

Holmcroft Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Holmcroft Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Holmcroft Surgery on 3 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- Risks to patients and staff were assessed.
- 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.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and usually saw the same GP, which helped provide them with continuity of care. Urgent appointments were available the same day.
- The practice was easily accessible, 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 and enjoyed their work. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The areas where the provider should make improvements are:
 - Implement a system to follow up and document outcomes for children who had not attended hospital appointments.
 - Implement a system to better inform the out of hour's service about patients who have 'do not attempt resuscitation' (DNAR) and about patients' palliative care status.

Summary of findings

- Improve the system of documenting test results for patients on a shared care basis on high risk medicines.
- Improve the system of acting on medicine alerts to ensure that all relevant patients are effectively reviewed.
- Improve the identification of patients who are also carers.
- Secure all filing cabinets containing confidential medical records outside opening hours.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- The practice had well maintained facilities and equipment.
- Infection prevention control audits were regularly carried out to ensure the practice was clean and hygienic.
- Before staff were appointed, the required checks were carried out to ensure they were suitable to carry out their work.
- Staff received training in safeguarding and chaperoning where required and clearly understood their role and responsibilities to safeguard people.
- The system to follow up and document outcomes for children who had not attended hospital appointments was not robust.

There was a system in place for monitoring safety alerts, high risk medicines and medicine usage for patients with long-term conditions and those on a shared care arrangement, however this was not always effective.

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 comparable to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were completed and demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Some checks against medicines alerts required review to ensure no further patients were affected.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in January 2016 showed patients rated the practice higher than others for all but one aspect of care that was comparable to other practices.
- 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 respect and maintained patient and information confidentiality.
- The practice held a carers' register but there was no system in place to effectively support staff to identify these patients on the computer software to enable them to offer appropriate support and guidance.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. One partner was the chair of the CCG and regularly attended meetings.
- Patients said they found it easy to make an appointment and usually saw the same GP, which helped provide them with continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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.

Summary of findings

- There was a clear leadership structure and staff felt supported by management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- Staff were aware of the vision and values in place that included providing a high quality safe service provision.
- Filing cabinets containing confidential patient records were not secured when the practice was closed.

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.

Good



- 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.
- Patients over 75 years had a named GP and were assessed to identify any complex health needs they may have. A proportion of these patients had a specific admission avoidance care plan that ensured a multi-disciplinary approach was maintained and all areas of care were comprehensively managed.
- The practice had a high level of patients in two nursing and residential homes in the CCG area and allocated a named GP to each home. They visited patients regularly to review their care and treatment needs.
- Immunisation was offered against influenza, pneumonia, shingles and any other appropriate vaccinations to reduce the risk of further health complications.

People with long term conditions

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

Good



- Longer appointments and home visits were available when needed.
- The practice had just appointed a nurse with a lead role in chronic disease management.
- Patients were invited for annual and regular reviews throughout the year dependent on the severity of their condition and provided with appropriate intervention. For patients with more than one long-term condition recall schedules were adapted to ensure all assessments were completed in one visit to ensure a smooth consistent pathway for each patient.
- Patients had access to visiting clinicians to include the community respiratory team.
- Patients were encouraged to book their appointments with the same GP for continuity of care.
- The practice had a full time specialist who reviewed and monitored patients with the support of the wider practice team.

Summary of findings

- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice did not have a robust system to inform the out of hour's service about patients who had a 'do not attempt resuscitation' (DNAR) directive or about patients' palliative care status.

Families, children and young people

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

- The care of expectant mothers was shared across the GPs with the midwives from the local hospital trust. Six weekly mother and baby checks were offered in addition to a weekly in-house child immunisation clinic in order to ensure that vaccinations were given at the recommended and appropriate timescales. Flu clinics were also held during antenatal clinics and school holidays.
- 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 protection plan in place. However, there was no documented evidence of follow up for children who did not attend hospital appointments.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- There were screening and vaccination programmes in place and the practice indicators were comparable with the local Clinical Commissioning Group averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day emergency appointments were available for children and young people under the age of 16.
- The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 80% and the same as the national average.
- Chlamydia screening was available.

Good



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).

Good



Summary of findings

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- A range of on-line services were available and the practice offered extended opening hours with appointments available with either a GP or nurse practitioner.
- A full range of health promotion and screening was available that reflected the needs for this age group. For example smoking cessation, weight management and cervical screening.
- The practice offered an electronic prescription service allowing patients to choose or nominate a pharmacy to get their medicines or appliances from near where they worked, shopped or lived.

