in working order. Practice staff told us this was due to issues with the batteries that had been ongoing for some months. The day after our inspection the practice submitted information to demonstrate they had sourced and purchased new batteries and the equipment was in working order.
- 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. We saw that the practice did not have medicines available to treat a person who had a sudden drop in blood sugar (hypoglycaemia) and the medicine used to treat suspected meningococcal septicaemia (blood poisoning from meningitis) was not in a sufficient strength to treat an adult. The practice submitted information the day after our inspection to demonstrate they had ordered both medicines.
- 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

We looked at how the practice assessed the needs of patients and that the delivery of care was in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We focussed on the care given to patients diagnosed with two conditions, atrial fibrillation (irregular heart rhythm) and diabetes.

The practice had implemented recent guidance in the treatment of atrial fibrillation and had performed an audit to establish their performance in this area. The practice performance for both identifying patients with the condition and monitoring them was strong:

- 100% of patients with AF received a medicine to reduce the risk of blood clots associated with the condition. This was better than the clinical commissioning group (CCG) average of 98.1% and national average of 92.2%.

We saw that the monitoring of patients with diabetes had been inconsistent as the time period of monitoring patients with stable HbA1c (indicating longer term blood glucose control) levels varied. The most recent guidance from NICE suggested that monitoring of HbA1c levels should be at a six-monthly interval once the levels were stable. We saw that a significant number of patients with stable HbA1c levels had monitoring undertaken at six to 12 monthly intervals. We spoke with the practice about this; the issue was identified as an inconsistency on a computer template. The practice took immediate action by performing an audit of patients in this group. Action was taken to follow up and invite any patients with monitoring outside of the guidelines to attend the practice for monitoring. A repeat audit was planned for March 2016 to establish ongoing compliance with guidance.

The practice had identified a higher number of patients with diabetes than the CCG and national average, with 7.8% of patients being identified with diabetes compared to the CCG average of 6.1% and national average of 6.4%.

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:

- The practice achieved 95.5% of the total number of points available; this was better than the national average of 93.5% and CCG average of 95%.
- Clinical exception reporting was 6.4%. This was better than the national average of 9.2% and CCG average of 9%. 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 have received the treatment or medicine.
- Performance for the diabetes related indicators was lower than the CCG and national averages. For example, 70.1% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 75.1% and national average of 77.5%. Of note, the clinical exception reporting rate of 2.7% was better than the CCG average of 8.9% and national average of 11.7%.
- 79.3% of patients with asthma had a review of their condition within the previous year. This was higher than the CCG average of 75.2% and national average of 75.3%.
- 90.9% 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 85.1% and national average of 84%.
- 92% of patients with severe poor mental health had a comprehensive care plan completed within the previous 12 months. This was higher than the CCG average of 86.3% and national average of 88.3%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- The Quality Improvement Framework (QIF) is a local programme with the CCG area to improve the detection and management of long-term conditions.
- The practice participated in the avoiding unplanned admission enhanced service. Four per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was

Are services effective?

(for example, treatment is effective)

admitted to hospital their care needs were reassessed on discharge. The care plans were available in the patient's home to enable other health professionals who may be involved in their care to have comprehensive information about them.

The practice performance for unplanned admissions to hospital was better than local and national averages. Data from the CCG QIF for 2014/15 showed that:

- Emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission was 17.6% lower than the national average.
- The number of children admitted to hospital with a lower respiratory tract infection (chest infection) was 20.6% below the CCG average.
- Emergency admissions to hospital for patients with Chronic Obstructive Pulmonary Disease (COPD) were 6% lower than the national average.

There had been three clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored. The audits included that medicines had been prescribed appropriately and that the monitoring of medical conditions was appropriate. Where necessary audits had been discussed by the practice team and changes to practice made as needed.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer. Data from NHS England in 2014 showed:

- 50% of practice patients with a new diagnosis of cancer had received their diagnosis via a fast tracked referral pathway (two week wait). This was comparable to the CCG average of 51.3% and national average of 48.8%.

