

Dr S Javaid & Partners

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 Dr S Javaid and Partners on 12 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Patients said they found it easy to make an appointment with urgent appointments available on the same day.
- Risks to patients were assessed but not always effectively managed.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available but not readily accessible. The practice responded quickly to issues raised.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active patient participation group, had implemented suggestions for improvements, and had made changes to the way it delivered services as a consequence of feedback.
- Staff held regular meetings with healthcare professionals involved in the care of the patients.

The areas where the provider must make improvement are:

Summary of findings

- Ensure recruitment checks for staff meet legislative requirements.
- Undertake a robust risk assessment in the absence of DBS checks for all staff that chaperone.

The provider should:

- Carry out a regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Implement a robust system for ensuring that monitoring of patients who take long-term medicines on a shared care basis, has taken place before the medicines are prescribed.

- Improve the identification of patients who may be carers.
- Ensure prescriptions are checked regularly to ensure they are collected by patients.
- Ensure the registers held of vulnerable children and adults are current and vulnerable patients are clearly identified to staff on the practice computer system.
- Ensure that all persons employed have timely access to training updates.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- There was a system in place for reporting, recording and sharing significant events. We saw the practice had acted on significant events. However, the practice had not carried out an annual analysis of incidents to identify any common trends, maximise learning and help mitigate further errors.
- Risks to patients were assessed but not always effectively managed.
- The practice had most processes and practices in place to keep patients safe and safeguarded from the risk of abuse. Although staff were familiar with the procedures in place, not all staff had received training in safeguarding vulnerable adults and not all vulnerable patients known to the practice were included on the risk registers held by the practice.
- The practice had well maintained facilities and equipment.
- The practice had a clinical lead for infection control who was supported by the practice manager. Most staff had received training and audits were carried out. An action plan was produced to monitor progress but did not include timescales for completion.
- The practice had a detailed business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages. The practice achieved 92% of the total number of points available in
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment although we identified some gaps in training. One GP had a special interest in Ear, Nose and Throat (ENT) surgery and was able to provide a consultation service to patients within the practice.

Summary of findings

- There was evidence of staff appraisals and most staff felt well supported in their work.
- Staff had regular meetings with a range of other health care professionals to discuss, understand and meet the complexity of patients' needs.
- Clinical audits demonstrated quality improvement.
- The practice provided annual flu, pneumonia, and shingles vaccinations.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016, showed the practice score was mostly comparable to Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and nurses.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers' register to raise staff awareness of patients that were also carers. There were only 33 patients (0.5% of the practice population) on the register and the practice acknowledged they needed to increase the size of the register by pro-actively identifying carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- Patients had access to a multi-disciplinary team during extended hours, for example a GP, nurse and phlebotomist.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available but not readily accessible. The practice had responded quickly to issues raised.
- The practice implemented suggestions for improvements and had made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, improving access to appointments.

Summary of findings

Are services well-led?

The practice is rated as good for being well led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. However, staff were not clear about the vision and values and their responsibilities in relation to it.
- There was a leadership structure and defined roles. Most staff felt supported by the management team.
- The practice had a number of policies and procedures to govern activity and staff knew how to access them.
- 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 worked in partnership with patients and staff and proactively sought feedback, which it acted on. The PPG was active and contributed to improving outcomes for patients.

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 had a call and recall system to ensure older people attended their appointments when necessary.
- Patients aged 75 and older had a named GP and had open access to appointments.
- Home visits by a GP were available on a daily basis for patients with enhanced needs.
- The practice held meetings with the palliative care team and worked in partnership with other healthcare professionals in meeting the needs of older people with complex needs.
- The practice provided medical support to a number of patients residing in local care homes. These included weekly clinical rounds, medication reviews and flu vaccinations.

