

Lucie Wedgwood Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	11
Background to Lucie Wedgwood Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lucy Wedgwood Health Centre on 27 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to monitoring some patients who took medicines to help control blood pressure.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas of practice where the provider needs to make improvements

Importantly, the provider must:

- Implement an effective system to ensure that patients who take medicines have a review by a person with appropriate training and consideration is given to the monitoring for side effects.

Summary of findings

- Implement a system for obtaining satisfactory information about any physical or mental health condition that staff members may have which are relevant to the role they undertake.

The areas where the provider should make improvement are:

- Record the action taken in response to medicines safety alerts.
- Review the oxygen therapy equipment in use to ensure it could be deployed within the practice as required.

- Review the method of storing and moving emergency medicines within the practice.
- Record discussions about changes in clinical practice, for example national guidance in meeting minutes.
- Include the avenues of escalation for patients in the written response to complaints.

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 learning from significant events.
- Staff were trained in safeguarding children and vulnerable adults and processes were in place to identify patients at potential increased risk of harm.
- The system for monitoring some patients who took medicines to control blood pressure had weaknesses. We saw that some patients were overdue parts of the necessary monitoring to make sure the medicine had not caused side effects.
- The practice had equipment and trained staff to help in an emergency. Action should be taken to make sure the equipment could be deployed quickly within the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice mostly in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice had not included the further steps that could be taken in their written response to complaints. Learning from complaints was shared.

Good



Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Four per cent of patients at the highest risk of unplanned admission had a personalised care plan in place. If admitted to hospital, patients were followed up soon after discharge to ensure care met their needs.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were higher than national levels for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice had 25 patients identified with Dementia. Performance data showed that 80% patients with dementia had a face to face review of their condition in the last 12 months. This was lower than the clinical commissioning group (CCG) average of 85% and national average of 84%.

Good



Summary of findings

- The practice had 89 patients identified with an enduring poor mental health condition. Performance for poor mental health indicators showed that 87% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG and national averages of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 34 completed cards, of which all were positive about the caring and compassionate nature of staff. Themes in the comment cards of patients feeling the practice had a positive and caring culture were seen. We also spoke with 12 patients including a member of the patient participation group (PPG) who said they were happy with the caring nature of services provided.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2016. The survey invited 311 patients to submit their views on the practice, a total of 116 forms were returned. This gave a return rate of 37%. The average national return rate in the survey was 38%.

The results from the GP national patient survey showed patients expressed mixed satisfaction levels in relation to the experience of their last GP appointment. For example:

- 83% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 92% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 81% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.
- 97% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.

- 95% said the practice nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 87% found the receptionists helpful which was the same as the CCG and national averages.

Data in the national GP patient survey showed the patients surveyed rated the practice higher than others for access to appointments.

- 79% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 98% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 82% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 70% of patients felt they did not have to wait too long to be seen compared with the CCG average of 60% and national average of 58%.

Feedback from patients about appointments was wholly positive with many examples of how patients had been able to access a timely appointment.

Feedback in the NHS Friends and Family Test was positive. Satisfaction levels in 2016 showed that 94% of patients who completed the test would recommend the practice to others.

Areas for improvement

Action the service **MUST** take to improve

- Implement an effective system to ensure that patients who take medicines have a review by a person with appropriate training and consideration is given to the monitoring for side effects.

- Implement a system for obtaining satisfactory information about any physical or mental health condition that staff members may have which are relevant to the role they undertake.

Action the service **SHOULD** take to improve

- Record the action taken in response to medicines safety alerts.

Summary of findings

- Review the oxygen therapy equipment in use to ensure it could be deployed within the practice as required.
- Review the method of storing and moving emergency medicines within the practice.
- Record discussions about changes in clinical practice, for example national guidance in meeting minutes.
- Include the avenues of escalation for patients in the written response to complaints.

Lucie Wedgwood Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and an expert by experience.

Background to Lucie Wedgwood Health Centre

Lucie Wedgwood Health Centre is registered with the Care Quality Commission as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is situated within a health centre that also houses other NHS services; the location is close to the centre of Burslem. There is no car park attached to the practice, although limited time free parking is available at a local authority car park nearby.

In preparation for the inspection we identified that the practice had changed their partnership, although applications to vary the CQC registration to reflect the changes had not been received. The provider has been prompted to submit the relevant applications.

At the time of our inspection the practice had 5,953 registered patients. The age range of patients registered at the practice broadly follows local and national averages. The demographic of the practice differs from others in some areas:

- The level of deprivation in the local area is significantly higher than local and national averages.
- Unemployment and the number of patients living with a long standing health condition are higher than local and national averages.
- The average life expectancy of people living in the local area is four years less for both males and females than national averages.

