

# Winshill Medical Centre

## Quality Report

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Date of inspection visit: 31 August 2016  
Date of publication: 09/12/2016

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Winhill Medical Centre on 31 August 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 a system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. The practice had a formal system in place for the ongoing monitoring of significant events, incidents and accidents.
- Some arrangements were in place to ensure that risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had a programme of continuous clinical and internal audit in order to monitor quality and make improvements.

- The practice invested in staff development and training.
- 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 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.

There were areas of practice where the provider should make improvements:

# Summary of findings

- Explore how the practice could proactively identify more patients who also acted as carers.
- Consider audits to ensure that nationally recognised guidelines for clinical care are being followed.

**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.
- Records of clinical and significant event meetings demonstrated that incidents were fully discussed. Records showed that ongoing monitoring of events had taken place to ensure that systems put in place were appropriate.
- When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information and an apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems and practices in place to keep patients safe and safeguarded from the risk of abuse.
- There was an appointed lead for health and safety and some risks to patients and staff were assessed and identified actions completed. For example, the practice had completed a legionella risk assessment. However, there was no recorded log of all risks and the health and safety lead had not completed additional training appropriate to the role.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2014/15 showed that the overall achievement of 99% of the available points was above the average when compared to the locality average of 97% and the national average of 95%.
- The practice had lower than average exception rates. The practice clinical exception rate of 5.8% was lower than the local CCG average of 10% and lower than the national average of 9.2%. (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.)
- Staff were aware of current evidence based guidance to deliver care. However there was no system in place to check they were being followed.
- The practice had completed clinical audits and the outcomes were used to monitor quality and make improvements.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of staff appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, the practice held meetings with the professionals involved in the care of patients receiving palliative care.
- Arrangements were in place to gain patients' informed consent to their care and treatment.
- Patients were supported to access services to promote them living healthier lives.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results, published in July 2016, showed patients rated the practice similar to others for most aspects of care.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment. Systems were in place to protect patient confidentiality.
- Arrangements were in place to ensure that patients and carers received appropriate and effective support.
- The practice held a carers' register and systems were in place, which identified patients who also acted as carers. However, the number of carers identified was low.

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.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The practice offered extended hours and telephone appointments to working patients.
- 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. The practice had responded quickly when issues were raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were aware of the vision and their responsibilities in relation to this.
- 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.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions to ensure that patients and staff were protected from the risk of harm. This included for example, arrangements for the safe management of medicines.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# 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 personalised care to meet the needs of the older people in its population.
- The practice offered GP and pharmacist (to complete medication reviews) home visits to older people who were housebound only.
- Flexible appointments were available for older patients.
- All patients aged 65 and over were offered a health check including blood tests.
- A GP was recruited in 2014 to provide a weekly ward round to one nursing home and one care home housing elderly patients. This had resulted in a reduction in the A&E attendances from patients in these homes. For example, the figures for the corresponding year to date showed that A&E attendances had reduced from five attendances in 2014/15 to one attendance in 2015/16 and no attendances in 2016/17.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



### People with long term conditions

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

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice Quality and Outcomes Framework (QOF) for the care of patients with long-term conditions was similar to or higher than the local and national average. For example the practice performance for diabetes related clinical indicators was higher than the local Clinical Commissioning Group and England average (92% compared to the local average of 91% and England average of 89%).
- Longer appointments were available when needed and home visits made to patients who were housebound.
- The named GP and practice nurse worked with relevant healthcare professionals to deliver a multidisciplinary package of care to patients with complex needs.
- All newly diagnosed diabetic patients and patients with poorly controlled diabetes were referred to the DESMOND service, a service that provides a diabetic education programme.

Good



# Summary of findings

## Families, children and young people

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

- 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 did not attend hospital appointments.
- Immunisation uptake rates for standard childhood immunisations were similar to the local CCG and national averages. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 94% to 96%, children aged two to five 86% to 97% and five year olds from 84% to 93%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered contraceptive services and the nurse provided condoms to patients and chlamydia testing kits.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.
- All pregnant patients were contacted to provide prescriptions for folic acid.

