

# Wolverhampton Road Surgery

## Quality Report

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Date of inspection visit: 18 May 2016

Date of publication: 20/07/2016

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wolverhampton Road Surgery on 18 May 2016. Overall the practice is rated as good.

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

Our key findings 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an understanding of their performance and had undertaken clinical audits to identify areas for improvement.

- 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.
  - The practice had reviewed the appointment system and introduced telephone clinics to increase the number and type of appointments available for patients.
  - 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. The practice had a well-established patient participation group.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

# Summary of findings

- Ensure staff acting as chaperones understand their responsibilities, including where to stand during an examination.
- Review system for logging prescriptions to ensure an appropriate audit trail is maintained.
- Review the way in which patients who are carers are identified and recorded.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. There was a lead GP for safeguarding. The practice was working to further develop the register of vulnerable patients.
- The practice had comprehensive systems to monitor and prevent the spread of infection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.
- Risks to patients' health and safety were assessed and well managed across the practice.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 96.9% of the total number of points available. This was higher than the national average of 94.8% and the CCG average of 95.1%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice demonstrated performance improvement in other areas including prescribing and referral rates.
- 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.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. For example, 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 49 patients as carers which was equivalent to 0.5% of their practice list. Further work was underway by the practice to further develop this register.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice was actively engaged with the Staffordshire and Surrounds Clinical Commissioning Group (CCG) and therefore involved in shaping local services.
- The practice had reviewed the appointment system and introduced telephone clinics to increase the number and type of appointments available for patients.
- Urgent appointments were available the same day and appointments could be booked in advance.
- The practice employed two advanced nurse practitioners (ANP) who had undergone special training that allowed them to diagnose and treat a wide range of common conditions. This provided GPs with greater capacity to see patients that presented with complex needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice 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 and were instrumental in driving forward improvements within the practice
- There was a strong focus on continuous learning and improvement at all levels.

# 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

Good



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

- The practice was actively engaged in immunisation and health promotion for the elderly. Vaccination rates for uptake of the seasonal flu vaccination were all above national averages. For example, 75% of patients aged 65 or over had received the vaccination compared to the national average of 69%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was actively working with local care homes and looking at innovative ways of improving the care provided for patients in these care settings including the use of Skype for consultations. GPs, advanced nurse practitioners and nurses regularly visited care homes, and undertook medicine reviews and routine assessments as well as urgent care issues.
- The practice had a robust call and recall system to ensure that all patients, including older people, attend appointments when necessary with a doctor, nurse, HCA or the pharmacist.
- The practice offered a flexible appointment system including extended hours surgeries to accommodate those who may otherwise be unable to attend during the day.

### People with long term conditions

Good



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

- The practice had a robust call and recall system to ensure that patients attended their medical appointments.
- Tools were used to provide support to the face to face care provided. For example, an App was used, which reminded patients to send in their blood pressure readings by text message from a mobile phone which clinicians could then read and analyse remotely.

# Summary of findings

- Patients at risk of hospital admission were identified as a priority. Admission avoidance plans had been drawn up and regularly reviewed. The number of emergency admissions for 19 ambulatory care sensitive conditions was in line with the national average.
- Performance for the five diabetes related indicators were comparable to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared with the national average of 88%.
- Longer appointments and home visits were available when needed.

## Families, children and young people

Good



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

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day emergency appointments were available for children.
- Pre and post-natal services were provided and patients had access to a community midwife who held clinics at the practice.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.
- Chlamydia screening and a full range of reversible contraception and contraception counselling was offered including coil fitting.

## Working age people (including those recently retired and students)

Good



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.



# Summary of findings

- Extended hours appointments were available each Monday evening and on Saturday mornings twice per month.
- Patients were able to speak with a doctor for advice when necessary every working day via the telephone.
- 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.

## People whose circumstances may make them vulnerable

Good



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

- The practice was developing a register of vulnerable adults living in vulnerable circumstances.
- The practice offered longer appointments for patients with a learning disability. Annual health checks were offered.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice had worked with the learning disability team and actively promoted the use of accessible, pictorial care plans for this group of 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.
- Following the inspection, the practice appointed an administrator who managed the list of those on the Child Protection Register and all associated correspondence, ensuring that it was acted upon appropriately.
- The practice had identified some of their patients as carers. Further work was needed however to further develop this register.

