

Gnosall Surgery

Quality Report

Brookhouse Road
Gnosall
Stafford
Staffordshire
ST20 0GP
Tel: 01785 822220
Website: www.gnosallsurgery.co.uk

Date of inspection visit: 10 October 2016
Date of publication: 07/02/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Gnosall Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gnosall Surgery on 10 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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

We saw one area of outstanding practice:

The practice had a well-established and award winning memory service, which was led by a psychiatrist and supported by an eldercare facilitator. All patients with a memory concern, who wished to have further assessments, were referred to the clinic for assessments, diagnosis and support.

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

The provider should:

Summary of findings

- Keep the protocol to follow-up on medical alerts such as the Medicines and Healthcare products Regulatory Agency (MHRA) under review to ensure it is effective in identifying patients at risk. This includes documenting the action taken in response to the alerts.
- Implement a consistent system for checking and evidencing that monitoring for patients who take long term medicines on a shared care basis, has been provided before the prescriptions are re issued.

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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. The practice's system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) was not effective.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations. However, the practice did not have a consistent system for checking and evidencing that monitoring for patients who take long term medicines on a shared care basis, had been provided before the medicines were issued.

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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

The practice had identified 114 patients as carers (1.4% of the practice list). Health checks were proactively offered to carers who had not had any contact with the practice in 12 months.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, easy to understand and the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- 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

Good



Summary of findings

and identify risk. There were some areas within governance which needed strengthening for example the practice's response to external safety alerts and the management of prescribing high risk medicines.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. There were systems in place for notifiable safety incidents and information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered dedicated appointment slots with each doctor for patients aged 75 and over.
- Elderly patients who were house-bound with multiple long term conditions were offered an annual home visit.
- Patients were invited to attend the surgery for vaccines to prevent illnesses such as the flu and shingles.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had influenza immunisation was 97%, this was the same as the CCG average and higher than the national average of 95%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 83%. This was higher than the CCG average of 72% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours. Children aged 16 and under with acute illnesses were offered same day access.
- The premises were suitable for children and babies. Breast feeding and baby changing facilities were provided on request.
- We saw positive examples of joint working with midwives and health visitors. Midwives offered a weekly in-house antenatal clinic and regular baby clinics and post-natal groups were held by Health Visitors and supported by GPs.
- Meningitis A,C,W, and Y vaccination was offered to university students.
- The practice offered a nurse led family planning service.
- The practice had a young people information section in the waiting area and on their website, with a young persons frequently asked questions (FAQ) leaflet available.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Patients had direct access to physiotherapy triage, assessment and treatment within the practice.
- The practice offered early appointments from 08.00am and offered extended hours until 7.30pm on Mondays and Thursdays to try and accommodate working age people who would otherwise struggle to get to an appointment during their working day.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice offered an in house memory service with a psychiatrist and care facilitator. The clinic was set up for patients with memory concerns who wished to have further assessments. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice carried out advance care planning for patients with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All the staff were trained with Dementia awareness and were 'Dementia Friends'. The practice manager was a 'Dementia Champion'.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or above local and national averages. Two hundred and eighteen survey forms were distributed and 110 were returned. This represented 1% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 76%.
- 96% of patients described their overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 96% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 81% 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 26 comment cards which were all positive about the standard of care received. Patients told us they felt the practice offered an excellent and efficient service, which was well organised. Patients felt the staff respected their privacy and dignity and felt they received care within a safe and clean environment. We were told that staff were friendly and helpful and treated patients with a caring, informative and responsive manner. One patient felt that despite the excellent service, more could be done to enable patients to see their preferred GP to enhance continuity of care.

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

Gnosall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Gnosall Surgery

Gnosall Surgery is registered with CQC as a partnership provider operating out of a new purpose built premises in Gnosall. Car parking, (including disabled parking) is available at this practice.

The practice holds a Personal Medical Services contract with NHS England.

The practice is part of the NHS Staffordshire and Surrounds Clinical Commissioning Group.

The practice area is one of less deprivation when compared with the local average and national average. The practice has a higher than average rate of male and female patients aged 40 and over compared with the national averages. The rate of patients aged 75 and over are as per the local and national average.

At the time of our inspection the practice had 8106 registered patients.

The practice staffing comprises of:

- Four GP partners
- One physician associate
- Three practice nurses
- One healthcare assistants/phlebotomist

- One eldercare facilitator
- The practice manager who oversees the operational delivery of services supported by a team of administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered between 6.30pm and 7.30pm on Mondays and Thursdays. The practice is closed one afternoon each month for team training (details are available on the practice website).

