

Drs Bryan, Hadley, Jones & Chan

Quality Report

Dale Medical Practice

Wombourne, Wolverhampton

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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 Drs Bryan, Hadley, Jones and Chan on 21 March 2016. Overall the practice is rated as good.

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:

- 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.
- Staff had received some training appropriate to their roles. Informal in house training courses did not always provide staff with sufficient knowledge.

- The practice had not performed risk assessments or completed disclosure and barring service (DBS) checks on staff employed.
- The practice had an established, well supported multi-disciplinary team approach to providing patient care.
- Patients said they were treated with dignity and respect. A number of patients with more complex needs complimented the practice on the treatment and care provided by the practice.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could get urgent appointments when they needed one. Appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. There was evidence that the practice proactively sought and acted on feedback from staff and patients.

Summary of findings

We saw areas where the practice must improve. The practice must:

- Complete a disclosure and barring service (DBS) check or risk assessment for all staff employed.

We saw areas where the practice should improve. The practice should:

- Identify and plan training needs for practice staff.
- Ensure all staff receive regular appraisals.
- Compile a risk log and complete risk assessments for each risk identified.

- Complete monitoring checks mentioned in the legionella risk assessment (Legionella is a bacterium which can contaminate water systems in buildings).
- Implement a robust recall system for patients with learning disabilities to have annual health checks completed.
- Share learning from complaints with staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was 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, the practice recorded, reviewed and held monthly meetings for all staff where learning could be shared.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from the risk of abuse. There was a nominated safeguarding lead, however not all staff could identify them when asked.
- Prescription pads were securely stored and there was a robust system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- There had been no risk assessments or disclosure and barring system (DBS) checks completed on the staff employed at the practice.
- Although chaperone training had been completed by all staff, when asked some were not aware of where to stand when acting as a chaperone.
- There was no risk log and some policies for health and safety required review. For example, the fire evacuation procedure.
- An independent infection prevention control audit was carried out in February 2016. An action plan had been formulated based on the results. Actions had been completed or planned.
- Procedures carried out in consultation rooms with carpets had not been risk assessed.
- A legionella risk assessment had been completed but monitoring checks identified had not been completed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The overall Quality Outcome Framework (QOF) achievement in 2015/16 was higher than other practices nationally and in the Clinical Commissioning Group (CCG).

Summary of findings

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for some staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice slightly lower than others for aspects of GP care. However, data showed that patients rated the practice higher than others for aspects of nurse care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice held a register of patients who also acted as carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Data showed that the practice was comparable to practices nationally and in the Clinical Commissioning Group (CCG). For example, in the GP patient survey published on 7 January 2016, 85% of patients who responded described their overall experience as good or which was the same as the national average.
- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.
- 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 that the practice responded quickly to issues raised.

Good



Summary of findings

- Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- Although there was no written vision or strategy for the practice, future challenges had been identified and discussed.
- There was a leadership structure and staff felt supported by the management. The practice held regular clinical meetings and regular administration meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents.
- The practice evidenced how feedback from patients and staff had been sought and used to influence decisions.
- There was a patient participation group. Meetings had lapsed during 2015 but had been reintroduced in February 2016.
- There was evidence of continuous learning and improvement.

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. Patients over the age of 75 years had a named GP and all hospital admissions were reviewed for those identified as at risk. This included patients that resided in nursing and care homes. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a long established proactive multidisciplinary approach to frail and elderly patients. A red, amber, green (RAG) rating system was used to prioritise the needs of patients. All those patients rated as red and amber were reviewed at each of the monthly multidisciplinary team meetings. The practice was responsive to the needs of older people and offered home visits and longer appointments as required. The practice identified if patients were also carers. Male patients over 65 years of age were invited to attend an abdominal aortic aneurysm screening (AAA) done at the practice (AAA screening is a way of detecting a dangerous swelling of the aorta, the main blood vessel that runs from the heart to the rest of the body).

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients were reviewed in both GP and nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed and reviews were coordinated to minimise the required number of patient visits. All patients with a long term condition were offered a review to check that their health and medication needs were met. Written management plans had been developed for patients with diabetes and asthma and those with long term conditions at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social 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. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in

Good



Summary of findings

place and the child immunisation rates were in line with the local Clinical Commissioning Group averages. The practice worked closely with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies.

