Waterhouses Medical Practice

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	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Waterhouses Medical Practice on 21 June 2016. Overall the practice is rated as requires improvement.

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

- Staff did not always demonstrate an understanding of their responsibilities to raise concerns, and to report incidents and near misses. There was little evidence that learning from significant events had been communicated to all staff and annual reviews to identify trends had not been carried out.
- Risks to patients were assessed but not always well managed. Risks identified in the legionella risk assessment and fire assessment had not all been addressed. There was no formal system in place to log, review, discuss and act on alerts received that may affect patient safety.
- Robust systems were not in place for assessing the risk of, preventing, detecting and controlling the spread of infections, including those that are health care associated.
- Not all staff had received training in safeguarding children and vulnerable adults or understood their responsibilities in protecting them from the risk of abuse. One person who chaperoned told us they had not received chaperone training. Two members of staff had not received an appraisal since 2013.
- National guidance for the monitoring of patients receiving high risk medicines was not always followed. There was no system in place to track prescriptions issued throughout the practice.
- Data showed patient outcomes were low compared to the national average in three areas.
- Patients said they were treated with compassion, dignity and respect and they felt cared for, supported and listened to.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- Urgent appointments were available the same day. Patients said they found it easy to make an appointment but had to wait two to three weeks to see their GP of choice.
- Governance arrangements were not sufficiently robust enough to ensure effective governance. The practice had a number of policies and procedures to govern activity, but not all staff were aware of where to locate these. Information about how to complain was available and easy to understand but not all complaints were documented to ensure learning and identification of trends.

The areas where the provider must make improvements are:

- Ensure that staff are aware of when to raise significant events and that learning from significant events is communicated to all staff. Ensure there is a system in place to annually review significant events to identify patterns or trends.
- Ensure all members of staff receive training in safeguarding children and vulnerable adults and staff who chaperone receive chaperone training. Ensure all staff receive regular appraisals.
- Ensure there are adequate systems in place for assessing the risk of, preventing, detecting and controlling the spread of infections, including those that are health care associated.
- Ensure robust systems are in place that comply with national guidance for the monitoring of patients receiving high risk medicines.
- Implement robust governance arrangements including systems for assessing, monitoring and mitigating risks and the quality of the service provision. Implement a formal system to log, review, discuss and act on alerts received that may affect patient safety.

In addition the provider should:

- Ensure there is a system for tracking prescriptions through the practice and that emergency medicines are stored securely and safely.
- Ensure all complaints are documented to ensure learning and identification of trends.
- Ensure that all staff are provided with the mandatory training identified by the practice.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by the Care Quality Commission (CQC) that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff did not always demonstrate an understanding of their responsibilities to raise concerns, and to report incidents and near misses. For example, we saw that on one occasion there had been a delay in addressing a problem which should have been raised as a significant event. There was little evidence that learning from significant events was communicated to all staff and annual reviews to identify patterns or trends had not been carried out.
- Robust systems were not in place for the monitoring of some patients receiving high risk medicines.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, risks identified in the legionella and fire risk assessments had not all been mitigated.
- Not all staff had received training in safeguarding children or vulnerable adults or were aware of the actions to take if they suspected abuse.
- Emergency medicines were not stored securely and there was no system in place to track prescriptions throughout the practice.
- Infection control audits had not been carried out since 2013.
- There had been a recent high turnover of staff. Minutes from a nurse meeting held in March 2016 demonstrated that practice nurses had raised their concerns with the management about staffing levels and clinical safety. We were told on the day of the inspection these concerns had not been addressed however, 38 days after the inspection the practice sent to us a copy of an email sent to practice nurses and doctors highlighting ways in which some of their concerns would be managed.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were low compared to the national average in three areas.

Summary of findings

- Staff had access to guidelines from National Institute for Health and Care Excellence (NICE) but it was not always clear how the practice monitored that NICE guidelines were reviewed and implemented throughout the practice.
- Several audits had been carried which demonstrated quality improvement.
- Not all staff had completed mandatory training identified by the practice, for example safeguarding children and vulnerable adults. Some staff had not had an appraisal since 2013.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had identified their 4% most vulnerable patients through a risk stratification tool. These patients were supported through care plans and a clinical support assistant to ensure their social and medical needs were met to avoid unplanned hospital admissions.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, not all complaints were documented to ensure learning and identification of trends.