# Summary of findings

## People experiencing poor mental health (including people with dementia)

Good



Performance in three mental health related indicators was in line with or slightly above with the national average. For example:

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the national average.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared with the national average of 88%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the last 12 months compared with the national average of 90%
- Where required, patients were offered double appointments to allow sufficient time to deal with any complex issues.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had focused on developing their dementia register over the past 18 months and as a result had seen an increase in patients identified with dementia.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages with the exception of how easy it was to get through on the phone. Two hundred and fifty eight survey forms were distributed and a hundred and twelve were returned. This represented 1% of the practice's patient list.

- 84% of patients said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern compared to the national average of 82%.
  - 88% of patients said that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care, compared to the national average of 85%.
  - 65% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
  - 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
  - 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff at the practice were welcoming, caring, understanding and accommodating. Patients commented that their GP was approachable competent and knowledgeable and they felt they received an excellent service.

We spoke with 8 patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Wolverhampton Road Surgery

## 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, a practice manager specialist advisor and a second CQC Inspector.

### Background to Wolverhampton Road Surgery

Wolverhampton Road Surgery is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a Primary Medical Services contract with NHS England. At the time of our inspection the practice was caring for 10,667 patients. The practice is registered to undertake minor surgery.

The practice is a teaching practice and supports medical students.

The practice is situated in Stafford, and is part of the NHS Staffordshire and Surrounds Clinical Commissioning Group. Car parking, (including disabled parking) is available at this practice.

The practice area is one of more deprivation when compared with the local average, although lower than the national average.

A team of six GP partners (three male and three females), two advanced nurse practitioners, three practice nurses, two health care assistants, a phlebotomist and a

pharmacist provide care and treatment to the practice population. They are supported by a practice manager, business manager and a team of reception staff, support service staff and a data quality team.

The practice is open between 7.30am and 7.30pm on Mondays and from 7.30am to 6.30pm Tuesday through to Friday. Appointments are available from 8.30am to 11.50am every morning and 2.00pm to 5.50pm daily. Extended hours surgeries are offered on Monday evenings. Saturday morning surgeries are also offered twice per month.

When the surgery is closed the phone lines are switched to an answering machine message that instruct patients to dial 111 or 999 if it was an emergency. Out of hours care is provided by Staffordshire Doctors Urgent Care Ltd.

### 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

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

# Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 18 May 2016.

During our inspection we spoke with a range of staff including the GPs, practice nurses, advanced nurse practitioners, health care assistants, practice manager, members of the reception team and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the duty GP and practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff commented that they felt comfortable about raising concerns and felt fully involved in learning about the outcome of significant events.
- The practice had recorded 22 significant events in the previous year. Significant events were investigated, discussed at weekly clinical meetings and, where the issue may have involved administration staff, discussed during monthly practice meetings. Necessary changes were made to minimise the chance of reoccurrence. For example, the practice updated its blood taking protocol following an incident involving bloods which had not been sent for analysis.

The practice had a system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). A member of the data quality team received the alerts and cascaded them by email to clinicians who would discuss at practice meetings. The practice pharmacist reviewed all medicine alerts and we saw evidence that audits had been carried out in response to these alerts to check patients' safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Staff knew how to access the policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- There was a lead member of staff for safeguarding. The GPs always provided case reports where necessary for other agencies. One of the ANPs had attended a case conference on the day of the inspection. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had received level two training as a minimum and health care assistants had received level one training.
- Staff were made aware of children with safeguarding concerns by computerised alerts on their records. The reason for the concern, however, was not always clearly visible on the records. This was discussed with the practice. Following the inspection, the practice wrote to us to tell us the action taken to address this issue. The practice told us that they had formally reviewed all of the children with safeguarding concerns, including members of the family and household to ensure that all information held on their file was accurate and appropriate. They told us they would apply a code to the file of each household member identified in order to alert staff of the reason for the concerns prior to consultations. The practice planned to do the same to their vulnerable adults list. Additionally, the practice told us that they would introduce a patient safety case conference on a monthly basis to review all patients on the practice's safeguarding children register and vulnerable adults register. During these meetings, patients who had not received their child immunisations would also be reviewed to agree appropriate action. Systems were in place to review high attendance to A&E and failure to attend hospital appointments.
- Notices on display advised patients that chaperones were available if required. Information of how to request a chaperone was also available on the practice's website. Clinical staff acted as chaperones mainly but some reception staff also had received the necessary training. Staff trained for the role had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). From our discussion with staff, we found that there was some confusion as to where the