Good



## 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 offered extended opening hours and the appointment telephone line was easily accessible to patients who worked during the day.
- 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.

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 with a learning disability and had plans in place to ensure annual health checks were carried out for these patients.
- The practice had a high prevalence of young patients living in vulnerable circumstances, when identified the practice assisted and supported these patients on an individual basis.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. For example the adult ability team, a service that included physiotherapy and counselling.
- Staff told us of a number of patients who were offered open access to appointments to reduce A&E attendances. Flexible appointments were offered to patients with learning disabilities.

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2016/17 showed that 25 of 42 patients on the practice register who experienced poor mental health had a comprehensive agreed care plan. The provider had planned to complete the remaining 17 care plans before April 2017.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, the community mental health team.
- The percentage of patients diagnosed with dementia, whose care had been reviewed in a face to face review in the preceding 12 months was 89%, which was higher than the national average of 84%.
- The practice maintained a register of patients diagnosed with dementia.

Good



# Summary of findings

- The practice performed weekly ward rounds for three nursing homes that housed patients with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was generally performing above local and national averages. A total of 285 surveys (7.3% of the patient list) were sent out and 99 (35%) responses were received, which is equivalent to 2.5% of the patient list. For example:

- 89% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 72% and a national average of 73%.
- 86% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 95% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 86% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 80%, national average 78%).
- 90% of the patients who responded said they found the receptionists at this practice helpful (CCG average 88%, national average 87%)

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 37 comment cards which were all positive. Patients said the practice

was caring, they received an excellent service and that all staff listened, were helpful and respectful. We spoke with five patients on the day of our inspection which included three members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. They told us that they were satisfied with the care provided by the practice. They said they were always treated as an individual, respected, could always get an appointment and were given enough time to discuss their concerns and treatment.

The practice monitored the results of the friends and family test monthly. The results over a seven month period (February 2016 to August 2016) showed that of the 221 responses received 161 were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 41 patients were likely to recommend the practice. The remaining results showed that five patients were neither likely nor unlikely to recommend the practice, six patients were unlikely to recommend the practice and eight patients stated they were extremely unlikely to recommend the practice. The comments made by patients in their responses were overall positive and aligned with the comments and responses received from comment cards, the patients spoken with and the GP survey results. We saw that the practice reviewed the comments received through the friends and family test and used these to make improvements.

## Areas for improvement

### Action the service SHOULD take to improve

There were areas of practice where the provider should make improvements:

- Explore how the practice could proactively identify more patients who also acted as carers.
- Consider audits to ensure that nationally recognised guidelines for clinical care are being followed.

# Winshill Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Winshill Medical Centre

Winshill Medical Centre is registered with the Care Quality Commission (CQC) as a two GP partnership. The practice is located in Burton-on-Trent. The practice has good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. The practice is situated within a single storey building containing three consulting rooms and three treatment rooms. There is level access to the building and doors to the building are automated. All areas within the practice are accessible by patients who use a wheelchair or parents with a pushchair.

The practice team consists of two GP partners, one male, one female. The GP partners are supported by a sessional GP who works one day each week, two practice nurses, a pharmacist and a healthcare assistant. Clinical staff are supported by a practice manager, two medical secretaries and four administration/reception staff. In total there are 13 staff employed either full or part time hours to meet the needs of patients. The practice also uses a regular GP locum to support the clinicians and meet the needs of patients at the practice.

The practice is open every week day between 8am and 6.30pm. Appointments are available from 8am to midday and from 2pm to 6.20pm in. Extended hours are offered on alternate days each week when the practice remains open

until 7.15pm. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service, provided by Staffordshire Doctors Urgent Care, via the NHS 111 service.