Good



People with long term conditions

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

- The practice offered specialist clinics to address the needs of patients with long-term conditions such as asthma, diabetes and hypertension.
- 81% of patients on the diabetes register had a record of a blood pressure reading within the preceding 12 months compared to the local average of 76% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- The practice provided an on-site phlebotomy (removal of blood) service.
- Patients were offered regular checks to review their health and medicine needs. Telephone reviews were also provided.

Good



Families, children and young people

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

- The practice provided sexual health and family planning services. They were currently unable to offer implants and coil fitting but had access to the local family planning service.
- The practice offered a full range of antenatal, postnatal services and child health clinics. A midwife regularly visited the practice.

Good



Summary of findings

- Young children had access to same day appointments. Appointments were available outside of school hours.
- The building had recently been renovated to improve access. Baby feeding and changing facilities were available.
- Immunisation rates were comparable to local averages for all standard childhood immunisations. Flu immunisations were available for pregnant women and small children.
- The practice's uptake for the cervical screening programme was 96%, which was higher than the CCG and national averages of 82%.

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. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended hours on a Tuesday and Thursday morning, every other Monday evening and on one Saturday morning each month to allow flexibility for patients.
- A range of online services were available, including booking and cancelling appointments, prescriptions and access to health medical records.
- Free NHS Health checks were available for patients aged 40 to 74. Two hundred and twenty-five patients had received these checks in the preceding 12 months.
- The practice provided an on-site phlebotomy (removal of blood) service to avoid patients having to access a hospital.
- The practice utilised the electronic prescribing system (EPS) which meant prescriptions could be sent directly to the patient's chosen pharmacy at the time of the consultation.

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 displayed information in the waiting area about how to access local support groups and voluntary organisations.
- The practice had access to a HUB where patients could be offered a face-to-face or telephone service for help with

Good



Summary of findings

bereavement, depression or anxiety. Help with loneliness, alcohol and substance misuse problems was also available along with mental health issues or physical and learning disabilities.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. They held a register of vulnerable patients but the registers did not reflect all of the current vulnerable patients registered with the practice so that they were clearly identified to staff on the practice computer system.
- 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.
- The practice held a carers' register and information was available to direct carers to avenues of support available to them.
- The majority of patients' first language was English, however a translation service was available if needed and there was an open registration policy in place.

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 held a register of patients experiencing poor mental health and patients with dementia and carried out annual reviews.
- The practice offered weekly and fortnightly monitored prescriptions for patients experiencing poor mental health until their condition stabilised.
- Patients experiencing poor mental health were told how to access various support groups and voluntary organisations.
- Double appointments were available to allow sufficient time to deal with patients with complex issues.
- Home visits were available to carry out reviews when necessary.

Good



Summary of findings

What people who use the service say

We reviewed the national GP patient survey results, which were published in July 2016. The survey invited 231 patients to submit their views on the practice, 110 forms were returned. This was a completion rate of 48%.

- 84% of patients found it easy to get through to this practice by phone. This was higher than the local average of 72% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 87% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the local average of 88% and the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 81% and national average of 78%.

We spoke with 14 patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 25 completed cards. All but three comments received highlighted a high level of patient satisfaction. Patients commented that they found staff considerate, thorough, competent and caring. Three negative comments included patients' experience of some members of the staff team, uncomfortable seating and the radio playing in the waiting area.

Dr S Javaid & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr S Javaid & Partners

Dr S Javaid and Partners (known as Miller Street Surgery) is located in Newcastle-Under-Lyme and is registered with the CQC as a partnership provider. The provider holds a General Medical Services contract with NHS England and is a member of the North Staffordshire Clinical Commissioning Group (CCG). The premises is a two storey building with a small car park located to the rear.

The practice building is leased and is managed by two male and one female GP partners. The partners are assisted by one nurse practitioner, one practice nurse, one health care assistant and a phlebotomist. The clinical team is supported by a practice manager, a deputy practice manager, two secretaries, five receptionists and a data administrator. The practice provides 2.9 whole time equivalent (WTE) GPs and 1.9 WTE nursing staff.