## Are services safe?

chaperone should stand. The practice's policy did not clarify where chaperones should stand in order to safeguard both patient and GP. Since the inspection, the practice told us that they had reviewed their policy to include more detail about the appropriate position to stand.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). A robust system was in place for the monitoring of high risk drug prescribing which included ensuring patients received the necessary monitoring before the medicine was prescribed.
- The practice nurses used Patient Group Directions to allow them to administer medicines in line with legislation. These were found to be signed and up to date. Blank prescription pads and prescription forms used in a computer, were stored securely although their issue was not always tracked in line with guidance by NHS Protect. We discussed this with the practice. The practice wrote to us to tell us they had reviewed their system and implemented a more robust system for recording and issuing prescription pads to the GPs. The practice had carried out medicines audits, with the support of the practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment for those members of staff. 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 medical indemnity insurance arrangements in place for individual GPs, which also extended to the practice nurses

### Monitoring risk to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. Staff responsible for maintaining health and safety met on a quarterly basis to review the latest guidance and legislation and to discuss results of any audits.
- The practice had up to date fire risk assessments and carried out regular fire drills. The fire alarm was tested weekly.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff provided cover for holidays and sickness.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. A panic button was also fitted to each workstation.
- All staff had received recent annual update training in basic life support
- The practice had emergency equipment which included automated external defibrillators (AEDs), (which provides an electric shock to stabilise a life threatening heart rhythm) and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had assessed their stock of emergency medicines to ensure they were appropriate

## Are services safe?

for the range of services provided at the practice. All the medicines we checked were in date and stored securely. Medicines to treat a sudden allergic reaction were available in every clinical room.

- The practice had a recently updated, comprehensive business continuity plan in place for major incidents

such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site by team leaders and key holders.



# 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- All the GPs had professional development plans in place and shared information with other colleagues.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results showed that the practice had achieved 96.9% of the total number of points available. This was higher than the national average of 94.8% and the CCG average of 95.1%.

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

Performance for diabetes related indicators were comparable to the CCG and national average. For example,

- The percentage of patients with diabetes, on the register, who had influenza immunisation was 96%, this was the same as the CCG average and higher than the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 89% compared to the CCG average of 91% and the national average of 88%.

The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was in line with the CCG and national average.

The percentage of patients with asthma having a review of their condition within the previous year was comparable the CCG and national average.

Performance for mental health related indicators were slightly above the CCG and national average. For example:

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the last 12 months was 93% compared with the CCG average of 83% and the national average of 84%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the last 12 months was 94% compared with the CCG average of 90% and the national average of 88%.

There was evidence of quality improvement including clinical audit. There had been a number of clinical audits carried out in the last two years. One of these was a completed audit cycle, where the improvements made were implemented and monitored. This audit looked at the prescribing and monitoring of an anticoagulant medicine. The results showed better recording of patient information resulting in safer patient care.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff received mentorship by a more senior member of the team until competent to undertake their role under supervision.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an

# Are services effective?

## (for example, treatment is effective)

assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of clinical staff were identified through a system of appraisals. Staff told us they had received an appraisal within the last 12 months and felt supported to develop professionally within the practice. We viewed appraisal records for two members of staff. These were appropriately completed, with clear outcomes and training plans completed.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work including 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. Clinical staff attended the monthly protected learning time sessions organised by the CCG.

### 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. The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services.

Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place regularly with other health care professionals when care plans were routinely reviewed and updated for patients. Meetings to discuss patients requiring palliative care took place every six weeks.

### 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.
- The process for seeking consent could be monitored through the practice's electronic records.