Summary of findings

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- Governance arrangements were not sufficiently robust enough to ensure effective and safe governance. When risks were identified the practice did not always mitigate them. This included a failure:
  - to mitigate risks identified in the legionella and fire risk assessments.
  - to carry out a timely and thorough analysis of a problem with the temperature of the vaccine fridge which lead to the disposal of vaccines and the cancellation of a child health immunisation clinic
  - to respond to infection control concerns raised in 2014 by a Care Quality Commission registration inspector.
  - to adequately monitor patients on high risk medicines.
  - to meet with staff to discuss documented staffing concerns.
- Information about how to complain was available and easy to understand but not all complaints were documented to ensure learning and identification of trends. Two patients told us they had not made a written complaint because they did not believe the complaints process would change anything.
- The practice had a number of policies and procedures to govern activity, but not all staff were aware of where to locate these.
- There was a documented leadership structure and most staff felt supported by the management. However, three members of staff we spoke with on the day of the inspection were not aware who the lead for safeguarding was.
- Structured joint staff meetings had not been held at the practice. Staff told us the practice felt fragmented without the opportunity to meet together to share and discuss ideas.
- 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 limited systems in place for notifiable safety incidents and significant events. A clear system was not in place to demonstrate how this information was shared with staff to ensure appropriate action was taken.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a higher proportion of older patients when compared with local and national averages. All patients over 75 years old had a named GP.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

- Longer appointments and home visits were available when needed.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Data showed that the number of emergency admissions to hospital was 10.5 per 1000 patients lower than the Clinical Commissioning Group (CCG) average.
- The Quality and Outcome data for 2014/15 showed that only 74% of patients with high blood pressure had had

Summary of findings

their last blood pressure reading measured in the preceding 12 months and it was within recognised limits. This was below the CCG average of 83% and the national average of 84%.

- Only 60% of patients with diabetes, on the register, had their last blood pressure reading measured in the preceding 12 months and it was within recognised limits. This was below the CCG average of 77% and the national average of 78%.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

- Childhood immunisation rates for the vaccinations given were comparable with the CCG and national averages.
- The practice had a policy to see all children urgently on the day. Appointments were available outside of school hours.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82%. This was comparable with the national average of 82%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as inadequate for safe and requires improvement for effective and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended practice hours were offered between 6.30pm and 8pm on Wednesday evenings for working age patients.

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- Health promotion and screening was offered to reflect the needs of this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe and requires improvement for effective and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

- Some staff had not received training in safeguarding children and vulnerable adults. Some were unsure of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Not all staff who chaperoned had received appropriate training.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had identified their 4% most vulnerable patients through a risk stratification tool. These patients were supported through care plans and a clinical support assistant to ensure their social and medical needs were met to avoid unplanned hospital admissions.
- Several patients we spoke with on the day of our inspection spoke positively about the support they received as a carer and that their needs, and the needs of the person they cared for, were always met promptly by the practice.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe and requires improvement for effective and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group.

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- The staff had a good understanding of how to support patients with mental health needs and dementia.
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100%. This was above the CCG average of 87% and the national average of 88%.
- Ninety-four per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national averages of 84%. The exception rate reporting was 5.9% which was below the CCG average of 8.7% and national average of 8.3% meaning a higher than average rate of patients had been included.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with national averages. Two hundred and thirty-two survey forms were distributed and 122 were returned. This represented a return rate of 53%:

- 95% of respondents found it easy to get through to this surgery by phone compared to the national average of 73%.
- 84% of respondents were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 88% of respondents described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received and patients said that staff were very caring and respectful.

We spoke with 15 patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were respectful, courteous, friendly and helpful. Data from the Friends and Family test showed that 95% of respondents would recommend the practice to friends and family.

Areas for improvement

Action the service MUST take to improve

- Ensure that staff are aware of when to raise significant events and that learning from significant events is communicated to all staff. Ensure there is a system in place to annually review significant events to identify patterns or trends.
- Ensure all members of staff receive training in safeguarding children and vulnerable adults and staff who chaperone receive chaperone training. Ensure all staff receive regular appraisals.
- Ensure there are adequate systems in place for assessing the risk of, preventing, detecting and controlling the spread of infections, including those that are health care associated.
- Ensure robust systems are in place that comply with national guidance for the monitoring of patients receiving high risk medicines.
- Ensure there are systems in place to determine the number of staff and range of skills required to meet the needs of patients and that staff concerns are listened to.
- Implement robust governance arrangements including systems for assessing, monitoring and mitigating risks and the quality of the service provision. Implement a formal system to log, review, discuss and act on alerts received that may affect patient safety.