The practice serves a population of around 6844 patients. The practice age distribution is comparable to CCG and England averages, with the exception of female and males aged 30-39 years, which is slightly lower. The practice has the same percentage of unemployed patients as the national average of 5%, and a lower percentage compared to the CCG average of 8%. The percentage of patients with a

long-standing health condition is 73%, which is significantly higher than the local average of 57% and the national average of 54%. This could mean an increased demand for GP services.

The practice is open from 8am to 6.00pm Monday to Friday. The practice closes at 1pm on a Thursday. The practice offers extended hours on a Tuesday and Thursday morning from 7.30am and one Saturday morning per month from 8.30am to 12noon. The practice is open every other Monday evening from 6.30pm to 8.30pm. If patients require an urgent appointment, they are asked to contact the surgery from 8am. Routine appointments can be booked two weeks in advance 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 in the mornings from 8am to 11.20am. Appointments in the afternoon are available from 2.30pm to 5.10pm.
- Consultation times with nurses are available from 8am to 5.20pm

When the practice is closed patients are advised to call 111 or 999 for life threatening emergencies. The nearest hospital is the University Hospital of North Midlands.

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.

Detailed findings

How we carried out this inspection

Before the inspection, we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey published in July 2016. We carried out an announced visit on 12 July 2016.

During our visit, we spoke with a range of staff including all three GPs, the practice manager, deputy practice manager, a nurse practitioner, practice nurse, secretary and receptionists. We also spoke with 14 patients to include members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. We reviewed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service. We observed interactions between patients and staff and reviewed records relating to the management of the practice.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incident and complete a recording report form. Incidents were discussed at the earliest opportunity and shared with staff during practice meetings. Not all staff we spoke with were able to recall a recent significant event; however, the last one recorded was in March 2016. We saw the practice had recorded nine serious untoward incidents since August 2015. All had been recorded, actioned and the outcome of each incident was documented. However, the practice had not carried out an regular analysis of incidents to identify any common trends, maximise learning and help reduce errors.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw the practice had a system to act upon medicines and equipment alerts issued by external agencies to include alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager and clinicians received alerts via email and these were discussed, actioned and recorded in clinical meetings. We saw the most recent alert had been actioned and clinicians were aware of the alert. A file of alerts received was maintained and available for staff. Minutes of a business meeting held on 6 July showed the practice manager had raised awareness of recent alerts received and these had been shared and discussed with clinicians and acted on.

Overview of safety systems and processes

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

- A GP designated lead for safeguarding children and vulnerable adults. Staff spoken with knew who the lead

was. Staff knew what constituted abuse and who to contact if they had concerns about a patient's welfare. The practice received information shared by other agencies including children who frequently attended hospital. We saw information about safeguarding matters was displayed in the staff office and some clinical rooms and the policy was available on the practice computer system. Although training records showed most staff had received the appropriate level of training in safeguarding for their role, a small number of staff needed to complete or update their training in safeguarding vulnerable adults. We saw staff were alerted to vulnerable patients, for example, patients with a child protection plan, via an icon on their computer.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients and regular meetings were held at the practice and recorded. We saw the practice held a register of vulnerable patients but the registers did not reflect all of the current vulnerable patients registered with the practice, for example, those residing at a local refuge, to ensure they were clearly identified to staff on the practice computer system. The practice was aiming to commence six weekly meetings with the link health visitor following changes to this service. We saw a communication book between the practice and health visitor was maintained and the health visitor was notified of children who had failed to attend for their immunisations. We were told the practice had not had any frequent A&E attendances of a child and always responded to letters and provided reports to the Safeguarding Board when requested.
- Chaperones were available when needed. Notices were displayed in the waiting room offering this service. Reception staff chaperoned when nursing staff were not available. However, not all staff that chaperoned had a Disclosure and Barring Service (DBS) check completed. A basic risk assessment had been completed but was not specific to a chaperone role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. The practice had a clinical lead for infection control who was

Are services safe?

supported by the practice manager. Most staff had received training in infection, prevention and control. Infection control audits were undertaken. An infection control nurse from the CCG had carried out the most recent audit in October 2015 and an action plan had been produced to monitor progress but did not include timescales or completion dates. We saw disposable curtains in consultation rooms and treatment rooms did not detail the dates they were changed as required. The practice manager advised us they would address this. We saw infection control was discussed in meetings held within the practice.

