

Drs Shah & Talpur

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Shah & Talpur on 12 April 2017. Overall the practice is now rated as Good.

The practice had previously been inspected on 1 August 2016. Following this comprehensive inspection the overall rating for the practice was Requires Improvement. A total of three breaches of legal requirements were found and three requirement notices were served. The practice provided us with an action plan detailing how they were going to make the required

improvements in relation to:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Safe care and treatment.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good Governance.

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Fit and proper persons employed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drs Shah & Talpur on our website at www.cqc.org.uk.

Our key findings were as follows:

- There was an open and transparent approach to safety and a 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.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- 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 we spoke with said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by the management team.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, not all GPs carried medicines in their bag for use in acute situations when on home visits and an assessment had not been completed to determine the risk of this.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

- Develop a policy and assess the risks of not carrying medicines for use in acute situations on home visits and mitigate the risks to patients.
- Develop a clear and documented strategy and supporting business plan to reflect the vision and values for the team to work towards.
- Document action taken to address any improvements identified as a result of infection control audits.
- Complete an analysis of complaints to identify any common trends to improve the quality of care provided.

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



- From the sample of documented examples we reviewed, we found the system for reporting and recording significant events had improved; the majority of staff we spoke with knew what a significant event was and were clear about reporting incidents, near misses and concerns. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks where all of the required documentation had not been obtained prior to new staff commencing work.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, not all GPs carried medicines in their bag for use in acute situations when on home visits and an assessment had not been completed to determine the risk of this.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits had improved and demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of planned and completed appraisals for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had 135 patients identified as carers (2% of the practice list).

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was designated person responsible for handling complaints. Information about how to complain was available and evidence reviewed showed the practice responded to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- There was a leadership structure and staff felt supported by the management team.
- The practice had reviewed its policies and procedures to govern activity.
- Annual performance reviews had taken place or planned and staff had attended staff meetings and were supported with their personal development.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.

Good



Summary of findings

- The partners encouraged a culture of openness and honesty and had improved its systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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 patients in its population.
- The practice was responsive to the needs of older patients, and offered telephone consultations, home visits and urgent appointments for those with enhanced needs.
- The practice carried out a weekly GP visit to a local large care home and provided a dedicated direct access to a nominated GP.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were personalised and updated to reflect any extra needs.
- The practice provided support for patients and their relatives/ carers through the end of life processes.
- Patients aged 75 and older had a named GP and were offered an annual health check to review their health and wellbeing.

People with long term conditions

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

Good



- All these patients had a named GP and there was a system to recall patients for ongoing monitoring and a structured holistic annual review to check their health and medicines needs were being met.
- The practice followed up on patients with long-term conditions within two days of being discharged from hospital and ensured that their care plans were personalised and updated to reflect any additional needs.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.
- Clinical staff had received training in long-term disease management and offered lung function testing, diabetic foot care, joint injections and insulin monitoring. Self-management plans were developed for patients with conditions to include diabetes and asthma.

Summary of findings

Families, children and young people

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

Good



- The practice had systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates for the vaccinations given were in line or higher than the CCG average for all standard childhood immunisations with dedicated clinics held on a weekly basis.
- Same day appointments were available for children aged 16 and under with urgent medical need.
- The premises were suitable for children and babies.
- The practice worked with a visiting midwife in the provision of ante-natal, post-natal and child health surveillance clinics.
- Family planning services, pre-pregnancy counselling and fertility advice was available with the GPs in addition to life style advice on healthy living to expectant mothers and family.

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



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on a Monday evening and Tuesday morning.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available in addition to text appointment and test result reminder facilities.
- Life style clinics and advice regarding healthy eating, exercise, smoking cessation and alcohol were available.
- NHS Health checks were available for patients aged 40 to 74 years.
- The practice allowed the temporary registration of students whilst home on holiday leave.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability at a time to suit them and for patients with complex needs.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients and actively referred patients who they considered vulnerable or those with complex needs.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice contacted patients on the care plan register and care home patients that had attended A&E within three days to ensure their medical care needs were attended to.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 100
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice offered annual mental health reviews which included general health reviews and health promotion.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and actively sought the advice of the Primary Care Dementia Liaison Team to assess patients with dementia.
- The practice provided a weekly ward round to a large local care home, which accommodated many patients with dementia.
- The practice signposted patients experiencing poor mental health and patients with dementia to various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The survey invited 244 patients to submit their views on the practice and 94 surveys were returned. This represented 1.3% of the practice's patient list. The results showed the practice was performing mostly in line or higher than local and national averages.

- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and the national average of 85%.
- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 96% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the CCG and the national averages of 95%.
- 84% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG and the national averages of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 completed comment cards. Of these 45

were positive about the standard of care received. Staff were cited as 'friendly', 'respectful', 'efficient', 'helpful' and 'professional'. All the cards contained positive comments in relation to the service received from the practice, although three cards contained comments expressing a lack of satisfaction with the appointment system.

We spoke with six patients during the inspection. They told us they were satisfied with the care they received, felt listened to and were fully involved in their care and treatment. They thought staff were approachable, helpful and very caring.

The practice took part in the NHS Friends and Families test (FFT). This is a feedback tool that provides patients the opportunity to give feedback on their experience and asks would they recommend the services they have used. The practice had reviewed the feedback received from patients during October 2016 to March 2017. Of the 76 patients that completed the test, 90% said they were likely or extremely likely to recommend the practice. One percent said they were neither likely or unlikely, 5% said they were unlikely, 3% said they were extremely unlikely to recommend the practice and 1% said they did not know. The practice had developed an action plan to address the findings. The overall feedback was considered by the Patient Participation Group (PPG) and the practice as positive with very few exceptions that had been considered and addressed.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service **SHOULD** take to improve

- Develop a policy and assess the risks of not carrying medicines for use in acute situations on home visits and mitigate the risks to patients.

- Develop a clear and documented strategy and supporting business plan to reflect the vision and values for the team to work towards.
- Document action taken to address any improvements identified as a result of infection control audits.
- Complete an analysis of complaints to identify any common trends to improve the quality of care provided.

Drs Shah & Talpur

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 GP specialist advisor and a second CQC inspector.

Background to Drs Shah & Talpur

Drs Shah & Talpur is located in Hanford Health Centre, Stoke On Trent and is registered with the CQC as a partnership provider. The practice delivers commissioned services under the General Medical Services (GMS) contract with NHS England and is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG).

The practice is located in a single storey building with on-site car parking available. The practice building is owned by Stoke on Trent Partnership NHS Trust (SSTOP) and accommodates a range of health care professionals.

The practice is managed by three male GP partners. The partners are assisted by one male and one female salaried GPs, one male GP registrar, one practice nurse, one nurse practitioner (who is also a prescriber) and two health care support workers. Members of the clinical staff are supported by a practice manager, an office supervisor and a team of reception staff and administrators. The practice is an accredited training practice for GP trainees and medical students.

The practice serves a population of 7,142 patients. The practice demographic is broadly comparable to CCG and England averages, with the exception of female and males aged 50-64 years, which is higher but lower for patients

aged 15-24 years and 35-49 years. The practice percentage of unemployed patients is 1% compared to the local average of 7% and the national average of 4%. The percentage of patients with a long-standing health condition is 52%, which is lower than the local average of 57% and the national average of 53%.

The practice is open from 8.00am to 6.30pm Monday to Friday and 8am to 1.30pm on a Thursday. The practice offers extended hours on a Monday evening with a GP from 6.30pm to 8pm and with nurses on a Monday evening to 8pm and Tuesday morning from 7am to 8am. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery.

- Consultation times with GPs are available from 8.30am to 11.40am and from 3pm to 5.30pm.
- Consultation times with nurses are generally available from 9am to 12.30pm and from 3pm to 5.30pm.

The out-of-hours service provider is Staffordshire Doctors Urgent Care Limited. Patients may also call 111 or 999 for life threatening emergencies. The practice is less than two miles away from the nearest hospital; the University Hospital of North Midlands.