When the practice is closed patients are advised to call the surgery where their call will be diverted after 6.30pm to the designated out of hours service, which is provided by Staffordshire Doctors Urgent Care service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew

Detailed findings

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 10 October 2016.

During our inspection we spoke with a range of staff including the GPs, practice nurses, health care assistant, practice manager, and members of the reception team. We observed how people were being cared and reviewed a selection of anonymised 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.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff knew their individual responsibility, and the process, for reporting significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available. A culture to encourage duty of candour was evident through the significant event reporting process. (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).
- Significant events had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared and discussed formally at clinical meetings.
- Thirteen significant events had been recorded within the previous 12 months.

On the day of the inspection, the practice's system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) was not effective. We found that a number of safety alerts issued had not been included in the alert folder and therefore there was insufficient evidence that these alerts had been viewed and acted upon by practice staff to ensure patient safety. Following the inspection, the practice sent us an action plan, which showed that the practice had reviewed and updated its policy to include better monitoring and recording of safety alerts. The practice told us that a cross check with Central Alerting System and MHRA alerts had since been performed to identify any missing alerts. Searches had then been undertaken to identify any patients affected and any outstanding action or risk had been completed.

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:

- Effective arrangements to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- One of the GP partners was identified as the safeguarding lead within the practice. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. GPs and nurses were trained to child protection or child safeguarding level three. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The system for ensuring patients had received the necessary monitoring before prescribing of the medicine needed to be improved. For example, the practice needed to show that they had accessed the blood results prior to issuing prescriptions for high risk medication. We saw no evidence of any incidence of unsafe care or treatment for the three patients we checked who took these medicines. However, there was a possibility that patients may still receive the medicine if they had not received the required monitoring and the results were left unchecked. For example if a patient

Are services safe?

missed a blood test at the hospital. The practice was aware of the need to strengthen their procedures in this area and following the inspection they sent us a written report which addressed these concerns.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There were arrangements in place for the safe storage of vaccinations.
- The practice held a dispensing list but the practice had subcontracted their dispensing to the on-site pharmacy. There was a service level agreement in place between the practice and the pharmacy. 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. We were told that standard operating procedures, which covered all aspects of the dispensing process, were in place and regularly reviewed (these are written instructions about how to safely dispense medicines).
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage) because of their potential misuse.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks 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 with a poster in the

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the 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.

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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.

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 on their computer desktops 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. Where appropriate, amendments to NICE guidelines was discussed at clinical meetings.

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 2015/16 published results showed that the practice had achieved 95% of the total number of points available. This was comparable to the local CCG average of 96% and the same as the national average of 95%.

The clinical exception rate was 12%, which was between than the CCG rate of 13% and the national rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

The practice's performance in the diabetes related indicators was comparable to or higher than the local and national average. For example:

- The percentage of patients with diabetes, on the register, who had had an influenza immunisation was

97%, this was the same as the CCG average and higher than the national average of 95%. Clinical exception reporting for the practice was 19% compared to the CCG average of 24% and the national average of 20%.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 96% compared to the CCG average of 87% and the national average of 89%. Clinical exception reporting for the practice was 8% compared to the CCG average of 12% and the national average of 8%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 83%. This was higher than the CCG average of 72% and the national average of 78%. Clinical exception reporting for the practice was 23% compared to the CCG average of 13% and the national average of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 86% compared to the CCG average of 83% and the national average of 80%. Clinical exception reporting for the practice was 13% compared to the CCG average of 14% and the national average of 13%.

Performance for mental health related indicators were comparable to the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 73%, which was lower than the CCG average of 74% and the national average of 85%. However, clinical exception reporting for the practice was 1% compared to the CCG average of 8% and the national average of 6%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the last 12 months was 91% compared with the CCG average of 92% and the national average of 89%. Clinical exception reporting for the practice was 19% compared to the CCG average of 29% and the national average of 13%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months

Are services effective?

(for example, treatment is effective)

was 97% compared with the CCG average and the national average of 89%. Clinical exception reporting for the practice was 14% compared to the CCG average of 24% and the national average of 10%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years, some of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the management of urinary tract infections.
- The practice had a well-established and award winning memory service, which was led by a psychiatrist and supported by an eldercare facilitator. All patients with a memory concern who wished to have further assessments were referred to the clinic and initial assessments set up at the patient's home. Care and treatment was discussed and planned with the patients and their carers and regularly followed up. The service helped to signpost patients to services such as carers association, speech and language therapy, dietician, incontinence care and occupational therapy. The clinic received an average of 20 referrals per year and on average saw between six to ten patients per month. This service was also offered to a local care home.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions had received refresher training in managing asthma. One of the practice nurses had a special interest in diabetes and had obtained a relevant qualification (Certificate in Diabetes Care).