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. A range of on-line services were available, including medication requests, booking of appointments and access to health medical records. The practice offered a full range of health promotion and screening that reflected the needs for this age group. Although all patients aged 40 to 75 years old were offered a health check with the nursing team, this was not actively promoted by the practice.

Good



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing, sight and language difficulties.

The practice held a register of 32 patients with a learning disability. These patients were included on the case management register and those with more complex needs were identified. The practice had carried out 17 annual health checks (53%) on these patients in the preceding 12 months. No evidence was seen that the remainder of health checks were planned to be completed by the end of March (the data is collated between April and March each year).

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This included patients with learning disabilities who required complex care. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia.

The practice regularly worked with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local substance misuse or alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to the advocacy service where appropriate.

Summary of findings

What people who use the service say

We reviewed the GP patient survey last published 7 January 2016 and collected 34 Care Quality Commission (CQC) comment cards. Patients were generally positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they provided a personal service that involved the patient in decisions about their care. Comment cards highlighted a high level of patient satisfaction with access to same day appointments and in particular urgent appointments offered to children. Nine patients mentioned that they had experienced long wait times when booking a routine appointment with a GP. Two patients complimented the practice on their multidisciplinary team approach and commented that this had resulted in an improved patient experience with community centred care provided.

The national GP patient survey results published on 7 January 2016 suggested that the practice performed in line with local and national averages in general levels of patient satisfaction. For example:

- 85% of respondents described their overall experience of the surgery as good compared with the Clinical Commissioning Group (CCG) average of 88% and national average of 85%.
- 83% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 81% and national average of 78%.
- 85% of respondents said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 88% and national average of 87%.
- 91% of respondents said they had confidence and trust in the last GP they saw or spoke with compared to the CCG average of 96% and national average of 95%.

There were 115 responses and a response rate of 49%.

Areas for improvement

Action the service **MUST** take to improve

- Complete a disclosure and barring service (DBS) check or risk assessment for all staff employed.

Action the service **SHOULD** take to improve

- Identify and plan training needs for practice staff.
- Ensure all staff receive regular appraisals.
- Compile a risk log and complete risk assessments for each risk identified.

- Complete monitoring checks mentioned in the legionella risk assessment (Legionella is a bacterium which can contaminate water systems in buildings).
- Implement a robust recall system for patients with learning disabilities to have annual health checks completed.
- Learning from complaints should be shared with staff.

Drs Bryan, Hadley, Jones & Chan

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Bryan, Hadley, Jones & Chan

Drs Bryan, Hadley, Jones and Chan are the GP partners at Dale Medical Practice. This is a semi-rural practice located in the village of Wombourne. The practice is situated in a building converted in 2001 from previously being a public house. The practice population has low deprivation and low unemployment when compared to national averages. Life expectancy is in line with the national average. The practice has a patient list size of 6,409 of which a higher percentage are elderly patients; 25% are 65 and over compared to the national average of 16.7%.

The practice has four GP partners whose combined number of clinics is equal to three point two five whole time equivalents. The partners are assisted by a clinical team consisting of a practice nurse and a second nurse working on a sessional basis of approximately three hours per week. The administration team consists of a practice manager, a senior administrator, and seven supporting staff.

The practice is open from 8am Monday to Friday. Extended hours appointments are offered on a Monday and

Thursday when the practice is open until 7.15pm and on a Tuesday when the practice is open until 7.30pm. On Wednesdays and Fridays the practice closes at 6.30 pm. Appointment times are from 8.30am until 11am in the morning and from 3.30pm to 6pm in the afternoon. Extended hours appointments are available until 7pm on a Monday and a Thursday, and until 7.15pm on a Tuesday.

When the practice is closed the telephone lines are diverted to the NHS 111 service and there is an out of hours service provided by Primecare. The nearest hospitals with A&E units are situated at Dudley and New Cross Hospital, Wolverhampton. There are minor injury units at Dudley and Wolverhampton.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?