Why we carried out this inspection

We carried out a comprehensive inspection of Drs Shah & Talpur under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was undertaken to assess the progress the provider had made to meet the regulations, review the quality of the service and to provide an updated rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting the practice, we reviewed a range of information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Stoke on Trent Clinical Commissioning Group (CCG) to share what they knew about the practice. Prior to our visit we spoke with a health care support worker who worked at the practice.

We carried out an announced visit on 12 April 2017. During our visit we:

- Spoke with a range of staff to include a GP Partner, a salaried GP, a GP Registrar, a nurse practitioner, practice nurse, the practice manager and a range of administrative and reception staff. We spoke with six patients who used the service to include a member of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

- Following the inspection we spoke with the manager of a local care home whose residents received a service from the practice.

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

When we inspected the practice on 1 August 2016 we identified a number of issues affecting the delivery of safe services to patients. At that time we rated the practice as inadequate. We found the provider did not have an effective process for assessing, monitoring and mitigating the risks to the health, safety and welfare of patient and others. Shortfalls included the lack of a formalised system to act upon medicines and equipment alerts issued by external agencies that may affect patient safety. Not all significant events had been recorded. There was not an effective system in place to monitor and improve quality and identify risk to include risk assessing the need for inclusion of atropine for use in the event of cervical shock when performing a coil fitting as per best practice guidance. The practice was not able to assure themselves that all of the appropriate recruitment checks had been carried out for locum GPs employed to work at the practice and checks obtained were not readily accessible. Not all staff had received training in safeguarding adults and safeguarding concerns had not been consistently acted on or shared to ensure vulnerable patients were protected from the risk of potential harm.

The majority of these arrangements had improved when we undertook a follow up inspection on 12 April 2017. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us since the last inspection the significant events policy had been shared with them and they were actively encouraged to raise and record all incidents. Staff had been provided with their own copy of the form used to record incidents, which was also available on the practice's computer system. We saw all incident records had been printed off and held in a specific file, investigated and discussed in clinical and staff meetings held and minuted. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- We saw 22 significant events had been recorded since the last inspection and a further incident had very recently been identified and was due to be investigated shortly. From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw a meeting had been planned to carry out a thorough analysis of significant events and identify any trends.
- Procedures to act upon medicines and equipment alerts issued by external agencies that may affect patient safety had improved. The practice manager had reviewed and developed effective procedures to ensure the practice accessed and actioned all alerts. This included recording the dates alerts were received, results and actions of searches undertaken. We saw new alerts were now discussed and minuted during clinical meetings held. Locum staff were required to check and sign the alerts folder.

Overview of safety systems and processes

The practice had improved systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and we saw staff were in the process of signing the policy to confirm they had read and understood it. Safeguarding information outlined who to contact for further guidance if staff had concerns about a patient's welfare was available for staff to access. Since the last inspection a new safeguarding lead GP had been identified for adults and a separate lead GP was in place for children. Safeguarding concerns were now discussed and minuted in clinical meetings held. We were told the safeguarding lead for children had completed a review of the child protection register with the Health Visitor or local authority. Children looked after by the local authority and vulnerable adults were appropriately coded on the practice computer system. We saw the practice had identified a vulnerable adult and a conference had been held with the patient, family and other agencies with consideration given to the person's mental capacity and was clearly documented in their record.

Are services safe?

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and all staff had since received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurse's level two or three. All staff had been reminded that any safeguarding concerns were to be raised immediately with the duty GP (or in the absence a nurse) to deal with. The practice had a communication book in place to share any concerns with the Health Visitor. The practice manager agreed to rearrange a meeting with the Health Visitor that had been cancelled.
- Notices were displayed throughout the practice and in the practice information leaflet advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS Patients we spoke with told us they had been offered a chaperone when required).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules, which had been revised since the last inspection and monitoring systems were in place. Cleaning staff were directly employed by Stoke on Trent Partnership NHS Trust (SSTOP), who owned the building.
- A health care assistant was the infection prevention and control (IPC) lead and was supported by the practice nurse in this role. There was an IPC protocol and staff had received on-line training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result but not recorded. The practice manager agreed to evidence this. A number of couches were due to be replaced with adjustable ones for the ease of patients.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice had been improved and minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- At the previous inspection we saw that patients who took high-risk medicines that required close monitoring for possible side effects had their care and treatment shared between the practice and hospital. The hospital

organised the assessment and monitoring of the condition and the practice prescribed the medicines required. A shared care protocol was in place however, it was not clear how the practice was advised in the event of adverse results or patients who did not attend for monitoring. At this inspection we saw searches for patients on high-risk medicines had been completed and GPs no longer issued prescriptions without ensuring the appropriate monitoring of patients had taken place.