### Supporting patients to live healthier lives

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

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care. The practice also supported patients at risk of developing a long-term condition such as diabetes through health promotion clinics. Healthy lifestyle clinics were also held, which provided advice on smoking cessation. Patients were signposted to the relevant support service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 76%, which was lower than the CCG average of 80% and the national average of 82%. The practice was aware that this figure was lower than average and had actively implemented recall systems, which included sending letters, text messages and also offered extended hours appointments to encourage the update of cervical screening.

The practice had a policy to follow up patients who had not attend their appointment with a GP or nurse at the practice and patients who had not attended an appointment at hospital. This was managed by the data quality team.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

## Are services effective? (for example, treatment is effective)

- 76% of eligible females aged 50-70 had attended screening to detect breast cancer. This was higher than the CCG average of 73% and the national average of 72%.
- 60% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was comparable to the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 99% and five year olds from 89% to 99%.

Vaccination rates for uptake of the seasonal flu vaccination were above national averages. For example:

- 75% of patients aged 65 or over had received the vaccinations. This was higher than the national average of 68.8%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Throughout the inspection, we observed members of staff being courteous and very helpful to patients and treated them with dignity and respect. Staff received training in customer service.

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

A confidential meeting room was available next to the reception area and patients were informed that they could use this space should they want to discuss sensitive issues.

We spoke with a total of 8 patients, six of which were members of the patient participation group (PPG). We also collected 22 patient Care Quality Commission comment cards. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients commented that staff at the practice were very pleasant and caring and felt the staff were excellent and really listened to their needs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 86% of patients said they found the receptionists at this surgery helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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 comparable to local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

Staff told us that they had access to interpreter services. One of the doctors spoke Polish, which was of benefit to patients who were originally from Eastern Europe.

### 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, a patient wrote that they would not be here if not for the care and attention of their doctor. Another patient told us that their doctor had gone above and beyond their expectations on reassuring them and helping them understand their situation.

A range of leaflets were on display in the reception area which told patients how to access a number of support groups and organisations. Informative posters were also on display. There was a display board at the entrance to the practice providing information about dementia as at the time of our visit, it was dementia awareness week. Information about support groups was also available on

## Are services caring?

the practice website. Members of the patient participation group told us that they had arranged for speakers to come into the practice to raise awareness around mental health, dementia and the carers association.

The practice had identified 49 patients as carers (0.5% of the practice list). This was discussed during the inspection, and the practice acknowledged that this figure was low. Following the inspection, the practice told us that they had changed the way in which they maintained information

about carers. A member of staff had been identified to have key responsibility for maintaining the carers' register and to code patients appropriately on the system. The practice had also linked with the local Carers Hub (operated by Staffordshire County Council). They told us that they would also be using 'Carers Week' to raise awareness of services offered to carers and increase the number of carers identified on their carers register.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- Extended hours were offered. Working patients who could not attend during normal opening hours or patients who relied on working relatives to bring them to surgery could attend appointments with the GPs on Monday evenings. Saturday morning clinics were also offered twice per month.
- There were longer appointments available for patients with a learning disability and for patients with more complex issues.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included for routine and emergency consultations.
- Same day appointments were available for children and those patients with medical problems that required urgent, same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- Clinical staff had received additional training to enable them to provide additional services, for example, international normalised ratio (INR) testing. (INR is used to monitor patients who are being treated with the blood-thinning medicine warfarin). This flexible approach to care provided choice and continuity of care.
- There were disabled facilities, a hearing loop and translation services available.
- The treatment rooms were all located on the ground floor of the building, away from waiting areas.
- Baby changing facilities were available. A poster was on display promoting the surgery as breast feeding friendly.

Appointments were available from 8.30am to 11.50am every morning and 2.00pm to 5.50pm daily. Extended hours surgeries were offered on Monday evenings. Saturday morning surgeries were also offered twice per month. In addition to pre-bookable appointments which could be made up to two weeks in advance, urgent appointments were also available for people that needed them. Additionally, the practice offered the opportunity for patients to have a telephone consultation, either with a GP of choice or the Urgent Care Doctor for that day to discuss non-urgent issues.