Detailed findings

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

We also looked at how well services 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 visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 21 March 2016.

We spoke with a range of staff including GPs, the practice manager, senior administrator and members of reception staff during our visit. We looked at patient comment cards and reviewed survey information.

findings

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. There had been seven events recorded in the preceding 12 months.

- Staff told us they would inform the practice manager of any incidents.
- The practice kept a register and carried out an analysis of the significant events.
- No minutes were recorded of significant review meetings. We were told that reviews were performed by the practice GP partners and practice manager. The practice manager then cascaded to the practice staff verbally when deemed appropriate and relevant.
- Learning outcomes were described by the GPs but some administration staff were unable to recall any significant events having been reviewed.
- Outcomes had been summarised into a written document in advance of our inspection.

We reviewed safety records, incident reports and national patient safety alerts. Lessons were shared informally to improve safety in the practice. For example, an incident was recorded when a patient's confidentiality had been breached. The review contained suggestions of actions. For example, to ensure the identity of the patient is ascertained before any discussions take place.

When there were unintended or unexpected safety incidents the practice evidenced a system for recording and reviewing. Clinicians were engaged with the process and information was shared through a central store of electronic documents. A culture to encourage Duty of Candour was evident through the significant event reporting process by the clinicians. Administrative staff were not familiar with the Duty of Candour but stated that they would inform the practice manager of any incident. 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. This includes informing people about the incident and an apology when things go wrong.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received role appropriate training to nationally recognised standards. For example, GPs had attended level three training in safeguarding children. A GP partner was identified as the safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role. Not all staff knew who the nominated safeguarding lead was for the practice.
- Notices at reception and in the clinical rooms advised patients that staff would act as chaperones, if required. Non-clinical staff who acted as chaperones had not received a disclosure and barring (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). Staff that chaperoned had been given in house training. However when asked, some were not aware where to stand when acting as a chaperone.
- The practice had an action plan to improve standards of cleanliness and hygiene. This had been completed after an external organisation performed an infection prevention control audit in February 2016. The action plan had been part completed and a second audit was planned for August 2016. As part of the February audit, staff had received infection prevention control training. The action plan included the introduction of comprehensive cleaning schedules and the procurement of the appropriate waste bins. The practice had a nominated infection control lead. Previous audits had been completed but were not benchmarked with any nationally recognised guidelines.
- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice

Are services safe?

- kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had a procedure for vaccines fridge failure. Controlled medicines were stored and managed appropriately.
- Both blank prescription forms for use in printers and those for hand written prescriptions were stored securely. There was a robust process to ensure that they were tracked through the practice in line with national guidance.
 - Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
 - We reviewed two personnel files and found that most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and qualifications. However, the appropriate checks through the DBS and risk assessments demonstrating how patients would be kept safe in the absence of a DBS check had not been completed for non-clinical staff who acted as chaperones.

Monitoring risks to patients

The practice 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 an up to date fire risk assessment and had carried out their first fire drill on 16 March 2016.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it worked properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice covered holidays and sickness by working additional hours.
- From February 2016, infection prevention control audits were undertaken by an external approved organisation. The first audit had been completed on 22 February 2016.

- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- The practice had undertaken a formal risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings). Monitoring checks mentioned in the risk assessment were not being carried out. For example, little used outlets such as showers should be flushed through weekly for a minimum of three minutes. The original assessment had been done on 22 July 2013 and reviewed in July 2015.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system which alerted staff to any emergency.
- All staff had received up to date training in basic life support in line with nationally recognised guidelines.
- 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.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book and staff knew where they were located.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off site.

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.

- Staff told us they had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However the practice had no clear system to evidence the changes made.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.

The practice was aware of the local needs of the population and engaged with the local clinical commissioning group (CCG). For example, the clinical time was focussed on caring for the high number of elderly patients and emergency hospital admissions had not increased in the preceding three years (NHS England figures stated that nationally the number of emergency hospital admissions had increased by 7.1% on average in 2014/15).

The practice had a register of 32 patients with learning disabilities. Seventeen health reviews had been completed for these patients in the preceding 12 months.