Since the last inspection the practice had moved to the electronic prescription service (EPS), which allowed for prescriptions to be sent directly to pharmacies electronically. We saw there were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients. Following the last inspection the system in place for the non-collection of repeat prescriptions had been reviewed and prescriptions held at the practice were now being regularly monitored and appropriate action taken if patients failed to collect their prescriptions. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had recently qualified as an independent and supplementary prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received support and external mentorship for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and these had been signed as required.

We reviewed four personnel files, including files held for two locum GPs where we found shortfalls at the previous inspection. In addition, we looked at the files of two new staff employed. Although the documentation obtained for locum GP's had improved, we found that not all of the appropriate recruitment checks had been undertaken prior to employment of two new staff. This included evidence of satisfactory conduct in previous employments in the form of references, photograph, health declaration and the appropriate checks through the Disclosure and Barring Service (DBS). We identified one member of staff had seen patients unsupervised for over a month without the assurances that they were safe to do so. Following the inspection the practice manager sent us a staff record template that they had devised detailing the relevant documentation required.

Are services safe?

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a health and safety audit had been undertaken with no actions identified. Health and safety was regularly discussed in meetings held with staff.
- The practice manager was the fire safety lead. A fire risk assessment had been carried out by Stoke on Trent Partnership NHS Trust (SSTOP) who owned the building and were responsible for the maintenance of the building. The fire system was tested weekly and records evidenced a recent fire drill had taken place. Internal fire training took place on the fire evacuation procedure in the event on fire and staff also completed electronic training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice manager was able to evidence that the required legionella testing had taken place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had since received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had access to a shared defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Following the last inspection the provider had obtained a supply of atropine, for use in the event of cervical shock when performing a coil fitting.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a hard copy was kept off site. All staff had been provided with a pocket sized list of staff contact numbers in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice on 1 August 2016, we rated the practice as requires improvement for providing effective services as we found there was little evidence of clinical audit for quality improvement. Audits carried out by the practice failed to demonstrate any learning or benefit. Although the learning needs of staff had been identified, we found some staff had not received training or updates in areas to include basic life support, safeguarding adults and Mental Capacity Act 2005 (MCA). One GP did not demonstrate an understanding of the essence of Gillick competency, a term used to decide whether a child is able to consent to their medical treatment, without the need for parental permission of knowledge. We also found information regarding patients with a 'do not attempt cardio-pulmonary resuscitate' (DNACPR) directive on their records had not always been shared with other relevant services such as out-of-hours.

These arrangements had significantly improved when we undertook a follow up inspection on 12 April 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians we spoke with were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had reviewed and implemented effective systems to ensure all clinical staff were kept up to date with best practice. Staff had access to guidelines from NICE and any new guidance was shared and discussed during clinical meetings to deliver care and treatment that met patients' needs.

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 2015/16 showed the practice had obtained 99.6% of the total number of points available compared with the clinical commissioning group (CCG)

average of 96.5% and the national average of 95.3%. The overall clinical exception reporting was 4.3%, which was 4.8% below the CCG and 5.5% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data for 2015/16 showed:

- Performance for diabetes related indicators was in line with or higher than the CCG and national average. For example, the percentage of patients with a blood pressure measurement within specified levels was 86% compared to the CCG average of 79% and the national average of 78%. The practice had a 1% exception reporting rate which was lower than the CCG average of 7% and the national average of 9%.
- Performance for mental health related indicators was higher than the CCG and national average. For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 100% compared to a CCG average of 90% and the national average of 89%. The practice had a 14% exception reporting rate which was broadly in line with the CCG average of 12% and the national average of 13%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less in the preceding year was 87% compared to the CCG average of 84% and the national average of 83%. Clinical exception reporting was 1% compared with the CCG average of 3% and the national average of 4%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control was 78% compared to the CCG and national averages of 76%. Clinical exception reporting was 0% compared with the CCG average of 7% and the national average of 8%.