Effective staffing

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

- GPs had received additional training in areas such as cardiology and had experience in providing extra services on site including family planning and minor surgery.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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.

The practice held a number of regular meetings including palliative care meetings to discuss care and treatment for patients approaching the end of their life. The meetings included practice staff and allied professionals such as community nurses, palliative care nurses, community matron and others as relevant.

When patients were referred to hospital in either an emergency or urgent situation, relevant information was relayed to the receiving department by the provision of printed copies of referral letters. In most circumstances patients had the option to choose the hospital they wanted to receive planned treatment at and were guided through the process.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Health promotion and prevention

New patients were offered a health assessment with a clinical member of staff when joining the practice.

Are services effective?

(for example, treatment is effective)

The practice also offered all patients aged 75 and over a health check. This had been provided under a Local Incentive Scheme (LIS) administered by the CCG which the practice had taken up. The practice had completed 61 health checks, which had resulted in 15 patients being referred to other services for investigation/follow up. The pathways of onward referral included physiotherapy, prevention of falls service and investigation for symptoms that may be suggestive of cancer.

The practice's uptake for the cervical screening programme was 81.4% which was higher than the CCG average of 79.9% and comparable to the national average of 81.8%.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was higher than local and national averages:

- 69.6% of eligible females aged 50-70 had attended screening to detect breast cancer. This was lower than the CCG average of 74.6% and national average of 72.2%.

- 52.2% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 55.1% and national average of 58.3%.

The practice provided childhood immunisations and rates were higher or comparable to CCG and national averages. For example, 98.8% of children aged two had received the measles, mumps and rubella (MMR) vaccine. This was similar to the CCG average of 98.1%.

Flu vaccination rates for the over 65s were 70.9%% compared with the national average of 73.2%. Vaccination rates in 'at risk' groups was 47.1% compared with the national average of 53.8%.

The practice actively advertised and promoted the availability of cancer prevention screening and flu vaccination in the practice waiting room and online via their social media page.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 January 2016. The survey invited 312 patients to submit their views on the practice, a total of 120 forms were returned. This gave a return rate of 38%.

The results from the GP national patient survey showed patients were broadly satisfied with how they were treated and that this was with compassion, dignity and respect. For example:

- 88% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 76% said the GP was good at treating them with care or concern compared to the CCG average of 84% and national average of 85%.
- 91% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 94% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 92% said the practice nurse was good at treating them with care or concern, which was the same as the CCG average and comparable to the national average of 91%.

We spoke with eight patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 23 completed cards, of which all were positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care, dignity, respect and understanding.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a comparable 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 January 2016 showed;

- 72% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81% and national average of 82%.
- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 90% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 91% and national average of 90%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 85%.

The practice undertook an internal patient satisfaction survey in February 2015, 190 patients gave their views to a number of questions. Responses were positive and included:

- 97% rated the nurses as good or excellent.
- 92% rated the GPs as good or excellent.

Individual patient feedback we received from patients about involvement in their own care and treatment was positive, all patients felt involved in their own care and treatment.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

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.

Written information was provided to help carers and patients to access support services. This included organisations for poor mental health and advocacy services.

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 evening appointments until 8pm on a Monday.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Emergency admissions to hospital were reviewed and a GP contacted patients to review a patients' care needs if required.
- There were disabled facilities and translation services available.
- Online services enabled the booking of appointments and ordering of repeat medicines.

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 demonstrated less of the practice's patients presented at hospital Accident and Emergency (A&E) departments when compared with the CCG average:

- The number of patients attending A&E during GP opening hours was 20.2% lower than the CCG average.
- The overall number of patients attending A&E at any time was 18.1% lower than the CCG average.

Access to the service

Both the main and branch practices were open from 8:30am to 6pm on Monday, Tuesday, Wednesday and Friday and 8:30 to 1pm on a Thursday. During these times telephone lines and the reception desk were staffed and remained open. Extended appointments were offered on Monday from 6pm to 8pm at the main practice. When the practice was closed patients could access help by telephoning the practice, after which their call was transferred to the NHS 111 service for assistance.