The practice has a Primary Medical Services contract with NHS England to provide medical services to approximately 3903 patients. It provides Directed Enhanced Services, such as the childhood immunisations, minor surgery and asthma and diabetic reviews. The practice has a higher proportion of patients aged under 18 (28.5% compared to the England average of 20.7%) and a lower proportion of patients aged 65 and over when compared to the practice average across England (11.9% compared to the England average of 17.1%). The income deprivation affecting children of 26% was higher than the national average of 20%. The level of income deprivation affecting older people was the same as the national average (16%).

A library service and a physiotherapy service operated from the building.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 31 August 2016.

During our visit we:

- Spoke with a range of staff including a GP, practice nurse, practice manager, administration staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 open and transparent approach to learning and a computerised system was in place for reporting and recording significant events. Staff told us they would inform the practice manager and or the partners of any incidents to ensure appropriate action was taken. The practice manager was responsible for disseminating safety alerts and there were systems in place to ensure they were acted on. The practice manager was able to give an example of a recent Estates and Facilities alert regarding the use of socket inserts. The practice manager had actioned the alert appropriately.

We found that significant event records were maintained and systems put in place prevented further occurrence. Significant event records were clearly documented at the time they were reported. Action points recorded on the significant event forms were used to inform staff of the event at dedicated quarterly significant event meetings. Documentation available demonstrated that any lessons learnt and action taken had been shared with staff and remedial action had been taken. Ongoing monitoring was demonstrated by minutes of meetings where actions taken were reviewed. Staff completed an incident recording form which 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 found that when there were unintended or unexpected safety incidents, patients received reasonable support, relevant information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Records we looked at showed that four significant events, both clinical and operational had occurred over the past 12 months. One of the events related to a child who had trapped their fingers in the automatic entrance doors to the surgery. The accident book was completed and the incident reported to the property landlord for a risk assessment to be completed. As an interim measure, warning notices were placed by the doors. There was a repeat incident one month later, the practice were told by the landlord (NHS property services) that a gap was required to allow the door to open so the practice made the decision to keep the doors open. A risk assessment was

completed by an expert contractor who concluded that the risk had been minimised. The report was dated 20th May 2015 and the incident had occurred on 31st March 2016. The practice had continued to leave the door open to prevent any further incidents.

### Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements and 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 GP partner carried out the lead role for safeguarding adults and children. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. The GP partners were trained to safeguarding level three and the practice nurse was trained to safeguarding level two. The GPs told us they provided reports where necessary for other agencies. The practice held registers for children at risk, and children with protection plans were identified on their individual computerised records. The practice carried out weekly checks on children who did not attend both practice and hospital appointments. The first appointment not attended was highlighted on the patient records, if a second appointment was not attended, the health visitor was informed. The practice discussed any concerns about children with a named health visitor and other relevant professionals.

A notice was displayed in the waiting room, treatment rooms and consultation rooms advising patients they could access a chaperone, if required. All staff who acted as chaperones were trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff who carried out chaperone duties. (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). Clinical staff normally acted as chaperones and some reception staff undertook this role when required. Staff clearly described their role to us and knew where to stand. A chaperone policy was available to support staff. The policy made appropriate reference to where staff should stand in order to observe the examination for the benefit and protection of patients and staff.

## Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There were cleaning schedules in place and cleaning records and standards were reviewed and problems reported to the cleaning supervisor. The practice nurse was the clinical lead for infection control. 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.

Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place through the landlord of the property. Reception staff were responsible for the disposal of the sharps bins and a protocol for needlestick injuries was in place. All boxes were seen to have been signed and dated with an assembly date and none of the boxes were filled above the line marking the maximum fill level. The property was service managed and this included the cleaning. We were told that the cleaning contractor was responsible for emptying the clinical waste bins. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs.

The arrangements for managing medicines in the practice kept patients safe. Medicine prescribing practices we reviewed showed that systems were in place for patients to receive a formal review of their medicines.