There was evidence of quality improvement including clinical audit:

- Following the last inspection a number of audits had been completed or were in progress to include three double cycle clinical audits where the improvements

Are services effective?

(for example, treatment is effective)

made were implemented and monitored. These included audits to ensure the safe prescribing of a specific medicine used to treat patients with severe arthritis and cancer.

Effective staffing

Evidence reviewed showed that staff now had the skills and knowledge to deliver effective care and treatment.

- The practice had reviewed its staffing arrangements since the last inspection and had recruited a salaried GP, who had previously worked as a Registrar at the practice. A new practice nurse had been appointed following the resignation of one nurse. An additional health care assistant had also been recruited. Interviews had recently been held for a receptionist post vacancy and there were plans to recruit an apprentice to join the office team.
- An induction programme for all newly appointed staff was in place and covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff had protected learning time each week.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes. The practice had promoted one nurse to a nurse practitioner position and had part funded their training so they were able to treat patients with minor ailments. They had been allocated an external mentor to assist and support them throughout the process. A salaried GP was being supported to develop their musculoskeletal skills in treating patients.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The newly appointed practice nurse had recently attended a course to take cervical samples and was being observed and mentored by the nurse practitioner. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring. All staff had an appraisal planned or had received an appraisal within the last 12 months. The practice manager was in the process of training the office supervisor to undertake appraisals for office staff in the future.

- Staff received training that included: safeguarding, 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.
- From the sample of patient records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. Information regarding patients with a 'do not attempt cardio-pulmonary resuscitate' (DNACPR) directive on their records was now clearly documented and coded on the system. A list was maintained and shared with other relevant services as appropriate.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a six to eight weekly basis when care plans were routinely reviewed and updated for patients with complex needs or end of life.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff spoken with 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. Clinicians had received refresher training and were able to demonstrate an understanding of the essence of Gillick competency, a term used to decide whether a child is able to consent to their medical treatment, without the need for parental permission of knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support opportunistically and through monitoring accident and emergency department attendance. Patients with long-term conditions had self-management plans in place and the practice ensured timely attendance for reviews or interim monitoring and tests. Patients were also signposted to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition.
- Smoking cessation advice was available from the practice nurse.

Information on healthy living, diet and advice was available within the practice and on the website.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 79% and the same as the national average. There were systems in place to follow up women who were referred as a result of abnormal results and those who had not attended for their cervical screen.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data for bowel and breast cancer showed that the practice uptake was higher than the CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 68% for the practice, which was higher than the CCG average of 54% and the national average of 58%. The uptake of screening for breast cancer by eligible patients in the last 36 months was 81%, which was higher than the CCG average of 72% and the national average of 73%. The amount of patients with a diagnosis of cancer on the practice register was in line with the CCG and national average.

Childhood immunisation rates for the vaccinations given were above the national average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 95% to 100%.

Patients had access to appropriate health assessments and checks. These included new patient checks, NHS health checks for patients aged 40–74 and patients over the age of 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

When we inspected the practice on 1 August 2016, we rated the practice as Good for providing caring services.

Kindness, dignity, respect and compassion

During the follow up inspection carried out on 12 April 2017 we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- With the support of the patient participation group (PPG) the reception and waiting area had been changed around following the last inspection providing patients with a greater degree of privacy when making and waiting for their appointment. Telephone calls were now managed away from the reception to promote patient confidentiality.

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced, with the exception of three patients that commented on the difficulty on obtaining an appointment. Most patients described the service as excellent or good and said staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

We reviewed the most recent data available for the practice on patient satisfaction from the National GP Patient Survey published in July 2016. The survey invited 244 patients to

submit their views on the practice and 94 forms were returned giving a completion rate of 39%. Results showed patients felt they were treated with compassion, dignity and respect. The practice score was mostly comparable to Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national averages of 85%.
- 95% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 94% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG average of 93% and the national average of 92%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the manager of the local care home where a number of the practice patients lived praised the care provided by the practice. They told us they had a nominated GP who visited their residents each week and they were given a direct telephone and email contact of the GP. They said the practice was very responsive to the health needs of their residents and the GP had developed positive working relationships with the staff at the care home. The manager told us that the GP always made every effort to speak with staff during the weekly visits to gain a full understanding of the individual needs of the residents and was very approachable.