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 96% of the total number of points available. This was better than the national average of 93.5% and the clinical commissioning group (CCG) average of 93%. This performance had improved from the 2013/14 performance of 83%
- Clinical exception reporting was 4.7%. This was better than the national average of 9.2% and CCG average of 9.8%. 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.

We spoke with GPs and the practice manager about their exception recording. They told us that patients were only excepted with authorisation by a GP.

There had been seven clinical audits in the last year. Four of these were repeat cycles of previous audits where the improvements made were implemented and monitored. The audits included a review of DVLA advice for diabetic and hypoglycaemia. Hypoglycaemia is when blood sugar falls below normal levels and symptoms include confusion and clumsiness.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer. There was a tracking system used to follow up on all two week waits. Patients remained on the tracker until the hospital letter had been received.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The exception was non-clinical staff who acted as chaperones who were not aware of the correct place to stand.

- The nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- GPs had additional training in dermatology and minor surgery to provide additional services on site.
- The practice had an induction programme for all newly appointed staff. It covered such topics as confidentiality.
- Not all staff had received annual appraisals.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had in house training and face to face training provided by external approved third parties.
- The practice had recognised training as an area for improvement and had planned to introduce more formalised training from qualified trainers and a robust training programme,

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

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

- The GPs held a weekly clinical meeting. The nurse and practice manager attended.
- The practice team had long established and well supported monthly meetings with other professionals, including palliative care nurses, occupational therapist, social worker and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. Minutes were recorded for dissemination to other clinical staff unable to attend.

Consent to care and treatment

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years of age were given NHS Health Checks by the practice nurse. Any concerns were followed up in a consultation with a GP. The practice had low uptake figures for the NHS Health Check and had decided against actively promoting this screening service. The practice demographic was a higher than average number of elderly patients. The practice decided clinical time was better focussed on the frail and elderly patients. All new patients were offered the NHS Health Check.

Data from QOF in 2014/15 showed that the practice had identified 17% of patients with hypertension (high blood pressure). This was higher than the CCG average of 14.97% and national average of 14.06%.

The practice's uptake for the cervical screening programme was 83.2% which was above both the CCG average of 81.2% and 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 comparable with local and national averages.

- 78.9% of eligible females aged 50-70 attended screening to detect breast cancer. This was higher than the CCG average of 73.2% and national average of 72.2%.
- 60.1% 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 61.7% but higher than the national average of 58.3%.

The practice provided childhood immunisations and rates were in line with CCG and national averages.

Vaccination rates for uptake of the seasonal flu vaccination were higher than average. In the latest vaccination programme and as of 21 March 2016 data showed 67.6% of patients aged 65 or over had received the flu vaccination.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect.

We reviewed the national GP patient survey published in January 2016 and collected 34 Care Quality Commission (CQC) comment cards. Patients were generally positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. In the comment cards patients complimented the practice on the availability of urgent appointments but expressed that the waiting time for a routine GP appointment could be too long.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A notice at the reception advised patients that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed.

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 237 patients to submit their views on the practice, a total of 115 forms were returned. This gave a return rate of 49%.

The results from the GP national patient survey showed patient satisfaction was comparable to national averages when asked how they were treated by the GP. The scores were higher when asked how they were treated by the nurse. For example:

- 85% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 87%.

- 98% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.

The patient feedback on the receptionists was above both local and national averages:

- 92% said they find the receptionists at the surgery helpful compared to the CCG average of 89% and national average of 87%.

The practice staff were aware of the survey and had addressed the performance indicator for which they were lowest when compared to local and national averages. This was 50% of patients said they usually wait 15 minutes or less after their appointment time to be seen (the local CCG average is 67% and the national average is 65%). Measures taken included adding breaks in between GP appointments that allowed catch up time.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed responses to questions about their involvement in planning and making decisions about their care and treatment was similar to national and local averages for GPs and above average for the practice nurse. The GP patient survey published in January 2016 showed:

- 83% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 82%.
- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 92% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86% and national average of 85%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

All of the comments we received from patients were positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

The practice had a register of patients who were also carers. The number of patients on the carer's register was

Are services caring?