- The arrangements for managing repeat prescriptions for high risk medicines that required monitoring were consistently followed. For example we saw that a medicine that required regular tests and monitoring of the dose to be taken was on an acute prescription so each medication request required approval from a GP. The requests were reviewed once blood results had been obtained so that doses to be prescribed were reviewed and changed if required.
- The practice had an effective process for making changes to prescribed medicines in patients' records following a visit to hospital. The reception staff were responsible for adding and removing patient repeat medication items following their discharge from hospital. The process required GPs to check the changes and we saw evidence to confirm this was done.

- Formal arrangements for the review of patient medicines were in place. For example 88% of patients on four or more medications had been reviewed in the preceding 12 months.

We found that prescription pads and blank computer forms were securely stored and their use monitored. The practice had systems for ensuring that medicines were stored in line with manufacturer's guidance and legislative requirements. This included daily checks to ensure medicines such as vaccines were kept within a temperature range that ensured they were effective for use. Specific medicine directions (Patient Group Directions for the practice nurses) were adopted by the practice to allow the practice nurses to administer specific medicines in line with legislation.

We reviewed the staff files for three staff employed at the practice. We found that all files were thorough and contained appropriate recruitment checks which 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. Records showed that all permanent staff had criminal records checks carried out through the DBS. The practice also employed a regular sessional GP. Their records showed that a check was carried out to confirm the locum was registered to practice with their professional body, the General Medical Council (GMC) and information was held on employment history, qualifications, references and appropriate checks through the Disclosure and Barring Service to confirm the suitability of the GP to work with patients.

### Monitoring risks to patients

The landlord of the property was responsible for the maintenance and management of the premises. The practice had procedures in place for monitoring and managing risks to patient and staff safety. Minutes of practice meetings showed that health and safety was discussed when required. The practice had a health and safety policy available and the mandatory poster was displayed in the reception area. The poster identified the named health and safety lead at the practice. This person had not received additional training specific to this role. We saw that some risk assessments relating to the premises, patients, visitors and staff working at the practice had been completed. For example, a risk assessment for the use of visual display units and the return to work for staff from maternity. However, there was no log of all risks identified.

## Are services safe?

Records were available to demonstrate that a number of other risk assessments had been completed by the property landlord to monitor the safety of the premises. These included fire risk assessments, checking of fire alarms, emergency lighting and infection control. Control of Substances Hazardous to Health (COSHH) was managed by the landlord of the property and safety data sheets for each product were kept where the practice could access them. The practice evidenced that the landlord had carried a legionella risk assessment and ongoing checks were carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

All electrical and medical equipment had been checked annually to ensure the equipment was safe to use and working properly. Records showed equipment was maintained and calibrated in July 2016 and electrical safety checks had last been carried out in July 2016.

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 that enough staff and staff with appropriate skills were on duty. The practice used GP locums to support the clinicians and meet the needs of patients at the practice at times of absence.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to respond to emergencies and major incidents. There was an instant messaging system on the computers in all rooms and an emergency panic button in the reception, consultation rooms and treatment rooms which alerted staff to any emergency. The practice had a first aid box and an accident book and all staff knew where they were located. Staff training records showed that all staff had received recent annual update training in basic life support and staff spoken with confirmed this. The practice had a defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. Systems were in place to ensure emergency equipment and medicines were regularly checked. 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.

The practice had a business continuity plan in place for responding to emergencies such as loss of premises, power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks. There was an electronic copy that could be accessed remotely.

# 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 GPs and a nurse we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. The practice discussed any new guidelines in the clinical meetings but these were not monitored to ensure guidelines were followed through risk assessments, audits or random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice collected information for the Quality and Outcomes Framework (QOF) to measure its 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 it had achieved 99% of the total number of points available. The practice QOF results were higher than the local Clinical Commissioning Group (CCG) average of 97% and the national average of 95%. The practice clinical exception rate of 5.8% was lower than the local CCG average of 10% and lower than the national average of 9.2%. (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.) Further practice QOF data from 2014/15 showed:

- Performance for the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was lower than the local and national average (76% compared to the local average of 80% and national average of 78%). The practice exception reporting rate of 4.4% showed that it was lower than the local CCG average of 14.3% and similar to the national rate of 11.7%.
- Performance for the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a

review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 89% which was similar to the local CCG average of 92% and national average of 90%. COPD is the name for a collection of lung diseases. The practice had not excepted any patients, this was significantly lower than the local average exception rate of 8.9% and national average of 11.1%.

