

# Dr Sissons and Partners

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sissons and Partners on 26 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 and urgent appointments were 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 the 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.
- The practice was able to demonstrate innovative ways of continuous improvement and were early adopters of Clinical Commissioning Group (CCG) initiatives.

**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 and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a process and flow chart in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed. The practice had a clinical search schedule in place that closely monitored groups of patients with potential medicine or medical risks at set time intervals. This helped to ensure their care and treatment was safe and reflected up to date national guidance.
- There were arrangements in place to deal with emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The practice had made effective changes to their procedures and policies to improve their 2014/15 Quality and Outcomes Framework (QOF) data and patient outcomes. Data from the 2015/16 QOF data showed that patient outcomes were in line with or above national averages.
- 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



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 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 132 patients as carers (1.6% of the practice list). The practice provided flu immunisations for carers and opportunistic medical reviews.

Good



## 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.
- The practice provided additional care provision for those at risk of unplanned admission to hospital.
- Patients said they found it easy to make an appointment and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. 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 the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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 carried out weekly ward rounds at a nearby care home. Relatives found this useful as they knew when they could speak directly with a GP if they had any worries or concerns regarding their relative.
- All patients over the age of 75 years had a named GP.

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.
- Where outcomes for patients with long term conditions were below the local and nationally averages, the practice had been effective in making changes to improve the outcomes for patients with diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Longer appointments and home visits were available when needed.
- All these patients had 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.
- Data showed that the practice had been effective in managing the number of emergency hospital admissions for patients with long term conditions such as COPD and asthma.

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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended practice hours every Wednesday between 6pm – 7.45pm for working age people. The nursing team offered additional extended hours between 7.30am – 8am on Tuesday, Wednesday and Friday.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including the frail elderly and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- 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).

- Eighty three 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 comparable to the national and CCG average of 84%.
- The percentage of patients with a recognised mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 89% which was comparable with the CCG average of 87% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty-seven survey forms were distributed and 105 were returned. This represented a 46% response rate:

- 78% of respondents found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 73%.
  - 86% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
  - 97% of respondents described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 84% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% national average of 78%.

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 15 comment cards which were all very positive about the standard of care received. Patients told us staff were caring, supportive, dedicated and helpful. They told us they were treated with dignity and respect and offered a first rate service.

We spoke with 15 patients during the inspection. All 15 patients said they were satisfied with the care they received and thought staff were efficient, friendly and caring. The most recent data from the Friends and Family test showed that 84% of respondents were extremely likely or likely to recommend the practice to friends and family.

# Dr Sissons and Partners

## 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 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 Dr Sissons and Partners

Dr Sissons and Partners is registered with the Care Quality Commission (CQC) as a partnership provider in Leek, North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice 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 8156 patients, with 23% of patients 65 years and over (national average 17%) and 11% of patients aged 75 years and over (national average 8%). The percentage of patients with a long-standing health condition is 59.9% which is higher than the national average of 54%. This could mean increased demand for GP services. 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:

- Four GP partners (two female and two male)

- A male salaried GP
- Two GP Registrars
- An advanced nurse practitioner
- A practice based community matron
- Two female practice nurses
- Two health care assistants
- A business partner practice manager
- Three support managers
- Nine members of administrative staff working a range of hours.

The practice is open from 8am – 6.30 pm Monday and Thursday, 7.30am – 6.30pm Tuesday and Friday and 7.30am – 7.45pm on Wednesday. Appointments can be booked up to two weeks in advance. GP appointments are from 8.30am to 11.45 am every morning and 2.50pm to 5.20pm daily. GP extended surgery hours are offered every Wednesday between 6pm – 7.45pm. The nursing team offer additional extended hours between 7.30am – 8am on Tuesday, Wednesday and Friday. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care. Patients are directed to this service by a message on the telephone answering machine and information on the practice's website.

## 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

# Detailed findings

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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also spoke with a member of the patient participation group prior to our inspection. We carried out an announced comprehensive inspection on 26 July 2016. During our inspection we:

- Spoke with a range of staff including GPs, members of the practice nursing team, practice managers and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they informed the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had recorded 51 significant events throughout 2015/16 which were reviewed at regular clinical, nursing and administrative meetings. The practice carried out a thorough analysis of the significant events.
- The practice had a process and flow chart in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received, the practice checked whether patients were affected by the medicines or equipment involved.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an immunisation incident, the practice changed their protocol so that two nurses were always available during immunisation clinics. An immunisation clinic check list had been developed to ensure all relevant checks were made before an immunisation was given.