Action the service SHOULD take to improve

- Ensure there is a system for tracking prescriptions through the practice and that emergency medicines are stored securely and safely.
- Ensure all complaints are documented to ensure learning and identification of trends.
- Ensure that all staff are provided with the mandatory training identified by the practice.

Waterhouses Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience. Experts by experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Waterhouses Medical Practice

Waterhouses Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in North Staffordshire. The practice holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice is on the ground floor of the building and consists of a dispensing pharmacy, reception area and administrative area, minor treatment room and four consultation rooms. The practice is currently extending the premises by the addition of a first floor. The practice has level access from the car park however a patient on their own in a wheelchair would need assistance opening and passing through the two entrance doors. There is a disabled toilet facility.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 3227 patients. Demographically the population is predominantly white British with a higher proportion of patients aged over 65 (21.1%) and 75 (9.4%) when compared with the national averages of 17.1% and 7.8% respectively. The percentage of patients with a long-standing health condition is 52% which is comparable with the local CCG average of 57% and national average of 54%. The practice is a training practice for GP registrars and medical students to gain experience, knowledge and higher qualifications in general practice and family medicine.

The practice staffing comprises of:

- Two GP partners (one male and one female) providing nine sessions per week.
- One female salaried GP providing seven sessions per week.
- Three female practice nurses (10 sessions per week) and a health care assistant (four sessions per week).
- A clinical support worker.
- A full time practice manager.
- A part time assistant practice manager.
- Three dispensary staff working a range of hours.
- Two receptionists working a range of hours.

The practice is open between 8am and 1pm and 2pm and 6pm Monday to Friday except for Thursday afternoons when it is closed. The practice closes at 1pm - 2pm but their telephone lines continue to be manned by a duty receptionist. Appointments are from 9am to 11.30am every morning and 3pm to 6pm daily. Telephone consultations are available after 11.30am and extended surgery hours are offered between 6.30pm and 8pm on Wednesday evenings. Pre-bookable appointments can be booked up to six weeks

in advance and urgent appointments are available for patients that need them. The practice has opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before the inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive inspection on 21 June 2016. During our inspection we:

- Spoke with a range of staff including GPs, nurses, dispensing and administrative staff. We also spoke with patients who used the service and prior to our inspection, a member of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events but it was not robust or always adhered to.

- Staff told us they informed the practice manager of any incidents and completed forms to record significant events. 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 did not always demonstrate an understanding of their responsibilities to raise concerns, and to report incidents and near misses. On the day of our inspection, we reviewed a significant event regarding an issue with the internal temperature of the vaccine fridge which lead to the disposal of vaccines and the cancelling of a child health immunisation clinic. From the analysis of the event and discussion with a member of staff, it appeared there had been a delayed response to this issue. Following the inspection we were informed that the practice manager had not seen this significant event form and the details recorded in it were incorrect. A revised in depth analysis of the significant event was completed two months after the incident had occurred in response to our concerns demonstrating that the practice's internal procedures for the reporting, recording and analysing had not previously been followed.
- There was little evidence that learning from significant events was communicated to all staff and there was no system in place to annually review significant events to identify patterns or trends.
- There was no formal system in place to log, review, discuss and act on alerts received that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).

Overview of safety systems and processes

The safety systems and processes in place at the practice did not always keep patients safe and safeguarded from the risk of abuse. Not all members of staff were aware of, actioned or followed these systems.

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff but not all staff we spoke with were aware of where to locate them. The policies 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 within the practice but not all staff were aware of who this was. The GP lead for safeguarding was aware of the action to take if concerns were raised and described several incidents when they had needed to do so. GPs were trained to level three in safeguarding children. Two members of staff had not received training in safeguarding children and vulnerable adults.
- A notice in the waiting room and in consultation rooms advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role but they understood their responsibilities in keeping patients safe during an intimate examination. Staff who chaperoned 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).
- Building work was being carried out at the practice. A risk assessment had been completed regarding the disruption to the service. There was an infection control lead and an infection control policy in place. We observed the premises to be clean with the exception of the floors in the corridor and one of the consultation rooms. Several members of staff however told us plaster had fallen off the walls during patient treatments whilst the building work was carried out. A Care Quality Commission (CQC) registration inspector visited the practice on 23 March 2014. They identified the need to ensure taps and sinks in clinical rooms met the required standards. They also identified the need for infection control audits to be carried out to identify and mitigate any infection risks. The inspector was given assurance by the practice that this would be done. During our inspection we saw that in two of the clinical rooms the sinks and taps did not meet the required standards. An infection control audit had not been carried out since 2013 meaning risks to patients had not been assessed as requested or required. We saw that not all staff had