- Performance for mental health related indicators was higher than the local CCG and national averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 95% compared to the local CCG average of 89% and England average of 88%. The practice had not excepted any of the 39 patients for this clinical area (the local CCG average exception rate was 11.7% and England average was 12.6%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in

a face-to-face review in the preceding 12 months was higher than the local CCG and national average (89% compared to the local CCG average of 86% and England average of 84%). The practice clinical exception rate of 1.8% for this clinical area was lower than the local CCG average of 8.4% and the England average of 8.3%.

Information received at this inspection demonstrated that the practice had worked to ensure that appropriate action was taken to improve the outcomes for patients in the areas mentioned above. The practice had reviewed and introduced appropriate care plans where required for the ongoing management of these patients. Quarterly multi-disciplinary team meetings were held to monitor performance and an action plan was developed to identify the areas of patients' care that needed to be reviewed. Evidence was available to show that the practice had systems in place to follow up patients that had not attended reviews of their condition either at the practice or at the hospital.

One of the GPs attended peer review meetings with other local GP practices where clinical issues, treatments and performance were discussed. For example, the practice had discussed the movement of a diabetes service from the community team into a secondary care provider (hospital).

# Are services effective?

(for example, treatment is effective)

Clinical audits carried out demonstrated quality improvements to improve care, treatment and patients' outcomes. We saw that two audits had been completed in the last year. One of the audits looked at optimising medications used to treat diabetes. The audit reviewed and monitored patients who were on a specific medication to control glucose levels in the blood which potentially resulted in a vitamin deficiency. Patients had been identified and plans were in place to check the vitamin levels as part of the annual diabetic review. This was an evidence based audit linked to the NICE guidelines. In addition, the practice carried out non-clinical audits, for example, a recent audit of impact of attendance when using the text messaging service.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff had access to and made use of e-learning training modules and external and in-house training.

The practice had developed an effective appraisal system which included detailed appraisal documents. Staff had received a recent appraisal and records detailed development plans for all staff. The GPs and practice nurse had all completed clinical specific training updates to support annual appraisals and revalidation. The practice nurses received training and had attended regular updates for the care of patients with long-term conditions and administering vaccinations.

## 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 shared computer drive. The provider was able to demonstrate that staff were aware of their responsibilities for processing, recording and acting on any information received. The practice tracked referrals such as urgent scan requests.

Staff worked together and with other health and social care services 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. For example, when referring patients to secondary care such as hospital or to the out of hours service.

Information was shared with the out of hours service so they were aware of the patients' wishes and treatment choices when the practice was closed. The practice completed a weekly audit on patients who attended the out of hours service together with a review of the work undertaken by the service on a daily basis. Records showed that there had been no concerns identified. Staff told us that they could discuss any concerns about children and families with a named health visitor. Multi-disciplinary team meetings to discuss patients on the practice palliative care register normally took place monthly and were chaired by a GP. Detailed minutes of the meetings were maintained and care plans were routinely reviewed and updated following the meetings.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We found that staff understood and had an awareness of 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests and treatments such as vaccinations and in do not attempt cardio-pulmonary resuscitation (DNACPR) records.

## Supporting patients to live healthier lives

The practice had identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing.

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- Patients were signposted to relevant health promotion services for example, dietary advice. Smoking cessation clinics were provided in house by the healthcare assistant.

# Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40-74 years and patients aged 75 years.