29. The practice told us that they found difficulties with patients telling them that they acted as carers. The practice handed out information to promote Staffordshire Cares, an information and advice service for carers and those involved in the provision of care.

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 provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The treatment rooms were all located on the ground floor of the building.
- Baby changing facilities were available and well signposted.

The practice regularly worked with multi-disciplinary teams (MDT) in the case management of patients with mental health needs. The model of care provided by the practice through the MDT approach was being considered by the Clinical Commissioning Group (CCG) as the preferred model for dealing with complex care and had been rolled out into other local practices.

Access to the service

The practice was open from 8am Monday to Friday. Extended hours appointments were offered on a Monday and Thursday when the practice was open until 7.15pm, and on a Tuesday when the practice was open until 7.30pm. On Wednesdays and Fridays the practice closed at 6.30 pm. Appointment times were from 8.30am until 11am in the morning and from 3.30pm to 6pm in the afternoon. Extended hours appointments were available until 7pm on a Monday and a Thursday, and until 7.15pm on a Tuesday. Pre-bookable appointments could be booked with a GP up to six weeks in advance and same day urgent appointments were offered each day. Patients could book

appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that urgent appointments were available on the day of inspection.

Results from the national GP patient survey published in January 2016 showed similar rates of satisfaction for most indicators when compared to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 92% of patients said the last appointment they made was convenient compared to the CCG average of 92% and national average 92%.
- 56% of patients felt they did not have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.
- 84% of patients were able to secure an appointment the last time they tried compared to the CCG average of 85% and national average of 85%.

Comment cards completed by patients in the two weeks prior to the inspection highlighted a high level of patient satisfaction with access to same day appointments. However the comment cards highlighted some patient dissatisfaction with the wait time for a routine GP appointment.

Listening and learning from concerns and complaints

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

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, in the practice booklet and on the practice website.

The practice had recorded six complaints in the last 12 months. We viewed the template completed to log complaints and saw complaints had been acknowledged, investigated and responded to. We were told that complaints were discussed individually with staff but there was no evidence that they were shared at practice meetings. Learning from the complaints had been done by way of GP reflection and the practice issued an apology and an explanation.

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 formalised business plan. Staff we spoke with told us that the practice had identified future challenges such as the imminent reduction in income that would result from the enforced change from a Personal Medical Services (PMS) to a General Medical Services (GMS) contract. Staff we spoke with demonstrated a culture existed that positioned high quality individualised care of patients at the heart of their work. However not all staff were aware of any vision or strategy and full practice meetings were not held.

Governance arrangements

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

- There was a staffing structure and that staff were aware of their own roles and responsibilities. However not all staff were aware of the practice safeguarding lead.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements

Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners and practice manager were visible in the practice and staff told us they were approachable.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, feedback and a verbal and written apology. However, no evidence was seen of verbal interactions being recorded.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients and the public. It had recently started to engage patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A patient participation group (PPG) was established and had become a virtual group with no face to face meetings in the past two years. A meeting held in February 2016 planned a rejuvenation of the PPG. There were plans to continue the group and hold quarterly meetings combined with monthly emails. The February 2016 meeting had resulted in a number of actions agreed through discussion with the PPG. For example:

- The practice planned development of a leaflet to explain the role of trainee doctors.
- Discussion around the results of the National GP Survey resulted in agreement to develop a patient survey to gain feedback on the wait times after having checked in for an appointment.
- A protocol was agreed for receptionists to use when responding to urgent appointment request.

Continuous improvement

Staff we spoke with told us they felt supported to develop professionally but not all had received recent appraisals.

Are services well-led?

Good 

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

There were examples of two members of the administration team who had been upskilled, one to underpin the senior administrator, and one to carry out secretarial duties.

Innovation

The practice was involved in a number of pilot schemes. For example, a risk stratification tool was being piloted at

the practice to identify patients who would benefit from being added to the case management register. Within the first month the case management register had increased from 101 patients to 118 patients. The practice was also working with the district council and the Staffordshire and Stoke-on-Trent Partnership Trust to develop the role of voluntary sector support workers to provide support for frail and elderly patients with dementia.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Checks carried out on persons employed must meet the requirements of schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	