### 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 the risk of abuse, which included:

- 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 and staff knew where to find them for reference. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and a lead for safeguarding vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

- Notices in the waiting room, treatment and consultation rooms 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An advanced nurse practitioner was the infection control clinical lead. There was an infection control policy 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. Staff had received appropriate immunisations against health care associated infections.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (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. We spoke with a nurse who had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow

## Are services safe?

nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five 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 DBS.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had a robust clinical search schedule in place that closely monitored groups of patients with potential medicine or medical risks at set time intervals. This helped to ensure their care and treatment was safe and reflected up to date national guidance.
- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 safety of the premises such as control of substances hazardous to health, asbestos testing and infection control. The practice performed regular water temperature testing and flushing of water lines and had a written risk assessment for Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. This was discussed and reviewed at the bi-annual governance meetings. 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 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 held in the practice and all the staff we spoke with knew of their location. The stock held was aligned with the services provided by the practice and processes were in place to ensure medicines were replaced when used and expiry dates were checked.
- 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 and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through a system of clinical searches, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 83% of the total number of points available which was lower than the Clinical Commissioning group (CCG) average of 93% and the national average of 95%.

QOF data from 2014/15 showed performance for mental health related indicators was comparable to the CCG and national averages:

- Eighty three per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (national and CCG averages of 84%).
- The percentage of patients with a recognised mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 89% (CCG average of 87%, national average of 88%).

However, QOF data from 2014/15 showed the practice was an outlier for several long term condition indicators. The practice was aware of this and had identified the issues affecting them. Following changes to protocols, the patient recall system, exception reporting and up skilling of the new nurse lead for diabetes they were able to demonstrate improvements:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was within normal limits was 51% which was below the CCG average of 77% and national average of 78%. Following changes made by the practice this increased to 66% for 2015/16.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 61% which was below the CCG average of 84% and national average of 88%. Following changes made by the practice this increased to 89% for 2015/16.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 54% which was lower than the CCG average of 71% and national average of 75%. Following changes made by the practice this increased to 75% for 2015/16.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 42% which was lower than the CCG average of 86% and the national average of 90%. Following changes made by the practice this increased to 91% for 2015/16.
- The percentage of patients with physical and/or mental health conditions whose notes recorded their smoking status in the preceding 12 months was 83% which was lower than the CCG average of 93% and national average of 94%. Following changes made by the practice this increased to 100% for 2015/16.

There was evidence of quality improvement including clinical audit:

- The practice showed us four clinical audits completed in the last two years and all 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, an audit of patients who had had a splenectomy (the removal of the spleen) showed that only five out of 13 patients received regular antibiotics. Only one patient had received the appropriate immunisations to protect them from the risk of

# Are services effective?

## (for example, treatment is effective)

infection. The practice introduced a register for patients who had had a splenectomy, an annual invite to this group of patients to receive immunisations and an annual medication review to discuss their antibiotic requirements. Following these changes a second audit cycle demonstrated that an increased number of patients were prescribed appropriate antibiotics. There was also an increase in the number of patients who had received immunisations. For example, the percentage of patients who had received the flu vaccination increased from 62% to 93% and the pneumococcal immunisation increased from 62% to 100%.

We looked at 2014/15 data from the QOFXL which is a local framework used by NHS North Staffordshire CCG to improve the health outcomes of local people. The data showed that the practice had been effective in managing the number of emergency hospital admissions for some groups of patients:

- The overall number of emergency admissions to hospital was 85 per 1000 patients which was 14 lower than the CCG average of 99 per 1000.
- The number of patients who were admitted to hospital for 19 acute ambulatory care sensitive conditions was 18 per 1000 patients which was 4 lower than the CCG average of 22 per 1000.
- Emergency hospital admissions for COPD was 6.5% which was 4% lower than the CCG average of 10.5%.
- Emergency hospital admissions for asthma was 0.4% which was 1.3% lower than the CCG average of 1.7%.

### 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, the respiratory nurse has completed the nationally recognised Warwick diabetic course.
- 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, immunisation updates and discussion at practice nurse 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 and used an electronic system to support multi-disciplinary teams to collaborate on shared assessments and care plans to provide responsive, personalised services to patients.
- The practice team met six weekly with other professionals, including palliative care and community nurses. They discussed the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. They used a red, amber, green rating within care plans for patients receiving end of life care to ensure appropriate care and treatment was delivered at the appropriate time.
- The practice provided us with five statements from professionals who worked with the practice, such as a district nursing sister and a CCG medicines optimisation technician. All five statements demonstrated that the practice proactively worked with appropriate professionals sharing relevant information to ensure effective treatment was provided to patients.

# Are services effective?

(for example, treatment is effective)

## 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. GPs demonstrated a full understanding of deprivation of liberty safeguards that ensure important decisions are made in patients' best interests when they lack mental capacity.
- There was a system in place for regularly reviewing 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions for patients with a severe illness.

## 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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, weight and smoking. Patients were signposted to the relevant service.
- Smoking cessation clinics were held at the practice.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG and national averages 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.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 93% to 99%.

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 caring and very helpful to patients and treated them with dignity and respect. For example, whilst a patient waited for the emergency services to attend their needs, we observed a nurse and health care assistant provide reassuring and compassionate care to ensure the patient felt safe and supported.