received up to date training in infection control. Cleaning schedules were in place however the practice was only cleaned twice a week even throughout the ongoing building work. Cleaning equipment was not stored appropriately. We looked at the immunisation records of staff who worked at the practice to ensure they had been protected against healthcare acquired infections. There were no records for one of the GPs and we saw that a member of staff who had worked at the practice for four years had only received immunisation for hepatitis B the day before our inspection.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber. Blank prescription forms and pads were securely stored. Arrangements for managing medicines, including emergency medicines and vaccines did not always keep patients safe however. There was no system in place to track the use of prescriptions throughout the practice. Processes were in place for handling repeat prescriptions but did not include the non-collection of repeat prescriptions to monitor that patients received the medicines they needed to manage their long term conditions.

- Patients prescribed high risk medicines were not always adequately monitored. For example, the practice's system for managing a high risk medicine taken to control the symptoms of rheumatoid arthritis did not reflect national guidance. We reviewed the care records of four patients. We found one patient had stopped this medicine but the practice's computerised system had not been updated to reflect this. We found there were no blood results available for review for another patient. A GP explained they shared the care of the patient with a local hospital. However, despite having no blood results available to demonstrate if it was safe to continue to prescribe this medicine, the practice had continued to provide prescriptions for this patient.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Dispensary staff told us they abided by the annual Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary

- The dispensary held stocks of controlled medicines (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. Appropriate safeguarding checks had been carried out through the DBS and risk assessments demonstrating why a DBS check was not required for receptionists had been completed.

Monitoring risks to patients

Risks to patients were assessed but the identified risks were not always mitigated.

- The most up to date fire risk assessment had been carried out in 2013. We saw there were several areas identified as a high risk requiring action within seven days. We saw that several of these actions had not been carried out. For example the inspection and maintenance of the electric convector heaters. Concerns were also raised regarding access through the fire exit. We saw that the fire exit had been moved since the risk assessment had been carried out. When we opened the fire exit door we found that access outside was not possible due to the close proximity of bushes and a fence. In the event of a fire, patients would be trapped. We asked the practice to put measures in place to ensure the safety of their patients until the issue had been resolved. We reported our concerns to the fire service who took urgent action the following day.
- 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 other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. However, these risk assessments had not

been reviewed since 2009/ 2010. A legionella risk assessment had been carried out in February 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. It advised that the total viable count (TVC) was high most likely due to the shower being little used and that tasks outlined within the legionella maintenance log book must be completed and records kept. No records had been kept.

- There had been a high turnover of staff at the practice. Minutes from a nursing meeting held in March 2016 demonstrated that the practice nurses had expressed their concerns about staffing levels and clinical safety. Since that meeting a further practice nurse had resigned. The minutes we saw stated a meeting would be arranged with the GP partners in April/May 2016 but the practice manager told us on the day of the inspection this had not taken place. Thirty-eight days after the inspection we were sent a copy of an email that demonstrated that a meeting had taken place with a salaried GP but not the GP partners.The salaried GP had also resigned and planned to leave the practice in June 2016. A locum GP had been arranged to cover their sessions until a new salaried GP was appointed. Two administrative staff had also left the practice and not been replaced increasing demand on the remaining staff. The practice manager informed us they planned to inform all patients of the staffing issues through their website, posters and the Patient Participation Group.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.
- Most staff received annual basic life support training. Two members of staff had not received this training within the previous 12 months but we saw training was booked in November 2016.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were available but they were not stored securely. They were stored on an open work surface in a corridor used by patients and workmen meaning they had easy access to them. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE but there was no systematic overview of the response to the guidelines as they were received.

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). Published results for 2014/2015 were 93% of the total number of points available, compared to the Clinical Commissioning Group (CCG) average of 93% and a national average of 95%. Data from 2014/15 showed:

- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100%. This was above the CCG average of 87% and the national average of 88%. However, their exception reporting for this group of patients was 18.8%. This was above the CCG average of 11.7% and national average of 12.6% meaning a lower than average rate of patients had been included. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- Ninety-four per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national averages of 84%.