- We saw the practice had arrangements in place for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). We were told the practice followed the local antimicrobial prescribing guidelines in general practice and patients were advised of any side effects and how they should take their medicines safely during their consultations. Processes were in place for handling repeat prescriptions. We found blank prescription pads were stored securely however, there was not an effective system in place to ensure prescriptions awaiting collection were checked regularly and actioned where required.
- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. The system for ensuring patients had received the necessary monitoring before prescribing of the medicine needed to be improved. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. However, there was a possibility that patients might still be given the medicine even if they had not received the required monitoring. For example, if a patient missed a blood test at the hospital.
- Where required, Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found records of recruitment checks undertaken prior to employment were not consistently held for all individuals. For example,

Monitoring risks to patients

Risks to patients were assessed and managed.

- The premises were leased from NHS Property Services. From April 2016, all maintenance of the building was carried out by West Midland Support Services. We saw there were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and risk assessment available. We saw health and safety was included in staff induction and staff received training updates. Minutes of practice and business meetings evidenced health and safety had been discussed. The practice manager was the designated fire safety lead and procedures were in place in the event of a fire. Regular checks were undertaken on the fire system and the alarm was tested weekly. Fire drills took place every six months.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such fire and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, staff covered colleagues with similar roles during periods of annual leave or sickness. The practice had a policy of only allowing one member from each group to take annual leave at any one time to ensure continuity of the service for patients. At the time of the inspection, partners advised us they were fully staffed and they were satisfied with the staffing structure.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- We saw emergency medicines held at the practice were checked monthly and were in date and stored securely. They were accessible to staff and held in a secure area. Staff spoken with knew of their location and what action they would take in the event of a medical emergency. Although staff had received basic life support training this was not at the required frequency in accordance with the Resuscitation Council (UK) guidelines. Following the inspection we received confirmation that staff had since received refresher training.
- The practice had emergency equipment, which included oxygen and an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm).
- The practice had a detailed business continuity plan in place to direct actions in the event of major incidents such as power failure or building damage. We saw the plan had been recently reviewed and included emergency contact numbers for staff. Copies of the plan were kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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). QOF results from 2014/15 showed that the practice achieved 92% of the total number of points available compared the local average of 93% and the national average of 95%. The overall clinical exception reporting for the practice was 6%, which was lower than the Clinical Commissioning Group (CCG) rate of 8% and the national rate of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally, lower rates indicate more patients have received the treatment or medicine.

The individual clinical domain performance data from 2014/15 showed:

- The percentage of patients with asthma that had a review of their condition within the preceding year was 86%. This was higher than the CCG average of 71% and national average of 75%. Clinical exception reporting was 4% compared with the CCG average of 6% and the national average of 8%.
- 73% of patients with severe mental health conditions had an agreed care plan in place in the preceding 12 months, compared with the CCG average of 87% and the national average of 88%. Clinical exception reporting was 0% compared with the CCG average of 12% and the national average of 13%.

- 81% of patients with diabetes had received a recent blood pressure reading in the preceding year, compared with the CCG average of 76% and the national average of 78%. Clinical exception reporting was 4% compared with the CCG average of 7% and the national average of 9%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less in the preceding year was 81% compared to the CCG average of 83% and the national average of 84%. Clinical exception reporting was 3% compared with the CCG average of 3% and the national average of 4%.