Patients could book appointments in person, by telephone or online for those who had registered for this service. We saw that the practice had availability of appointments with GPs and nurses the next working day for both the main and branch practice.

We received feedback on appointments from 31 patients. All were happy with contacting the practice, availability and the timeliness of appointments.

Results from the national GP patient survey published in January 2016 showed high rates of patient satisfaction when compared to local and national averages:

- 95% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 99% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 70% of patients felt they did not have to wait too long to be seen compared to the CCG and national averages of 65%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 90% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

The practice undertook an internal satisfaction survey in February 2015, 190 patients gave their views to a number of questions. Responses were positive and included:

- 97% of patients said it was fairly or very easy to get an appointment for the time they wanted.
- 90% were fairly or very satisfied with the practice's opening hours.

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.

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

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

The practice had received five complaints in the last 12 months. We tracked two complaints and saw they had been acknowledged, investigated and responded to in line

with the practice complaints policy. There were no trends to the overall complaints received. Complaints were discussed with the PPG, staff and at clinical meetings. Learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice did not have a formal written vision and values, although staff we spoke with gave their individual aims with the intention of providing patients with a professional, quality and caring service.

Governance arrangements

Governance within the practice was mixed, we saw examples of risks that had been well managed:

- The practice management team discussed performance and patient feedback and made changes to services when required.
- Most risks within the premises including fire safety, calibration of medical equipment and the recruitment of staff had been mitigated.
- The practice had up to date policies and procedures for staff to refer to for guidance.

Staff had clinical areas of responsibility assigned, although some of the underlying processes of running the practice had been overlooked:

- The practice nurses did not have medical indemnity insurance in place.
- There had not been a risk assessment performed to minimise the risk of Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).
- The practice response to external safety alerts was not well recorded and areas of responsibility were not clearly defined.

The day after our inspection the practice took action to correct any less positive findings and displayed openness and a willingness to mitigate any risks identified. Staff told us that they wanted to provide a safe, high quality and empathetic service to patients.

Leadership, openness and transparency

The GPs and practice management team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. All staff had received recent appraisals or had a date booked for one.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active patient participation group (PPG). Staff and the PPG met on a regular basis to discuss services provided and demonstrated they had made changes based on feedback:

- The practice opened their doors earlier each morning to make access easier for those who had appointments booked at 8:30am.
- Automatic doors had been installed at both the main and branch locations.
- The PPG organised free basic life support training for patients using the practice building.
- The practice telephone numbers had been changed to local numbers following feedback that call charges were higher if patients called by mobile telephone.

Patient satisfaction was established by consideration of NHS Friends and Family test results, GP national patient and internal patient satisfaction survey results and comments. Results had been discussed in both internal practice meetings and with the PPG. Any complaints received were also shared with the PPG to identify trends and establish wider opinion.

The practice had a well-used and active social media page. The page was open to all who used the social media platform. The practice responded to all comments posted and used the media to advertise services provided and promote health screening and lifestyle advice for patients.

The whole practice staff did not formally meet as a team, although all told us they felt able to give their views to the management team. They also said that they were kept up to date by regular conversations within the team on a daily basis. The practice did hold a number of other meetings including nurses and clinical meetings.

Are services well-led?

Good 

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

Management lead through learning and improvement

The staff we spoke with told us they felt supported to develop professionally. For example, a practice nurse had been supported to obtain funding to undertake a degree and the practice supported them with mentorship and time to study.

The practice was a teaching and research practice with links to a local university medical school. Medical students were supported in their training to become qualified doctors, for which the practice had extended its premises to accommodate a room for medical students to use under supervision.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not always following current infection prevention and control guidance.</p> <p>The provider had not undertaken a formal risk assessment for minimising the risk of Legionella.</p> <p>12 (2) (h)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	