The practice is open:

- Monday to Friday 7:30am to 6pm, except on a Thursday when the practice closes at 1pm in line with local arrangements.
- Extended hours appointments are available from 7am on a Monday and Friday and until 7:30pm on a Tuesday.
- Appointments can be made online, by telephone or face to face.
- At busy times the practice uses telephone triage to ensure appointments are allocated appropriately. The practice nurse undertaking triage is very experienced in the role.
- When the practice is closed patients can access assistance by dialling 111. The practice had opted out of providing out-of-hours cover to patients; the local out-of-hours provider is Staffordshire Doctors Urgent Care.

Detailed findings

Staffing at the practice includes:

- Two GPs (both male).
- Two female practice nurses (one combines this role with that of the practice manager).
- Administrative team.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for 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.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had processes in place to record, investigate and learn from significant events. Significant events can be described as a positive or negative occurrence that are analysed in a detailed way to learn and improve practice.

- All staff we spoke with knew the process for reporting significant events and most could recall recent occurrences.
- After a significant event was raised, the occurrence was investigated and when necessary changes were made to minimise the chance that the event would occur again.
- The practice recorded seven significant events in the previous 12 months.
- We saw instances of the practice changing the way they worked following significant events. For example, following a needle stick injury to a member of staff the practice followed their processes for ensuring the staff members' welfare. External processes had not worked well and the practice pursued this with the relevant organisations. The event led to a change in policy for other organisations to provide a more effective service. The practice also introduced measures internally such as re sited needle disposal units and seating position to minimise the risk of reoccurrence.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved. We saw that the practice did not always record the actions they had taken in response to alerts, although other evidence demonstrated they had taken action.

Overview of safety systems and processes

The practice team had specific areas of responsibility assigned to them to keep patients safe and minimise the risk of harm, these included:

- All staff knew their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. All staff had received role appropriate training to nationally recognised standards, for example GPs had attended level three training in

Safeguarding Children. Practice staff told us that they liaised on a monthly basis with a health visitor to discuss any concerns and share information. Records had not been kept of the interactions. The practice monitored for signs that patients may be at increased risk of harm, for example if they had attended accident and emergency departments a number of times in succession.

- Chaperones were available when needed, all staff who acted as chaperones had received training, been vetted and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken annually with the last one completed in June 2016. The immunity of staff to healthcare associated infections was known. Appropriate amounts of personal protective equipment were available.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nurse used Patient Group Directions to allow them to administer medicines in line with legislation. We saw that blank prescriptions were stored securely.
- We saw that the way the practice monitored patients who took medicines used to help treat high blood pressure had not been fully effective. National guidance for patients who took the medicines suggested that regular monitoring of kidney function should take place. In a computer search we identified that 22 patients did not have recorded biochemical blood monitoring within the last three years. Although it was possible some patients in the group had received monitoring, the practice could not be assured this was the case. We also saw in the computer records that non-prescribing nursing staff had marked medicine reviews as being

Are services safe?

completed although the review did not record that blood monitoring had been considered. The practice sent us information after the inspection to demonstrate they had taken action in this area.

- The practice had a system in place to ensure that patients who took other medicines that require close monitoring had received appropriate monitoring before the medicine was issued.
- We reviewed three personnel files and found most of the required recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had not obtained satisfactory information about any physical or mental health condition that may affect a staff member's capability relevant for their job role. The practice had medical indemnity insurance arrangements in place for all relevant staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- Regular infection control audits were held and staff were immunised against appropriate vaccine preventable illnesses.
- The building landlord performed regular water temperature testing and flushing of water lines and had a written risk assessment for Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included 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).
- The practice had oxygen available to administer in an emergency. The oxygen cylinder was located in a central area of the practice although the cylinder was large and quite heavy. There was no means of moving the cylinder other than carrying it if it was required elsewhere in the practice.
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date and staff knew their location. The medicines were stored securely although this was in a small open top basket with no lid to secure the contents. The practice did not have Atropine available to treat a sudden drop in heart rate that can cause symptoms such as collapse and low blood pressure. The practice fitted coils and atropine was a medicine recommended to be immediately available due to the increased risk of cervical shock when fitting coils. The practice submitted evidence the day after our inspection to demonstrate they had acquired atropine and had it in place.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to assist all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared and discussed as a rolling agenda item at regular clinical meetings. Although other evidence demonstrated changes to NICE guidance had been discussed this had not been routinely recorded in meeting minutes.
- Staff told us they subscribed to email alerts to highlight changes to guidance and guidelines.

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 that within the practice:

- The practice achieved 96% of the total number of points available this was higher than the national and clinical commissioning group (CCG) averages of 95%.
- Clinical exception reporting was 1%, which was lower than the CCG and national averages of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.