There was evidence of quality improvement including clinical audit. Findings of clinical audits were used by the practice to improve patient care and services. There had been eight clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, one of these audits looked at the use of aspirin in patients with coronary heart disease (CHD). The first audit identified 16 patients were not on aspirin and were therefore reviewed. The second audit saw a reduction to five patients and detailed the reasons, why the patients had declined to take aspirin.

Effective staffing

The practice had an experienced team of staff that had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a team of long serving members of staff. The team had experienced some changes due to staff retiring or leaving. The partners told us they were fully staffed at the time of the inspection and were satisfied with the current structure.
- There was an induction programme for all newly appointed staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff at all levels had completed training appropriate to their roles and were supported in their professional development. For example, we saw the nurse practitioner had completed a degree in primary care, a diploma in practice nursing and an independent prescribing course.

Are services effective?

(for example, treatment is effective)

- One GP had a special interest in Ear, Nose and Throat (ENT) surgery and was able to provide services within the practice. These included the Epley manoeuvre, which is a manoeuvre used to treat vertigo and had resulted in reduced referrals to secondary care services.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. The nurse practitioner we spoke with could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and training updates.
- The learning needs of staff were identified through a system of appraisals and staff identifying courses that would be of benefit to their learning. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, however not all staff had attended training updates. Staff told us they had received an appraisal within the last 12 months and were supported in their learning.

Coordinating patient care and information sharing

The practice had a system in place for sharing and receiving information about patients' care and treatment from other agencies such as hospitals, out of hour's services and community services. The practice received reports each morning from these services and shared the information needed to plan and deliver care and treatment in a timely manner. Staff demonstrated an understanding of their role and responsibilities with ensuring information was managed effectively with the exception of the monitoring of some blood results of patients on known high risk medicines. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- Staff worked together 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. The practice received electronic reports each day detailing patient outcomes and took any necessary action.
- The practice regularly met with a wider team of professionals to share and review information and discuss the care plans of patients with complex needs.

Professionals included district nurses, the community matron, wellbeing counsellors, palliative nurses and the midwife. The practice was aiming to meet with the health visitor linked to the practice shortly but had contact via telephone. We saw the practice had a health visitor communication form and referral system in place.

Consent to care and treatment

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

- We saw a number of staff had received training in the Mental Capacity Act (MCA) 2005 and consent in general practice. Clinicians understood the relevant consent and decision-making requirements of legislation and guidance, including the MCA. We saw written consent was obtained for patients receiving minor surgery and where verbal consent had been obtained for procedures such as cervical screening tests.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- No advance healthcare directives were in place for patients with dementia but we saw care plans were in place that included the patients preferred place of care. (An advance directive is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions).

Supporting patients to live healthier lives

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

- The nurse practitioner was actively involved with the local council's Green Door Programme, which offered a series of walks to local residents. As part of their holistic approach to patient care, this service was made available to all patients.
- Travel advice and vaccinations were provided by the practice nursing team, including yellow fever vaccinations.
- Free NHS health checks were available for patients aged 40 to 74 years and new patients.
- Chlamydia screening was available for patients aged up to 25 years.

Are services effective?

(for example, treatment is effective)

- The practice provided lifestyle advice and had signposted and referred a small number of patients for weight management programmes and smoking cessation with the consent of the individual patient.