Care planning and involvement in decisions about care and treatment

Are services caring?

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.

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 in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care. This was the same as the CCG and the national average.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients had access to multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had notices displayed in the reception area and in practice newsletters encouraging carers to inform receptionists if they were carers so they could be identified on the computer system and offered a health check. The practice had 135 patients identified as carers (2% of the practice list). Written information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, they were contacted and sent a letter of condolence. Leaflets were available in the waiting area detailing a support group that provided a bereavement counselling service in addition to information on the practice website to assist patients and families in times of bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice on 1 August 2016, we rated the practice as Good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening with a GP from 6.30pm to 8pm and with nurses on a Monday evening to 8pm and Tuesday morning from 7am to 8am.
- There were longer appointments available for patients with a learning disability and those patients with complex medical needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice had developed a positive working relationship with a local care home and were responsive to their residents' needs. The practice provided direct telephone and email access and carried out weekly ward rounds to review people's health needs.
- The practice sent text message reminders of appointments and test results.
- The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their care records.
- Patients were able to receive travel advice and vaccinations available on the NHS and private prescription.
- There were accessible facilities, which included a portable hearing loop, and interpretation services available.
- Patients discharged from hospital were contacted following discharge to check their care and welfare and review their needs.

Access to the service

The practice was open from 8.00am to 6.30pm Monday to Friday and 8am to 1.30pm on a Thursday. The practice offered extended hours on a Monday evening with a GP from 6.30pm to 8pm and with nurses on a Monday evening

to 8pm and Tuesday morning from 7am to 8am. Routine appointments could be booked in person, by telephone or on-line. Home visits were available to patients with complex needs or who were unable to attend the surgery.

- Consultation times with GPs were available from 8.30am to 11.40am and from 3pm to 5.30pm.
- Consultation times with nurses were generally available from 9am to 12.30pm and from 3pm to 5.30pm.

The out-of-hours service provider was Staffordshire Doctors Urgent Care Limited. Patients could also call 111 or 999 for life threatening emergencies. The practice was less than two miles away from the nearest hospital; the University Hospital of North Midlands.

Results from the National GP Patient Survey published July 2016 showed that patient satisfaction with how they could access care and treatment was higher compared to local and national averages.

- 89% of patients were satisfied with the practice's opening hours. This was higher than the CCG average of 81% and the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone, which was higher than the CCG average of 75% and the national average of 73%.

All of the patients we spoke with on the day of the inspection told us they were able to get appointments when they needed them. Three of the 45 completed CQC comment cards contained comments from patients expressing a lack of satisfaction with the appointment system.

The practice had a system in place to assess:

- whether a home visit was clinically necessary and the urgency of the need for medical attention.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

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

- Staff spoken with were aware of the procedure should a person wished to make a complaint.
- We saw that information was available to help patients understand the complaints system. For example, a complaints information leaflet was available. This leaflet had been revised and now provided clearer information on how to make complaints. Information about complaints was also available on the practice website and in the practice information leaflet.

We saw the practice had received nine complaints since the last inspection. The practice manager had devised a new complaint review form detailing a brief description of each complaint, learning points and specific action required. The complaints we reviewed were satisfactorily handled and dealt with in a timely way. Learning outcomes were discussed in clinical meetings held however; an analysis of trends to improve the quality of care had yet to be undertaken.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 1 August 2016, we rated the practice as Requires Improvement for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements. We identified that the arrangements in place were not sufficiently robust to ensure effective and safe governance.

We found arrangements had improved when we undertook a follow up inspection of the service on 12 April 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting area and had been shared with staff. The staff we spoke with knew and understood the values.
- The practice did not have a clear documented strategy and supporting business plan in place which reflected the vision and values for the team to work towards.