However, the practice was an outlier in other clinical targets:

- Only 74% of patients with high blood pressure had had their last blood pressure reading measured in the preceding 12 months and it was within recognised limits. This was below the CCG average of 83% and the national average of 84%. The practice's exception reporting rate was 3.1% for patients with high blood pressure. This was comparable with the CCG rate of 3.2% and the national rate of 3.8%.
- Only 60% of patients with diabetes, on the register, had their last blood pressure reading measured in the preceding 12 months and it was within recognised limits. This was below the CCG average of 77% and the national average of 78%. The practice's exception reporting rate was 9.4% for this group of patients. This was higher than the CCG average of 6.61% and the national average of 8.7% meaning a lower than average number of patients had been included. The other four clinical targets for patients with diabetes were comparable to other practices.

We saw that the practice had carried out an audit to understand why the blood pressure readings for these patients were not within recognised limits. We saw that recommendations had been made but a second audit cycle had not been carried out to demonstrate if the recommendations had been effective.

The electronic Prescribing Analysis and Costs (ePACT) data showed a large variation in the number of antibacterial prescription items prescribed for patients at the practice. ePACT is a system which allows authorised users to electronically access prescription data. The practice rate was 0.39 compared with the CCG average of 0.28 and the national average of 0.27. The practice were aware of their higher than average antibacterial drug prescribing and had carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams and were able to demonstrate that they had started to reduce this. For example, during the period of November 2014 to October 2015 we saw that the total number of items of prescribed antibacterial medicines was 2,534. This was reduced to 2,170 during the period of March 2015 to February 2016.

There was evidence of quality improvement including clinical audit.

- The practice showed us four clinical audits completed in the last 18 months, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a

completed audit cycle to increase the identification of patients with dementia had been carried out by the practice. As a result of the audit the practice had increased the number of patients identified with dementia from 16 to 28. Their exception reporting rate for the number of this group of patients who had their care plan reviewed was 5.9%. This was below the CCG average of 8.7% and national average of 8.3% meaning a higher than average rate of patients had been included.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an 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 administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, however not all staff had received regular appraisals. We looked in five staff records and saw that two members of staff had not received an appraisal since 2013.
- A summary of the training staff had received was requested prior to and during the inspection but was not received. Ten days after the inspection we received a copy of the practice's training matrix which highlighted several gaps in staff training. When we looked in staff files we saw that some staff had not received training in safeguarding children and vulnerable adults or infection control. One member of staff who chaperoned told us they had not received chaperone training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs. This involved close working with the Integrated Local Care Team (ILCT), a team that included health and social care professionals.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients nearing the end of their lives, carers and those at risk of developing a long-term condition.
- Patients requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice offered smoking cessation support. We saw that over a 12 month period 19 patients had received this support. After four weeks nine patients had stopped smoking with a drop to six patients after 12 weeks.

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82%. This was comparable with the national average of 82%. There was a policy to

Requires improvement

Are services effective?

(for example, treatment is effective)

offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for children two year and under was 100% and five year olds ranged from 90% to 100%.

The percentage of patients with diabetes, on the register, who had received an influenza immunisation was 99%. This was above the national average of 94%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG) prior to our inspection. They also told us they were satisfied with the care provided by the practice and said the staff were friendly and welcoming. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The survey invited 232 patients to submit their views on the practice, a total of 122 forms were returned. This gave a return rate of 53%. The practice was slightly higher for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of respondents said the GP was good at listening to them compared to the CCG) average of 90% and national average of 89%.
- 90% of respondents said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% of respondents said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 89% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).
- 95% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 93% of respondents said they found the receptionists at the practice helpful (CCG and national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 91% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 89% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)
- 93% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

The practice provided facilities to help patients be involved in decisions about their care. All of the comments we received from patients were positive about their own involvement in their care and treatment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 80 patients as carers (2.5% of the practice list). The clinical support assistant was proactive in supporting and identifying carers. There was a dedicated carer's notice board that directed carers to the various avenues of support available to them. One comment card and several patients we spoke with on the day of our inspection spoke positively about the support they received as a carer and that their needs, and the needs of the person they cared for, were always met promptly by the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

Good

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.