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 held a register of patients living in vulnerable circumstances including people with a learning disability.
- The practice offered longer appointments for patients with a learning disability; they were seen promptly at a time to suit them. Annual health checks were carried out.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns. They knew who the safeguarding lead was within the practice and had access to information about how to contact relevant agencies in normal working hours and out of hours.
- Staff had access to a translation service should non-English speaking patients require assistance.
- The practice was fully accessible to those patients with limited mobility and wheelchair users.
- The practice offered a GP service to a forensic unit and care homes for people with a learning disability.

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).

Good



Summary of findings

- 75% 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%.
- The practice regularly worked with other health professionals in the case management of patients experiencing poor mental health, including those with dementia.
- Patients living with dementia were cared for in line with the Gold Standards Framework to ensure they received good end of life care.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Leaflets were available of local support groups such as Mid Staffs Mind and child and adolescent mental health services.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered a GP service to a forensic unit and care homes for people with dementia.

Summary of findings

What people who use the service say

What people who use the practice say

We reviewed the national GP patient survey results, which were published in January 2016. The results showed the practice was performing in line with local and national averages. The survey invited 251 patients to submit their views on the practice, a total of 122 forms were returned. This was a response rate of 49%, which was higher than the national response rate of 38%. The practice performance scored higher than local and national averages across all of the questions with the exception of two. However, these were comparable to the local and national average in relation to nurses involving patients in decisions about their care and getting an appointment.

- 91% of patients found it easy to get through to this practice by phone compared to the local average of 79% and national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local and national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the local average of 88% and national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 83% and national average of 79%.

We spoke with five patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 24 completed cards. Feedback highlighted a high level of patient satisfaction. Patients commented that they found staff professional, caring, compassionate, skilful and responsive to their individual needs.

The practice had commissioned an independent company to seek the patient views about their experiences about the services provided using the Improving Patient Questionnaire. The report dated April 2016, showed 83% of all patient scores about the practice were rated as good, very good or excellent. The overall scores were 68%; this was 2% down on the previous year. Common themes had been shared and discussed with practice staff at a recent team away day.

Holmcroft Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Holmcroft Surgery

Holmcroft Surgery is located in Stafford and was established in 1994. For the previous 50 years, it had occupied a site at Lloyd Street off Goal Road. The premises is a single story purpose-built level access building that has been developed and a pharmacy is attached. Further extensions are currently being considered to increase the services that can be offered to patients. Car parking facilities are available and there is access for the disabled.

The practice is owned and managed by six GP partners, two males and four females, 4.5 whole time equivalent GPs. One partner is currently on maternity leave and their work is being covered by a salaried GP and locum GPs. The partners are assisted by two nurse practitioners, one of which is the nurse manager, two practice nurses, a chronic disease nurse, two health care assistants and two phlebotomists. The administration team consists of a practice manager, a general manager, administrators and receptionists. The practice is an accredited GP training practice.

The practice is open each weekday from 8am to 8pm on Monday and Tuesday, 8am to 7pm on Wednesday and Thursday and 8am to 6.30pm on Friday.

- Consultation times with GPs are provided are available in the mornings from: 8am to 12.30pm on Monday and Friday. 8.30am to 12.30pm on Tuesdays. 8am to 12 noon on Wednesdays. 8.30am to 12 noon on Thursdays. Afternoon appointments with GPs are available from: 3pm to 7.30pm on Monday and Tuesday. 3pm to 6.30pm Wednesday, Thursday and Friday.
- Consultation times with Nurse Practitioners are available weekdays from: 8.30am to 6pm Monday. 8.30am to 7.30pm Tuesday. 9am to 6pm Wednesday. 8am to 6pm Thursday. 9am to 6pm Friday.

When the practice is closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The nearest hospital with an A&E unit is the County Hospital, Stafford; however, this is not a 24-hour service.

The practice serves a population of 10,780 patients living in the Stafford and Surrounds CCG area. The population distribution shows above national average numbers of patients over 65 years of age and a less than average distribution of male and females below 39 years of age. The practice is in a less deprived area and has lower unemployment when compared to national averages.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before the inspection, we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey published in January 2016. We carried out an announced visit on 3 May 2016.