- 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 15 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice staff were caring, supportive, dedicated and helpful. They told us they were treated with dignity and respect and offered a first rate service. We spoke with 15 patients during the inspection. All 15 patients said they were satisfied with the care they received and thought staff were efficient, friendly and caring. The most recent data from the Friends and Family test showed that 84% of respondents were extremely likely or likely to recommend the practice to friends and family. 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 their dignity and privacy was respected.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%.

- 95% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 85% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG and national averages of 97%.
- 96% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 88% and 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 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. We also saw that care plans were personalised.

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

- 94% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 89% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

## Are services caring?

- 85% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available for patients who did not have English as a first language.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 132 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice provided flu immunisations for carers and opportunistic medical reviews. The practice management team told us they wanted to increase support and care for this vulnerable group of patients.

Bereavement counselling was offered by the practice's community matron who provided care and support to the practice's most vulnerable and frail patients. The community matron told us they were considering ways of working more closely with other care providers, the Macmillan nurses and the patient participation group to support bereaved patients and carers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified:

- The practice offered extended practice hours every Wednesday between 6pm – 7.45pm. The nursing team offered additional extended hours between 7.30am – 8am on Tuesday, Wednesday and Friday.
- There were longer appointments available for patients with a learning disability.
- All patients over the age of 75 years had a named GP.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Four per cent of patients had been identified as being at increased risk of unplanned admission to hospital. Patients had a comprehensive care plan in place which was reviewed on a regular basis. If patients in this group were admitted to hospital, the practice based community matron or GP reviewed their care on discharge from hospital. There was a monthly unplanned admissions clinic held at the practice for those patients identified at risk.
- 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.
- There were disabled facilities, a wheelchair, a hearing loop and translation services available.
- The practice carried out weekly ward rounds at a nearby care home. A statement provided to us from a previous manager at the home described how relatives found this useful as they knew when they could speak directly with a GP if they had any worries or concerns regarding their relative.
- There was a phlebotomy (the taking of blood for diagnostic testing) service on site for patients who found it difficult to travel.
- The practice had a policy in place to support patients who were homeless to register with the practice.

### Access to the service

The practice was open from 8am – 6.30 pm Monday and Thursday, 7.30am – 6.30pm Tuesday and Friday and 7.30am – 7.45pm on Wednesday. Appointments could be booked up to two weeks in advance. GP appointments were from 8.30am to 11.45 am every morning and 2.50pm to 5.20pm daily. GP extended surgery hours were offered every Wednesday between 6pm – 7.45pm. The nursing team offered additional extended hours between 7.30am – 8am on Tuesday, Wednesday and Friday. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Staffordshire Doctors Urgent Care. Patients were directed to this service by a message on the telephone answering machine and information on the practice's website.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 87% of respondents described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

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.
- 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 and in the practice's information booklet.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a

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

timely way with openness and transparency. The acknowledgement date of when a complaint was received was not always recorded. The practice had introduced a logging and recording form to ensure all procedures were complied with within an appropriate time frame. Lessons were learnt from individual concerns and complaints and

from analysis of trends. Action was taken as a result of this analysis to improve the quality of care. For example, following a complaint about a shortage of appointments, a system was introduced whereby receptionists sent a message to the duty GP if they are unsure how to proceed if there were no appointments available.

# 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 work in partnership with their patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations.

- The practice had a mission statement which was, to improve the health, well-being and lives of those they care for. It was displayed on the practice website, in the patient information booklet and throughout the practice. All the staff we spoke with knew and understood the values.
- The practice had a robust strategy and a supporting business plan which reflected the vision and values and were regularly monitored at the partners bi-annual governance meetings.

### 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of our 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 and aimed to bring diagnostic services

closer to their rural community to reduce the need for patients to travel. All the staff we spoke with told us the partners were approachable and always took the time to listen to all members of staff.

The practice 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. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Regular clinical, nursing, administrative and governance meetings were held at the practice.
- 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by 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. We spoke with a member of the PPG prior to our inspection. They told us the PPG met bi-monthly and felt valued by the

# Are services well-led?

Good 

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

practice. They carried out patient surveys and the practice management team were responsive to issues comments and suggestions made. For example, they told us how patients had expressed concerns about not always being able to hear clearly during consultations. In response to this, the practice had purchased a mobile hearing loop.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for 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 practice based community matron to ensure their care and health needs were met to avoid unplanned hospital admissions.

The practice was able to demonstrate innovative ways of continuous improvement and were early adopters of CCG initiatives such as:

- Graphnet, an electronic system to support multi-disciplinary teams to collaborate on shared assessments and care plans to provide responsive, personalised services to patients.
- Bulk prescribing for care homes
- Pharmacy first, a scheme that allows pharmacists to treat minor ailments that may have previously necessitated a doctor's appointment, and allows patients to be referred, or self-refer to their local community pharmacy.

The practice was involved in the development of new initiatives:

- One of the GPs worked with NHS England on the development of a new model of care that brings GP practices into partnership across 50,000 patient populations to integrate the primary, secondary and social care workforce.
- The presence of voluntary community services in the practice one day a week.