- Extended practice hours were offered between 6.30pm and 8pm on Wednesday evenings for working age patients and children.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Parents we spoke with commented positively about this.
- All patients over 75 years old had a named GP.
- Patients were able to receive travel vaccinations available on the NHS.
- There were limited disabled facilities. The practice had level access from the car park however a patient on their own in a wheelchair would need assistance opening and passing through the two entrance doors. There was a disabled toilet facility. Translation services were available and the practice was considering the purchasing of a hearing loop for patients experiencing hearing difficulties.
- The practice was in the process of extending their premises to meet the growing needs of their practice population.
- The GPs worked in partnership with a community midwife to provide ante-natal and post-natal care and treatment for pregnant women.
- The GPs worked in partnership with the health visiting service, to provide routine child development checks and immunisations.
- The practice had increased their identification rate of patients with dementia from 16 to 28. Patients were sign-posted to a dementia support group at a local practice. The practice were working with the patient participation group (PPG) to become Dementia Friendly.
- The practice used a risk stratification tool to identify and support their 4% most vulnerable patients. These patients were supported through care plans and a clinical support assistant to ensure their social and medical needs were met to avoid unplanned hospital admissions.
- We looked at 2014/15 data from the Quality Improvement Framework (QIF) which is a local framework used by NHS North Staffordshire CCG to improve the health outcomes of local people. The data showed that the number of emergency admissions to hospital was 89.1 per 1000 patients compared with the CCG average of 99.6 per 1000 (10.5 per 1000 patients lower than the CCG average). However, the number of patients who attended A&E during GP opening hours was 114.5 per 1000 compared with the CCG average of 101.2 per 1000 (13.3 per 1000 higher than the CCG average). The practice were aware of this and told us they were working with their clinical support assistant to reduce this.

Access to the service

The practice was open between 8am and 1pm and 2pm and 6pm Monday to Friday except for Thursday afternoons when it was closed. The practice closed at 1pm - 2pm but their telephone lines continue to be manned by a duty receptionist. GP appointments were from 9am to 11.30am every morning and 3pm to 6pm daily. Extended surgery hours were offered between 6.30pm and 8pm on Wednesday evenings. Pre-bookable appointments could be made up to six weeks in advance and urgent appointments were available for patients that needed them. The practice had opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services were provided by Staffordshire Doctors Urgent Care, patients accessed this service by calling NHS 111. Patients could telephone for an appointment and make, view, book or cancel appointments and organise repeat prescriptions on line.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they accessed care and treatment was comparable or above national averages:

- 77% of respondents were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 95% of respondents said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that the appointment system met their needs though several patients commented that it could take two to three weeks to get a routine appointment with their GP of choice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice's website

We looked at the one complaint documented in the last 12 months and found it was satisfactorily handled, dealt with in a timely way with openness and transparency. Through our patient interviews, we identified two verbal complaints that had been made to the practice However, these had not been documented through the complaints procedure meaning opportunities to identify trends and patterns were missed. The patients told us they had not made a written complaint because they did not believe the complaints process would change anything.

Are services well-led?

Requires improvement

(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 and strategy to deliver high quality care and promote good outcomes for patients. The practice had a five year business development plan for 2014 – 2019 which reflected the vision however it had not been updated to reflect changes within the practice. For example, the plan stated that the current salaried GP was to become a partner however they were leaving the practice imminently.

Governance arrangements

Governance arrangements were not sufficiently robust enough to ensure effective and safe governance.