The practice had no outlying areas in QOF and the practice had achieved positive rates in monitoring and improving outcomes for patients with a range of conditions:

- The practice had 89 patients identified with an enduring poor mental health condition. Performance for poor mental health indicators showed that 87% of patients with enduring poor mental health had a recent

comprehensive care plan in place compared with the CCG and national averages of 90%. There had been no clinical exceptions reported compared with the CCG average of 8% and national average of 10%.

- The practice had 25 patients identified with Dementia. Performance data showed that 80% patients with dementia had a face to face review of their condition in the last 12 months. This was lower than the CCG average of 85% and national average of 84%. There had been no clinical exceptions reported compared with the CCG and national averages of 8%.
- The practice had 346 patients identified with diabetes. Performance data showed that 82% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below an accepted level, compared with the CCG average of 75% and national average of 78%. There had been no clinical exceptions reported compared with the CCG average of 9% and national average of 12%.
- The practice had 369 patients identified with asthma. Performance data showed that 73% of patients with asthma had a review of their condition within the previous year compared with the CCG and national averages of 75%. There had been no clinical exceptions reported compared with the CCG average of 6% and national average of 8%.

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

- The Quality Improvement Framework (QIF) is a local programme with the CCG area to improve the detection and management of long-term conditions.
- The practice participated in the avoiding unplanned admission enhanced service. Four per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge. The care plans were available in the patient's home to enable other health professionals who may be involved in their care to have comprehensive information about them.

The number of patients that were admitted to hospital as an unplanned admissions was higher than local and national averages. Data for 2014/15 showed that:

Are services effective?

(for example, treatment is effective)

- Emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission were 27 patients per 1,000 compared with the CCG average of 18 per 1,000 and national average of 14 per 1,000.

We spoke with the practice about the outlying data and they told us they felt despite their efforts they had reviewed admissions and found most had been appropriate. The practice had increased the rate of patients included in their unplanned admission service from 2% to 4%. Data showed that 73% of patients at the practice lived with a long standing health condition compared with the CCG average of 57% and national average of 54%.

Ten audits had been completed in the last year. Two had completed the full audit cycle, with others in progress or a repeat audit was not relevant. Audit topics included the correct identification of medical conditions, effective prescribing and benchmarking performance with national guidelines.

Effective staffing

The practice had a well-trained and motivated clinical, nursing and administrative team.

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

Coordinating patient care and information sharing

The 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.

- There was a process for clinical staff to review blood test results and communications from hospitals and other care providers. The practice was up to date with the management of reviewing communications about patients.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other professionals. This included patients at increased risk of unplanned admission to hospital. These meetings took place on a two monthly basis.
- The care of patients approaching the end of their lives was reviewed at multi-disciplinary team meetings on a quarterly basis.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.
- Consent for the benefits and possible side-effects from procedures such as minor surgery was discussed and recorded appropriately.

Health promotion and prevention

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

- NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns.
- The practice offered a comprehensive range of travel vaccinations.

Are services effective?

(for example, treatment is effective)

- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- Childhood immunisation rates ranged from 95% to 99% and were higher than the national average in all indicators.
- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- The practice's uptake for the cervical screening programme was 74% which was lower than the CCG average of 80% and national average of 82%. There had been no clinical exceptions recorded compared with the CCG and national averages of 6%. When considered overall this was a similar result to the local and national average.

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

- 71% of eligible females aged 50-70 had attended screening to detect breast cancer compared to the CCG average of 73% and national average of 72%.
- 46% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer compared to the CCG average of 56% and national average of 58%.

The practice was aware of the lower than average screening rates and had taken action in this area.

The practice provided services under Developing Adolescent Sexual Health (DASH). Patients and non-registered patients aged 15-24 could discreetly ask for services including condoms, pregnancy testing and Chlamydia testing using a card.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 34 completed cards, of which all were positive about the caring and compassionate nature of staff. Themes in the comment cards of patients feeling the practice had a positive and caring culture were seen. We also spoke with 12 patients including a member of the patient participation group (PPG) who said they were happy with the caring nature of services provided.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2016. The survey invited 311 patients to submit their views on the practice, a total of 116 forms were returned. This gave a return rate of 37%. The average national return rate in the survey was 38%.

The results from the GP national patient survey showed patients expressed mixed satisfaction levels in relation to the experience of their last GP appointment. For example:

- 83% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 92% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 81% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.

- 97% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 95% said the practice nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 87% found the receptionists helpful which was the same as the CCG and national averages.

The practice was aware that in the satisfaction indicators for interactions with GPs, results had been lower than national averages. This was being monitored and the core staffing of GPs had changed in the previous year. Patients gave wholly positive feedback about GPs on the day of our inspection.