- 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 by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Training records showed that staff had received training in the requirements of the Mental Capacity Act, Deprivation of Liberty Safeguards and had received training on ensuring patient consent. 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care. Patients had access to appropriate health assessments and checks. These included health checks for new patients. The practice nurse offered annual visits to elderly patients who were house-bound who had multiple long term conditions. Healthy lifestyle clinics were also held, which provided advice on smoking cessation and weight management. Patients were signposted to the relevant support service. The Practice co-ordinated a 'walking for health' programme, which encouraged patients to engage to improve their health and wellbeing. The practice had a champion policy whereby staff acted as a champion for a health awareness campaign. The aim was to raise awareness within the team and its patients.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 80% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- 77% 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%.
- 62% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was the same as the CCG average and higher than 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 90% to 100% and five year olds from 85% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 26 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average and the national average of 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. They said they 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or comparable with local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 86% the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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, patients told us that they and their family had been with the practice for many years and had been more than satisfied with the care and treatment received over the years.

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. Patients told us that they found the information useful and clear.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers (1.4% of the practice list). Health checks were proactively offered to carers who had not had any contact with the practice in 12 months. Written information was available in a designated area of the waiting area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- Appointments were offered outside of normal working hours. Working patients who could not attend during normal opening hours or patients who relied on working relatives to accompany them could attend appointments with the GPs up to 7.30pm on Monday and Thursday evenings.
- Patients were offered online access to book appointments, request repeat prescriptions and access test results.
- There were longer appointments available for patients with complex needs including for example, people with a learning disability and for reviews of long term conditions.
- 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.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice offered an in-house memory service with a psychiatrist and care facilitator.
- Baby changing and breast feeding facilities were available.
- The practice operated from modern, purpose built premises. There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 10.30am every morning and 3.30pm to 5.30pm daily except from Wednesdays when appointments were from 4.00pm to 5.30pm. Extended hours appointments were offered between 6.30pm and 7.30pm on Monday and Thursday

evenings. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. Where a patient required urgent advice but could not attend the practice, they were offered a telephone consultation with the on call doctor.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly above the local and national averages in some areas. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- 84% 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 89% and the national average of 85%.
- 75% of patients felt they did not normally have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%.
- 97% of patients said the last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 61% of patients with a preferred GP usually got to see or speak to that GP, compared with the CCG average of 55% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective 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.

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

- 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.. Patients told us that they knew how to complain and although had not had cause to, they felt that should they raise any concerns, they would be listened to.

The practice had received nine complaints in the 12 months leading up to the inspection. We looked at the complaints received in the last 12 months and found that

they were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from the analysis of trends and action which was taken as a result to improve the quality of care. For example, the practice had reviewed the systems for ordering medication and changed its handling of prescriptions so that communication between the pharmacy and the surgery had improved with standardised forms being using to communicate medication queries from the pharmacy to the practice.

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 to deliver the highest health care service to all their patients, effectively and compassionately. The practice aimed to promote patient confidence and self-worth through encouragement, kindness, transparency and open communication. The working environment was educational and innovative. Staff we spoke with were aware of and worked within the practice's ethos. Staff told us it was a good place to work and staff retention was high.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

There were some areas within governance which needed strengthening, for example

- The practice's response to external safety alerts was not effective and needed strengthening to ensure risks to patient were identified and acted upon.
- There was a lack of effective protocol in place for evidencing that patients had received blood tests and that the results had been checked prior to prescribing high risk medicines which required close monitoring.

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 were approachable and always took the time to listen to them.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

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.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved with the practice's signage. We spoke with a member of the PPG who told us they felt listened to and valued.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. A confidential survey, conducted by the practice in April

Are services well-led?

Good 

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

2016, to check staff understanding regarding reporting concerns showed that staff felt secure about raising concerns. The results showed that staff also felt confident that the practice would address any issues they raised.

Continuous improvement

The practice was a teaching and training practice for both medical students training to become doctors and registrars training to become GPs. Feedback received by the practice from their trainees was very positive and demonstrated that the practice had been supportive and encouraging during their training. There was a focus on continuous

learning and improvement at all levels within the practice. The staff we spoke with told us they felt supported to develop professionally and all staff had received recent appraisals.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was founding members of the local GP federation covering all the practices in Stafford and Cannock CCGs. The practice was also involved in research and had written and published articles relating to dementia care.