The practice encouraged its patients to attend national screening programmes. The practice's uptake for the cervical screening programme was 96%, which was higher than the CCG and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available and by telephoning and sending letters to patients who had not responded to the initial invitation. Bowel and breast cancer screening rates were comparable

with local and national averages. Data showed 62% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local average of 63% and the nation average of 58%. Data showed 79% of female patients aged 50 to 70 years had been screened for breast cancer in the last 3 years. This was the same as the local average and higher than the nation average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and for five year olds from 89% to 100%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout the inspection, we observed staff were courteous and very helpful to patients who attended or telephoned the practice. For example, we saw a patient arrived at the practice who was clearly anxious about their prescribed medicines. We saw staff were responsive and the patient was offered an urgent appointment and seen within 10 minutes. Staff enabled another patient, who was heavily pregnant to use the practice telephone to make a call in relation to an external health appointment. Patients were treated with dignity and respect.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We saw that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We spoke with 14 patients on the day of the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 25 completed cards. All but three comments received were positive with patients reporting good experiences and highlighted that staff responded compassionately when patients needed help and provided support when required. Most patients felt the practice offered a good service and staff were caring, helpful and treated them with dignity and respect.

The practice had a Patient Participation Group (PPG). We met with eight members of the PPG. They told us the group was established in 2014, had approximately 20 members and met quarterly at the practice. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected.

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 231 patients to submit their views on the practice and 110 forms were returned. This was a completion rate of 48%. Results showed patients felt they were treated with compassion, dignity and respect. The practice score was mostly comparable to CCG and national averages for its satisfaction on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national averages of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 91% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% 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 94% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and had sufficient time during their consultations. They said they were involved in decision making about the care and treatment they received. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national averages of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 84% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

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 were hard of hearing or did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

We saw patient information leaflets and notices were displayed in the waiting area, which told patients how to access a number of local support groups and organisations.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 33 patients as carers (0.5% of the practice list). The practice acknowledged the need to increase the number of carers on their register. We saw new patient questionnaires identified if the patient was a carer. Carers were offered annual health checks and flu vaccinations. We saw information was available in the waiting area that signposted carers to various local support organisations.

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.

- Longer appointments were available for patients with a learning disability and those with complex medical needs.
- Same day urgent appointments were available. Priority was given to young children and patients with complex needs.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- 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, including yellow fever.
- The building had recently been renovated to improve disabled access facilities. Two designated disabled parking spaces were provided, automatic doors into the practice with consultation rooms located on the ground floor, hearing loop and translation services and a baby changing and feeding facilities available.
- The practice utilised the electronic prescribing system (EPS) which meant prescriptions could be sent directly to the patient's chosen pharmacy at the time of the consultation.
- A variety of clinics and services were available for people to access. These included antenatal, postnatal services and child health clinics, diabetes, asthma, COPD, minor surgery, NHS health checks, new patient checks, immunisations and travel vaccinations.
- One GP had a special interest in Ear, Nose and Throat (ENT) and was able to provide services within the practice to avoid patients accessing a hospital.
- The practice had a member of staff that was trained in sign language.

Access to the service

The surgery offers two reserved disabled parking spaces, level access and disabled toilet facilities. Patients have access to services and facilities provided on the ground floor only.

The practice was open from 8am to 6.00pm Monday to Friday. The practice closed at 1pm on a Thursday. The practice offered extended hours on a Tuesday and Thursday morning from 7.30am and one Saturday morning per month from 8.30am to 12noon. The practice was open every other Monday evening from 6.30pm to 8.30pm. If patients required an urgent appointment, they were asked to contact the surgery from 8am. Routine appointments could be booked two weeks in advance and booked in person, by telephone or on-line. Home visits were available to those patients who were unable to attend the surgery.

- Consultation times with GPs were available in the mornings from 8am to 11.20am. Appointments in the afternoon were available from 2.30pm to 5.10pm.
- Consultation times with nurses were available from 8am to 5.20pm

When the practice was closed patients were advised to call 111 or 999 for life threatening emergencies. The nearest hospital was the University Hospital of North Midlands.

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

- 90% of patients were satisfied with the practice's opening hours. This was higher than the CCG average of 79% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone, which was higher than the CCG average of 72% 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 but not always with their preferred choice of GP. We saw the practice had carried out an audit of appointment satisfaction to explore comments received around the time patients sat in the waiting room to be seen. Twenty three surveys were received across a two-week period from 18 June 2016 to 2 July 2016. A total of 91% of patients were satisfied with the appointment

Are services responsive to people's needs?