During our visit, we spoke with a range of staff including four GPs, the nursing manager, a nurse practitioner, a practice nurse, two health care assistants, the practice manager, general manager, an administrator and three receptionists. We also spoke with five patients and two members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. We also reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service. We observed interactions between patients and staff and reviewed records relating to the management of the practice. We spoke with local care and nursing homes that received a service from the practice to gain their views about the services provided.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff knew their individual responsibility and the process for reporting and recording significant events. We reviewed safety records, incident reports and meeting minutes and saw there had been 13 events recorded in the preceding 12 months. Significant events had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team to improve safety in the practice. For example, we saw the practice had changed the protocol regarding notifications of deprivation of liberty safeguards (DoLS) and had raised staff awareness of a recent incident that should have been referred directly to the coroner. Significant events were also shared with external organisations such as nursing homes where appropriate.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a system in place for monitoring medicine and medical device safety alerts from MHRA (the medicines safety agency) and clinical guidance updates from NICE (National Institute for Clinical Excellence). We found with a few exceptions these were implemented in the practice. However, the necessary rechecking of MHRA safety alerts to ensure no further patients were affected was not being undertaken regularly or routinely. There were blood test monitoring systems for high risk medicines such as methotrexate and warfarin. However, for some patients, where care was being shared with the hospital, the hospital results were not always being downloaded to the practice. Despite this we found no safety issues had arisen to date for these two high risk medicines. Medicine reviews were undertaken which ensured most necessary monitoring was completed. However, we did find that for one class of blood pressure lowering drug, (an ACE inhibitor) there

were a few patients whose monitoring was overdue by some months. Out of 1229 patients on that drug class, a maximum of 16 had no recorded monitoring in the previous three years, although some but not all may have had hospital monitoring.

Overview of safety systems and processes

The practice had a number of systems in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. They had attended a hospital course in addition to a course provided through CCG. They were able to share an example of the action taken in relation to a child safeguarding concern and working with other agencies in the best interests of the child. Staff demonstrated they understood their responsibilities in safeguarding and had received training to the appropriate level.
- The practice maintained a register of children on protection plans and staff were alerted to these children on the computer system. Staff we spoke with demonstrated a clear understanding of their responsibility to check information detailed prior to carrying out a consultation. However, we found the practice did not have a robust system to follow up and document outcomes for children who had not attended hospital appointments or who were frequent hospital attenders to identify children potentially at risk.
- A notice in the waiting room advised patients that chaperones were available if required. Only nurses and health care assistants acted as chaperones and were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nursing manager was the infection control clinical lead who liaised with the local

Are services safe?

infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- There were arrangements in place for managing medicines, including emergency medicines and vaccines. Processes were in place for handling repeat prescriptions. Two GPs had designated responsibility for managing medicine and patient safety alerts, which included the review of high-risk medicines. The practice carried out medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from a GP for this extended role. Patients told us they benefitted from this service for urgent care. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We saw that some patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and the hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The practice had not downloaded all hospital data from ICE or DART pathology links to their own system for monitoring patients, however, we saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines.
- The practice had gone from the highest prescribers of antibiotics to the lowest prescribers locally due to the advanced nurse prescribers (ANPs) managing patients' needs well.
- We reviewed five personnel files for staff from different disciplines and found appropriate recruitment checks had been undertaken prior to employment. For

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice manager had designated responsibility. Staff understood their role and responsibilities in relation to mitigating risks. The practice had up to date fire risk assessments and carried out fire drills every six months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium, which can contaminate water systems in buildings.
- Staff confirmed they had received appropriate vaccinations that protected them from exposure to health care associated infections.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Demand on staff was monitored to ensure that staff worked within their capacity. The team covered periods of annual leave and sickness.
- Very few locum GPs were used. The skills of nurse practitioners were utilised to meet the demands of patients requiring urgent care and to backfill appointments for a GP currently on long-term leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency in addition to panic buttons.
- All staff had received annual basic life support training.

Are services safe?

- The practice had emergency equipment, which included oxygen, an automated external defibrillator (AED) which provides an electric shock to stabilise a life threatening heart rhythm and a first aid kit.
- Emergency medicines were easily accessible to staff to treat sudden illnesses that may occur. These were held in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies were retained off site by the practice manager, partners, general manager and the management support assistant. The plan provided detailed instructions in the event of a disaster.
- An external contractor carried out repairs to the building promptly.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Changes to guidelines were shared and discussed during monthly protected learning time and weekly clinical meetings.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective in reducing referrals.

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 for 2014/15 showed:

- The practice had achieved 94% of the total number of points available. This was in line with the local and national average. The practice had low exception reporting rates across most clinical domains compared to local and national averages. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine.

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

- 85% of patients with asthma had a review of their condition within the previous year. This was higher than the CCG average 77% and national average of 75%.
- Performance for the diabetes related indicators was slightly lower than the CCG and national averages. For

example, 75% 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 and the national average of 78%. Of note, the clinical exception reporting rate of 7% was better than the CCG average of 14% and the national average of 12%.