Governance arrangements

At the previous inspection governance arrangements including systems for assessing, monitoring and mitigating risks were not effective. At this inspection we found the majority of arrangements had improved.

- A review of staffing across the practice had been undertaken and additional staff employed. Staff we spoke with were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example safeguarding for two GPs and minor ailments for one nurse.
- All staff now had access to policies and procedures on the shared drive and hard copies were retained in a specific folder in the practice manager's office. Staff were in the process of signing to confirm they had read and understood key policies to include safeguarding and these were shared as part of the induction process for new staff.
- Systems to mitigate potential risks to patients had improved. For example, a formalised system had been

introduced to act upon medicines and equipment alerts issued by external agencies that may affect patient safety and discussed in clinical meetings held and actioned. Searches for patients on high-risk medicines had been completed and GPs no longer issued prescriptions without ensuring the appropriate monitoring of patients on shared care arrangements had taken place. Staff were actively encouraged to raise and record all significant incidents and these were investigated and discussed in clinical and staff meetings held and minuted.

- Systems to monitor staff training had improved and all staff had received training in safeguarding and any safeguarding concerns were shared to safeguard vulnerable patients.
- Clinical and staff meetings were more structured and took place on regular basis and included standard agenda items to include NICE guidance updates, safeguarding, safety alerts, significant events and complaints. We saw evidence from minutes of meetings that the structure now allowed for lessons to be learned and shared for example, following significant events and complaints.
- The practice manager was being supported by an external mentor to develop them in their role.
- Clinical and internal audit were used to monitor quality and to make improvements.
- We identified continued shortfalls in staff recruitment procedures. The required documentation had not been obtained to provide assurances that patients were appropriately safeguarded from the potential risk of harm from new staff employed to work at the practice.
- Staff told us the appointment of an office supervisor, employed shortly before the last inspection, had improved staff morale in the office and communication.

Leadership and culture

The merger of the two practices in April 2016 had clearly presented challenges that had been shared with us at the previous inspection. The staff we spoke with told us they continued to be well supported in their work and had worked hard as a team to improve outcomes for patients. They told us that the practice manager and partners were approachable, and took the time to listen to them. The GP Registrar spoke very positively about the practical support

Are services well-led?

Good 

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

they had received from all staff since joining the practice. They told us there was no pressure on them to go beyond their capability or workload. Staff reported the culture within the practice was open and said they were encouraged to speak up.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of records we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a leadership structure and staff felt supported by the management team.

- The practice held and minuted a range of multi-disciplinary meetings with external agencies to monitor vulnerable patients.
- Clinical, staff and nurse meetings were now held regularly and the structure of meetings formalised with fixed agenda items and required actions minuted.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported in their work and were encouraged 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG from the former two practices had merged and met quarterly and meetings held were minuted. The Chair of the PPG told us that the findings of the previous CQC inspection had been shared with them. They shared examples of improvements that had been made as a result of their feedback. This included streamlining the information in the waiting area to make it easier for patients to see, improved signage and providing small chairs in the waiting area to accommodate children. They told us they were looking at creative ways to engage with patients more and was hoping to hold a coffee morning or open day to gain feedback from patients about the practice. They said they also had plans to source first aid training for patients to reduce emergency call outs. They considered the practice was moving forward in the right direction.
- The NHS Friends and Family test, a social media website and complaints received, which were shared and discussed during staff meetings held.
- Staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt involved and engaged to improve how the practice was run.

Continuous improvement

Audits undertaken had improved and demonstrated quality improvement.

The practice had moved to the electronic prescription service (EPS), which allowed prescriptions to be sent direct to pharmacies electronically.

Staff were encouraged and were supported in their professional development. For example a nurse had been promoted and had been supported to complete training appropriate to their role.

The practice was a member of the North Staffordshire GP Federation, an organisation made up of 83 practices across the Stoke-on-Trent and North Staffordshire area who are working together to further develop Primary Care Services.

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 The provider had not obtained all of the required information as outlined in Regulation 19 and Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for all staff employed by the practice. Regulation 19 (2)(3) 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	