The practice had a comprehensive screening programme. A full range of travel vaccines, childhood immunisations and influenza vaccinations were offered in line with current national guidance. Data collected by NHS England for 2014/15 showed that the performance for all childhood immunisations was comparable to the local CCG average.

For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 94% to 96%, children aged two to five 86% to 97% and five year olds from 84% to 93%.

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014/15 QOF year was 81%, which was comparable to the England

average of 82%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the number of females aged 50-70 years, screened for breast cancer in last 36 months was 64% compared to the average across England of 72%. Data for other cancer screening indicators such as bowel cancer were below local and national averages. The practice said that an initiative had been started with the patient participation group to increase the uptake of screening for breast cancer.

We saw that health promotion information was displayed in the waiting area and also made available and accessible to patients on the practice website. The health care assistant carried out health screening checks on all new patients registering at the practice. Patients spoken with confirmed that they received healthy living advice and support.

# 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.
- The area around the reception desk was open. To promote confidentiality telephone calls were responded to away from the front desk and background music was played to support the privacy of patients when speaking to reception staff at the desk. If patients wanted to discuss something privately or appeared distressed a private area was available where they could not be overheard.

We spoke with five patients during the inspection and collected 37 Care Quality Commission comment cards completed by patients to tell us what they thought about the practice. Patients were very positive about the service they received. Patients said that they received good care from all staff, the GPs were caring and staff were polite, considerate and helpful. The five patients we spoke included three members of the patient participation group (PPG). Feedback was in line with the CQC comment cards we received.

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 the average satisfaction scores on consultations with GPs. For example:

- 94% of the patients who responded said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 89%.
- 93% of the patients who responded said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% of the patients who responded said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 85% of the patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

The practice was just below the average satisfaction scores on consultations with the nurse. For example:

- 89% of the patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 90% of the patients who responded said the last nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).
- 87% of the patients who responded said the last nurse they saw or spoke to was good at giving them enough time (CCG average 94%, national average 92%).

The patient satisfaction with reception staff was above local CCG and national average. Data showed that:

- 90% of the patients who responded said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in July 2016 showed patients response in most areas were just below the average when asked questions about their involvement in planning and making decisions about their care and treatment. For example:

- 83% of the patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 82% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 93% of the patients who responded said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 86% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

The practice had a carers' policy in place, which staff were aware of. Written information was available for carers to ensure they understood the various avenues of support available to them. This included notices in the patient waiting room which told patients how to access a number of support groups and organisations. There were 25 carers on the practice carers register, which represented 0.7% of the practice population. The practice's computer system alerted the GPs and nurse if a patient was also a carer and patients were offered a flu vaccination and health checks.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support required or

requested by the family. This call was either followed by a patient consultation at a flexible time and location, which could be a visit to the family home if appropriate and the family were happy with this. Leaflets and other written information on bereavement was available for patients in the waiting area and on the practice website. Families and carers were signposted to support services such as bereavement counselling. A letter was sent out to families who had suffered a bereavement.

The GPs met with relatives of patients who were unwell to discuss their concerns and expectations of continued care especially with regards to end of life care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- Patients with a learning disability were offered longer appointments at a time which was suitable to them and their carer.
- With administration support, the GPs followed up all patients on the admission avoidance register following their discharge from hospital. They met weekly to review any admissions.
- The practice had access to appointments for patients who worked. We found that patients could book appointments, request repeat prescriptions and check test results online. To support this population group, telephone consultations and extended hours were also available.
- Facilities for patients with mobility difficulties included a ramp for ease of access to the entrance of the practice. The front doors to the practice were automatic and patients with poor mobility could open the doors using buttons situated either side of the entrance.. Adapted toilet facilities were available for patients with a physical disability.
- The practice referred patients experiencing memory loss to the local community memory loss clinic.
- Access was available to translation and interpretation services to ensure patients were involved in decisions about their care.
- Baby changing and breast feeding facilities were available.
- There were longer appointments available for older people and patients with long-term conditions.
- The practice made patients aware that home visits were available for patients who were unable to attend the practice.
- The practice implemented a policy that offered same day appointments for children under the age of five to support parents in need of support. Same day appointments were offered to patients when assessed as requiring an urgent appointment.