- 75% of patients with severe poor mental health had a comprehensive care plan completed within the previous 12 months. This was lower than the CCG average of 90% and national average of 88%. Of note, the clinical exception reporting rate for the practice was 12% and below the CCG average of 26%.

There was evidence of quality improvement including clinical audit. There had been a number of clinical audits completed in the last two years. These included asthma, urinary tract infections and antibiotic prescribing. We looked at two completed audits and saw action had been taken as a result of the audits undertaken. For example, changes had been made to the monitoring of patients with gout to reduce episodes, and for drugs used in psychiatry. Information about patients' outcomes was used to make improvements such as changes in patient medicines or doses prescribed.

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Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Induction was over a period of one week. Induction programmes had been developed for all clinical roles within the practice to include, practice nurses, nurse practitioners and GP and nurse locums. These covered a wide range of competences, available reading resources and any identified areas requiring further training and input.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals. Staff told us they felt supported in their work and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal one-to-one meetings, protected learning time, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included safeguarding, health and safety, fire safety awareness, basic life support and information governance. Staff had access to and made use of

E-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals this helped them understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment including patients approaching the end of their life. Multi-disciplinary team meetings took place every three months.
- The practice did not have a system to inform the out of hour's service about patients who have 'do not attempt resuscitation' (DNAR) and about patients' palliative care status.

Consent to care and treatment

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

- Staff had received training and 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.

- Staff were able to share examples of working in patient's best interests if the patient did not have capacity to make a decision. They were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.
- We saw written consent had been obtained for procedures to include minor surgery and joint injections.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, 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.
- Travel vaccinations and foreign travel advice was available to patients.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice provided patients with smoking cessation advice.
- The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 75% and the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. There were failsafe systems

Are services effective?

(for example, treatment is effective)

in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- Patients with COPD who had a review undertaken was 98%, which was above the CCG average of 94% and national average of 90%.

- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% and five year olds from 89% to 99%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout the inspection, we observed members of staff were courteous and very helpful to patients who attended or telephoned the practice.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues. We saw staff were responsive to the needs of a patient who was distressed and offered them a private place to sit away from the main waiting area.

We spoke with five patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 24 completed cards. All but one of the 24 CQC patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent or very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were very satisfied with the care provided and would recommend the practice. They said staff were committed, approachable and caring and had not experienced any issues in relation to access to appointments. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Staff shared examples of how the practice was caring to the needs of their patients. These included collecting and delivering prescriptions for older people living with dementia and supporting a vulnerable pregnant patient who had difficulties getting to the hospital for an appointment.

We reviewed the most recent data available for the practice on patient satisfaction from the national GP patient survey published in January 2016. The survey invited 251 patients to submit their views on the practice, a total of 122 forms were returned. This was a response rate of 49%

Results showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses and patients experience with receptionists. For example:

- 95% 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%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG and national averages of 97%.
- 96% of patients said the last nurse they saw or spoke with was good at listening them compared to the CCG average of 92% and national average of 91%.
- 94% 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 also saw that care plans were personalised.

Are services caring?

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 above or comparable to local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared, compared to the CCG and national averages of 82%.
- 97% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and the national average of 92%.
- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Staff told us that interpreter services were available for patients who did not have English as a first language. We saw patients were able to use the automated check-in service using their preferred language.

Patient and carer support to cope emotionally with care and treatment

We saw patient information leaflets and notices were readily available in the patient waiting area, which told patients how to access a number of support groups and organisations. During the inspection, a carer shared a positive account with us of their experience of the support the practice had provided to cope with care and treatment of a relative.

The practice had identified 1% of the practice list as carers and had a designated member of staff who was the carers lead/champion. They invited carers to have an annual health and sign post them to the relevant support services. However, an alert system had not been implemented on the computer system to enable staff to identify patients who were also carers. We saw written information was readily available to direct carers to the various avenues of support available to them. This included the Katherine House Hospice and the Carers Association Southern Staffordshire (CASS). CASS is a voluntary organisation, which offers advice and support to people who have a caring role. A carer we spoke with told us the practice staff had signposted them to the relevant support groups and they had benefitted from the support offered.

If families had suffered bereavement, staff told us their usual GP contacted them and arranged a home visit to offer advice if necessary and ongoing support. .

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was actively engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the GPs was the chair of the CCG and regularly attended meetings with the CCG and local federation group. Another partner was a mental health clinical lead for the CCG. One partner provided in-reach primary care for a local forensic psychiatry unit for South Staffordshire and Shropshire NHS Foundation Trust.

The services provided were planned and delivered to take into account the needs of the different patient groups.