Care planning and involvement in decisions about care and treatment

The feedback we received from patients about them feeling involved in their own care and treatment were all positive.

The GP patient survey information we reviewed showed a mixed patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2016 showed;

- 81% said the last GP they saw was good at involving them about decisions about their care compared to the national average of 82%.
- 85% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 90% said the last nurse they saw was good at involving them about decisions about their care compared to the national average of 85%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 85 patients as carers (1% of the practice list). All registered carers had all

been contacted and offered an annual health check and seasonal flu vaccination. We spoke with some carers at the practice who told us that they felt supported and they were kept appropriately informed.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We received positive feedback from patients and carers about how the practice had supported them after bereavement.

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.

- Four per cent of patients had been identified as being at increased risk of unplanned admission to hospital. Patients had a comprehensive care plan in place which was reviewed on a regular basis. If patients in this group were admitted to hospital, a GP reviewed their care on discharge from hospital.
- Ante and post-natal care was provided within the practice by a community midwife.
- The practice offered early morning appointments two days a week and later appointments once a week.
- Online services for booking appointments and ordering repeat prescriptions were available.
- Same day appointments were available for children and those with serious medical conditions.

Access to the service

The practice was open:

- Monday to Friday 7:30am to 6pm, except on a Thursday when the practice closed at 1pm in line with local arrangements.
- Extended hours appointments were available from 7am on a Monday and Friday and until 7:30pm on a Tuesday.
- Appointments could be made online, by telephone or face to face.
- At busy times the practice used telephone triage to ensure appointments were allocated appropriately. The practice nurse undertaking triage was very experienced in the role.
- When the practice was closed patients could access assistance by dialling 111. The practice had opted out of providing out-of-hours cover to patients; the local out-of-hours provider was Staffordshire Doctors Urgent Care.

At the time of our inspection there was good availability of on the day appointments and bookable GP appointments were available the same day.

The national GP patient survey published in July 2016 showed the patients surveyed rated the practice higher than others for access to appointments.

- 79% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 98% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 82% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 70% of patients felt they did not have to wait too long to be seen compared with the CCG average of 60% and national average of 58%.

Feedback from patients was wholly positive with many examples of how patients had been able to access a timely appointment.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary.
- The urgency of the need for medical attention.

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 and within a practice leaflet.

The practice had received five written complaints in the last 12 months. We tracked three complaints and saw that the practice had acknowledged, investigated and responded to the complaints in an appropriate timeframe. The written responses did not include the actions the complainant

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

could take if they remained unsatisfied although this information was available in the practice leaflet and on the website. All complaints were shared and discussed as appropriate.

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 written mission statement of vision and values. Staff described their ethos of providing high quality, personalised care to patients.

Governance arrangements

The practice had a number of arrangements in place to address risks to the delivery of services. We saw that on the whole risks were well managed. For example:

- Staff were assigned areas of responsibility and when necessary changes had been made to improve performance.
- The management team had comprehensive understanding of the performance, demographics and challenges faced.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

We saw areas of governance that needed to be strengthened. For example, the way some medicines reviews were performed. The practice demonstrated an immediate willingness to take action and strengthen the process.

Leadership and culture

The practice had an experienced leadership team. They displayed a thorough knowledge of the patients who received their care at the practice and the wider health economy.

Performance had been improved over years and the practice had an inclusive ethos that transferred into much lower clinical exception reporting than is normally seen locally and nationally. 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 had received the treatment or medicine.

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

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

Over time the practice demonstrated it had sought and acted upon feedback:

- The practice had an active patient participation group (PPG). We spoke with a member of the PPG they told us that the practice was receptive to feedback and engaged in regular meetings to discuss services.
- Following patient feedback about lack of car parking, the PPG engaged with the local authority to secure free parking for patients.
- The way that appointments were offered had changed with demand and patient voice. The practice had continually monitored and adapted the appointment system. This had resulted in higher than local and average satisfaction rates for patient experience of making an appointment in the national GP patient survey.
- Feedback in the NHS Friends and Family Test was positive. Satisfaction levels in 2016 showed that 94% of patients who completed the test would recommend the practice to others.

Staff told us they felt able to make suggestions to how services were run and could do this at any time or within designated regular practice meetings.

Continuous improvement

The practice was a teaching practice for medical students training to become qualified doctors. Staff also participated in research as a part of a local research network.

At the time of our inspection the practice was gaining patient consent to begin online consultations using internet based video calling.

Staff told us they had been enabled to undertake additional training and the practice had supported them in undertaking this.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not mitigated the risks of receiving unsafe care and treatment as some patients who took anti-hypertensive medicines had not received monitoring to ensure they were not having side effects.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not have a process for, and had not considered, the physical and mental health of an employee in line with the requirement of the role they were to undertake.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	