(for example, to feedback?)

system with 78% of patients surveyed reporting they were happy with the waiting time to see a GP or nurse. The practice intended to re-run the survey in the next six to 12 months to monitor any improvement.

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.
- The practice manager was the designated lead for handling complaints and was supported by the partners.
- We saw the procedure for making a complaint, comment of compliments was available on the practice website. Although a complaints and comments leaflet

was available this was not readily accessible to patients and the procedure was not displayed in the waiting area. None of the patients we spoke with were aware of how to complain but told us they had not had cause to use it. Following the inspection the practice manager advised us that the procedure had been updated and a poster detailing the complaints procedure had since been displayed in the waiting area.

We looked at the eight complaints the practice had received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. An annual review of complaints had not been carried out to identify any common themes and trends. We saw complaints received by the practice had been shared and discussed with staff at a practice meeting held and staff had been reminded of the procedure for dealing with complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The aim of the service was to provide safe, empathetic, effective and co-ordinated holistic patient centred care. However, staff we spoke with were not aware of the practice vision and values.

Governance arrangements

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

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities and these were well established across the practice.
- Staff understood how to access specific policies and we saw these were available to all staff.
- Practice meetings, clinical and business meetings were held regularly and recorded.
- The practice manager attended locality Clinical Commissioning Group (CCG) meetings and worked in conjunction with other practices in the locality.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, actioning safety alerts received from the Medicines and Healthcare Regulatory Agency (MHRA).
- The practice did not have a business plan in place to look ahead, allocate resources, focus on key points and prepare for problems and opportunities.

Leadership and culture

- Staff told us the practice manager and partners promoted an open culture, were approachable, and took the time to listen them. Most staff felt valued and supported within their role. Some staff told us on occasions it was difficult to meet patient demand due to time constraints and increasing workloads.
- The provider was aware of and had systems in place 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). The practice had systems in place to ensure that when things went wrong with care and treatment. They gave affected people reasonable support, and an apology.

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

- The team had experienced change within the staff group following a recent retirement and changes within the nursing and administrative team.
- Staff told us they attended team meetings and had protected learning time.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Most staff said they felt respected, valued and supported in their work.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG). Information about the PPG was displayed in the waiting area and minutes of meetings held were available on the practice website. During the inspection, we met with eight members of the group. They told us the group was established in 2014, currently had around 20 members and met quarterly. They told us they had volunteered their services to help patients at the practice. For example, during a flu clinic held, they greeted patients and directed them to where they needed to go which helped with effectively managing the queues. They were also involved in testing out the on-line appointment booking system and repeat prescribing and provided feedback to the partners and changes were made as a result of their feedback. They said they had also had input into the refurbishment of the practice where a brand new accessible entrance and waiting area were added in addition to a confidentiality room and new clinical room. The group had also been involved in

Are services well-led?

Good 

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

reviewing and analysing the NHS Friends and Family Test (FFT). The FFT is an important feedback tool that supports the fundamental principal that people who use NHS services should have the opportunity to provide feedback on their experience.

- Staff told us they were encouraged to give feedback through staff meetings, appraisals and discussions held with them.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. Staff were encouraged to

develop and learn at all levels and were supported in their professional development. For example, we saw the nurse practitioner had completed a degree in primary care, a diploma in practice nursing and an independent prescribing qualification to enable them to become an Advanced Nurse Practitioner. The health care assistant was currently studying for a nursing degree and had gained two certificates in continuous professional development for health care assistants. The practice manager held a degree in business management.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>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.</p> <p>The practice was not able to assure themselves that all of the appropriate recruitment checks had been carried out for a locum GP employed to work at the practice or carried out robust risk assessments in the absence of DBS checks for all staff that chaperoned.</p> <p>Regulation 19</p>