- There were longer appointments available for patients with a learning disability and other patients who needed them.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Extended hours and telephone triage were available with GPs and nurses to accommodate working age patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients on the hospital admission avoidance register were reviewed and had a plan of care in place.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There was a named GP for patients living in local residential care homes.
- The practice was fully accessible to those patients with limited mobility and wheelchair users. There were disabled facilities, a hearing loop and translation services available. There were plans in place to provide a low reception desk to meet the needs of people in wheelchairs.

Access to the service

The practice was open each weekday from 8am and 8pm Monday and Tuesday, 8am and 7pm Wednesday and Thursday and 8am and 6.30pm Friday. Consultation times with GPs varied from 8am to 12.30 and 3pm to 7.30pm on a

Monday and Tuesday and until 6.30pm Wednesday to Friday. Consultation times with Nurse Practitioners varied from 8am to 7.30pm weekdays. Patients could book appointments in person, by telephone or online for those who had registered for this service. All but two people who completed CQC comment cards said they had not experienced difficulty-obtaining appointments at the practice.

The practice offered a number of appointments each day with the GPs, advance nurse practitioners (ANP) and practice nurses for patients who needed to be seen urgently in addition to pre-bookable appointments. Patients requiring urgent care were seen by an ANP. This provided GPs with greater capacity to see patients that presented with complex needs. Patients told us they liked this model of care and found it efficient. All but two people who shared their experiences with us told us said they had no difficulty with obtaining an appointment at the practice. We observed patients making appointments with the reception staff at a time and date convenient to them.

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

- 87% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone, compared to the CCG average of 79% and the national average of 73%.
- 74% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG and national average of 76%.
- 61% of patients felt they did not normally have to wait too long to be seen compared to the CCG average of 61% and national average of **58%**.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There were clear instructions provided on the practice website and on a notice board on the practice about how to make a complaint. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- 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.

The practice had received nine complaints in the last 12 months. We found all complaints were well documented, satisfactorily handled and dealt with in a timely way. The

majority of complaints were in relation to communication issues and were resolved and required no further action. Lessons were learnt from individual concerns and complaints. An analysis of trends identified a need to improve communication and action had been taken as a result. For example, providing staff with training in effective communication and reviewing the appointment schedule and availability.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The partners were currently in the process of developing a written business plan and were able to clearly describe what they did well. This included supporting patients with mental health and palliative care needs and the successful introduction and implementation of an ANP urgent care model.
- They had also identified areas for improvement. This included improving patient education and increasing the number of full cycle clinical audits carried out

Governance arrangements

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

- There was a clear leadership structure with named members of clinical and non-clinical staff in lead roles. Staff we spoke with were all aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during sickness or leave.
- The practice had a comprehensive list of policies and procedures there were accessible to all staff and were regularly reviewed.
- Regular practice meetings were held in addition to protective learning time for all staff.
- The quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients detailed, maintained and up to date.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Comprehensive induction packs had been developed and covered a range of clinical roles and competences.
- Cabinets containing confidential medical records could not be secured and were accessible to external cleaners.

Although staff had areas of responsibility assigned, some of the underlying processes of running the practice required action. These included:

- Establishing a better control over all MHRA alerts, which includes a control spreadsheet and regular reruns of the alerts. Partners agreed to action this to ensure the services provided were safe.
- Documenting any non-compliance with safety alerts in the patient record after discussing the risk benefit analysis with the patient.
- Developing a system to inform the out of hours service about patients do not attempt resuscitation (DNAR) and palliative care status.
- Implementing a robust system to follow up and document outcomes for children who had not attended hospital appointments.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us the partners were approachable and always took the time to listen to them.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment and staff demonstrated a clear understanding of their responsibilities to record and report.

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

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

- Staff told us there was an open, non-hierarchical culture within the practice and they had the opportunity to raise any concerns during practice meetings, team away days and protected learning time. One partner had designated responsibility to oversee any staff issues.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients and staff in the delivery of the service.

- The practice had gathered feedback from patients through surveys, the NHS Friends and Family Test, an Annual General Meeting and complaints received. A suggestion box was available for patients to leave comments. Chairs in the waiting area had been replaced as a result of patient feedback.
- There was an active well-established patient participation group (PPG) that met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, changing opening hours, appointment times

and providing an on-line booking service and an electronic prescription service. The members of PPG we met told us they felt their work was valued by the practice and led an active role in decision making on behalf of patients using the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions held as part of staff protected learning time. All staff were involved in playing their part in running a very successful team. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Clinical staff told us wound care protocols had improved following their feedback. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking to improve outcomes for patients in the area. Staff had received an annual appraisal and time was set aside for protected learning. The practice was an accredited GP training practice and supported medical students.