### Access to the service

The practice was open every week day between 8am and 6.30pm. Appointments were available each week day from 8am to midday and from 2pm to 6.20pm. Extended hours are offered on a Tuesday when the practice remains open until 7.15pm. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service, provided by Staffordshire Doctors Urgent Care, via the NHS 111 service. The nearest hospital with an A&E unit and a walk in service was Queen's Hospital, Burton-on-Trent. The nearest walk in centre was in Burton-on-Trent town centre.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or above the national averages.

- 74% of patients were satisfied with the practice's opening hours, which was comparable to the national average of 76%.
- 89% patients said they could get through easily to the surgery by phone (local average 72%, national average 73%).

The practice had a system in place to assess whether a home visit was clinically necessary. The named GP had the responsibility for coordinating the patients care and made the decision on the urgency of the patients need for care and treatment and the most suitable place for this to be received. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Non-clinical staff would refer any calls which caused concern or they were unsure of to a clinician for advice. Information in the patient leaflet and on the practice website informed patients to contact the practice before 10am if they required a home visit. Further information informed patients that home visits would be made to patients who were housebound only.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints at the practice. We saw correspondence for four complaints received over the past 12 months and found that all had been responded to, satisfactorily handled and dealt with in a timely way.

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

Records showed that complaints were discussed at practice meetings. We saw that lessons were learnt from concerns and complaints and action was taken to improve the service. For example, the practice was late in responding to a negative review posted on the NHS Choice website. The website had experienced technical problems that resulted in the standard notification not being sent to the provider. The practice responded to the complaint and implemented a regular check of the website to reduce the reliance of a notification being sent. The practice had received two complaints from patients unhappy with the

care provided. The practice was able to evidence through good record keeping and documented reviews of secondary care and out of hours attendances that appropriate care had been provided.

We saw that information available to help patients understand the complaints system included leaflets available in the reception area and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a vision to provide effective, quality and personalised care to meet the health needs of all patients and promote good outcomes. Staff and patients felt that they were involved in the future plans for the practice. The practice sought the views of patients and input of the patient participation group (PPG) on improvements that could be made at the practice. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

### Governance arrangements

Governance within the practice was good. We saw examples of risks that had been well managed:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and all staff were supported to address their professional development needs.
- Practice specific policies and procedures were implemented and were available to all staff. Internal mail was used to advise staff when key policies were updated or of any new policies.
- We found that systems were supported by a strong management structure and clear leadership.
- Clinical and internal audits were carried out and the outcomes used to monitor quality and make improvements.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions were in place to ensure that patients and staff were protected from the risk of harm. These included the arrangements for the safe management of medicines.

### Leadership and culture

The GPs and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by the management. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour

is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, relevant information and a verbal and written apology.

Staff told us that regular practice meetings which involved all staff were held and staff felt confident to raise any issues or concerns at these meetings. Topics on the agenda included day to day operation of the practice, health and safety, QOF and other governance arrangements. Dedicated meetings were held quarterly with all staff to discuss significant events and complaints. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected and this was confirmed in discussions we held with staff.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice had an active patient participation group (PPG), formal meetings were held every three months and minutes were available to confirm this. The provider proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the friends and family test and complaints received. An action plan had been formulated following a review of patient comments made through the friends and family test survey completed by patients in 2015. The plan addressed concerns about the response to telephone calls, the timely communication of test results and the tidiness of the waiting area. The development of the action plan included consultation with patients through discussion with the PPG. Actions were seen to have been completed or planned. For example, the waiting room had been furnished with new chairs and the practice had invested in a new telephone system.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us

# Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. 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 had completed reviews of significant events and other incidents and had ensured that lessons learned from these were used to make improvements and prevent further reoccurrence.