- When risks were identified the practice did not always mitigate them. This included a failure:
  - to mitigate risks identified in the legionella and fire risk assessments. For example, a fire risk assessment had identified several areas of high risk that needed to be addressed within seven days. The provider was unable to demonstrate that action to address them had been carried out.
  - to respond quickly when vaccines were damaged due to a vaccine fridge power failure. Following a power loss to the vaccine fridge, staff took six days to implement the cold chain policy resulting in children being turned away from an immunisation clinic because vaccines had to be destroyed.
  - to respond to infection control concerns raised in 2014 by a Care Quality Commission registration inspector. Infection control audits had not been carried out since 2013 and taps and sinks in two clinical rooms did not meet required standards.
  - to adequately monitor patients on high risk medicines. We found blood results were not available for review for a patient on a high risk medicine as required in national standards. A GP explained they shared the care of the patient with a local hospital. However, despite having no blood results available to demonstrate if it was safe to continue to prescribe the medicine, the practice had continued to provide prescriptions for this patient. Ten days following our inspection and in response to our concerns, the provider forwarded to us a post-inspection audit they had carried out of patients receiving this high risk medicine. It identified three patients had no blood results recorded in their records. The practice informed us letters had been sent to all three patients offering an appointment. They also informed us letters had been sent to hospital consultants regarding the ineffective monitoring of these patients and specifying the cessation of the shared care agreement.
  - to meet with staff to discuss documented low staffing concerns. Minutes from a nursing meeting held in March 2016 demonstrated that the practice nurses had expressed their concerns about staffing levels and clinical safety. The minutes we saw stated a meeting would be arranged with the GP partners in April/May but the practice manager told us on the day of the inspection this had not taken place. Thirty-eight days after the inspection we were sent a copy of an email that demonstrated that a meeting had taken place with a salaried GP but not the GP partners.
- Practice specific policies were available to all staff. However, not all members of staff were aware of where to locate them or there were delays in implementing them. For example,
- A programme of clinical and internal audit was used to monitor quality and to make improvements but a second cycle to demonstrate if the changes made had improved outcomes for patients had not always been carried out.

Leadership and culture

The GP partners in the practice had the experience to run the practice. However, we found issues that threatened the delivery of safe, high quality care were not all identified or adequately managed. Staff told us the GP partners were approachable and the practice manager had an open door policy.

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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment affected patients

Are services well-led?

Requires improvement

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

received reasonable support, truthful information and a verbal and written apology. However the practice had not kept formal written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular departmental meetings for nursing or administrative staff. Structured practice meetings for all staff were not held. Staff told us the practice felt fragmented without the opportunity to meet together to share and discuss ideas.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the management team and felt confident and supported in doing so.
- Staff spoke positively about working at the practice, and showed commitment to the practice.

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

The practice encouraged and valued feedback from patients. It 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). The PPG met quarterly, carried out patient surveys, the most recent being in 2014, and submitted proposals for improvements to the practice management team. For example, a member of the PPG told us that they had proposed a dementia project to help patients with dementia and their relatives to access self-help groups and websites.
- The PPG told us that the practice shared their plans for the extension of the building with them but they were not actively consulted about their ideas.
- Staff told us they would discuss any concerns or issues with colleagues and the management.

Continuous improvement

The practice team was part of a local scheme to improve outcomes for vulnerable patients in the area. For example, the practice had identified their 4% most vulnerable patients through a risk stratification tool. These patients were supported through care plans and a clinical support assistant to ensure their social and medical needs were met to avoid unplanned hospital admissions.

The GPs, nurses and PPG worked collaboratively to support patients with dementia. Through an audit a GP had identified additional patients with dementia who were in need of support. The clinical support assistant assessed their activities of daily living and the PPG worked with another local GP practice to provide additional support.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not demonstrate that good governance processes were in place. When risks were identified the practice did not always mitigate them or take action to reduce or remove the risks within a timescale that reflected the level of risk and impact on people who used the service. This included a failure: • to mitigate risks identified in the legionella and fire risk assessments. • to carry out a timely and thorough analysis of a problem with the temperature of the vaccine fridge which lead to the disposal of vaccines and the cancellation of a child health immunisation clinic. • to respond to infection control concerns raised in 2014 by a Care Quality Commission registration inspector. • to adequately monitor patients on high risk medicines. Not all complaints were documented to ensure learning and identification of trends. Joint staff meetings were not held at the practice. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.Regulation

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet patients' care and treatment needs. Nursing staff had raised concerns regarding the clinical safety of patients.

The provider had not ensured that persons providing care or treatment to patients had the training, competence and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Some staff had not received training in safeguarding children and vulnerable adults and infection control. One member of staff who chaperoned had not received chaperone training.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not ensured a formal system was in place to log, review, discuss and act on alerts received that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Opportunities to raise and analyse significant events were missed. The provider had not ensured that there were adequate systems in place for assessing the risk of, preventing, detecting and controlling the spread of infections, including those that are health care associated. For example, an infection control audit had not been completed since 2013. The provider had not ensured that emergency medicines were stored securely. The provider had not ensured that blank prescriptions were tracked throughout the practice. The provider had not mitigated the risks identified in the legionella and fire risk assessments. The provider had not consistently mitigated the risks to patients who took a high risk medicine used for the treatment of rheumatoid arthritis by monitoring for possible side effects in line with nationally accepted guidance. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.