The practice employed two advanced nurse practitioners (ANP) who had undergone special training that allowed them to diagnose and treat a wide range of common conditions. This provided GPs with greater capacity to see patients that presented with complex needs.

When the surgery was closed patients were instructed patients to dial 111 to see a doctor or 999 if it was an emergency.

Results from the national GP patient survey Results published in January 2016 showed that patients' satisfaction with how they could access care and treatment was in line with national average, although patients' satisfaction with access via the telephone was 14% below local average. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.
- 74% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 76% and the national average of 76%.
- 65% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 61% and national average of 58%.

The practice was aware of the difficulty patients experienced getting through on the phone. In response to this, a new telephone system had been installed. The new system had the facility for allowing the caller to leave a

### Access to the service

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

message, to cancel an appointment and to be put through to the administration support team. The practice had also increased the number of staff available to answer calls at peak times from three to five.

Most people told us on the day of the inspection that they were able to get appointments when they needed them. They told us that the new telephone system had improved the length of time they had to wait to get through to someone on the phone.

We received feedback from 22 patients who completed comment cards. All but one were happy with contacting the practice, and the availability and timeliness of appointments.

### **Listening and learning from concerns and complaints**

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

We saw that information was available to help patients understand the complaints system. Information was displayed in the waiting room and a complaint leaflet was available. Patients

we spoke with were aware of the process to follow if they wished to make a complaint although had not felt the need to complain.

The practice kept a complaints log for written and verbal complaints. We looked at six complaints received in the last 12 months. They were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Appropriate response had been given and the patients provided with feedback. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, increased staff mentoring, supervision and training.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision which was to provide a high quality personal medical service for the practice population. They promoted patients involvement and were committed to the needs of the patients. The practice aimed to act with high integrity and to treat patients and staff with the utmost respect. Staff spoke positively about their work and felt part of a well supported team. Staff told us that they were happy and enjoyed coming to work.

The practice had developed a written business plan, which had been updated in April 2016. The plan reflected on their achievements to date which included the introduction of 50 hrs per week of advanced nurse practitioner time. The plan described their plans for the future and highlighted areas for improvement. The practice had identified areas, both clinical and business focused, where improvements were required. For example, plans were in place for refurbishing clinical rooms.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Not all staff we spoke with were aware of who had responsibility for clinical lead areas. The practice informed us following the inspection that steps had been taken to remind all staff of these responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff told us that systems were in place for notifying any changes in policies and to inform them when policies were updated.
- A comprehensive understanding of the performance of the practice was maintained and discussed at weekly clinical meetings. The practice was a high Quality and Outcomes Framework (QOF) achiever with a steady improvement over the last three years. A senior nurse had responsibility for updating the QOF registers and ensure the quality of the data.

- The practice had a programme of continuous clinical and internal audit which was used to monitor quality and to making improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and complied 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There was a clear leadership structure in place and staff felt supported by the management. Staff told us that the GP's and managers were all approachable.

- Staff told us the practice held regular team meetings, which included weekly clinical meetings. Staff met monthly during their protected learning time and whole team meetings took place quarterly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

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



# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through the NHS Friends and Family Test and complaints received. The PPG was very well established and had been in place since the practice moved into their new premises 11 years ago. The PPG met on a regular basis from formation and was supplemented by the virtual group from around 2012 following changes in the directed enhanced service specification. Members of the PPG told us that they felt listened to and the practice had implemented changes as suggested by the group. For example, changes to the telephone system had been implemented which made it easier to get through on the phone to speak with a member of staff. The PPG had also been involved in looking into issues around car parking at the practice, and we were told their input had improved the situation. The group put together a newsletter on a quarterly basis, which provided useful updates for patients. Information about the PPG, including minutes of their meetings was available on the practice website.

- The practice had gathered feedback from staff through staff developments days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, changes to staff job descriptions was done only with staff agreement.

## Continuous improvement

The staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. For example, plans were in place for one of the healthcare assistant to receive training on the administration of Vitamin B12 injections. Staff had received additional training to offer anticoagulation testing on site, using the INRstar system. Protected time was given to staff to complete training and to familiarise themselves with relevant changes to policies and good practice recommendations.

The practice is a teaching practice and supports medical students from Keel University.