

Mill Bank

Quality Report

Mill Bank Surgery
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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 well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Mill Bank Surgery on 17 May 2016. The overall rating for the practice was as 'Good' with requires improvement in providing a well led service. The full comprehensive report on the 17 May 2016 inspection can be found by selecting the 'all reports' link for Mill Bank Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 27 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation identified in our previous inspection on 17 May 2016. This report covers our findings in relation to those requirements.

Overall the practice is rated as Good.

Our key findings were as follows:

- The provider demonstrated that they shared information about serious incidents, with other relevant individuals or bodies without delay.
- The practice had developed their significant event reporting process and ensured all incidents were recorded, reported and audited to maximise learning.
- Nurse appraisals were carried out by GPs.
- Patient paper record storage had been risk assessed and a locked area within the building was in the process of being developed.

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 well-led?

The practice is rated as good for providing well led services.

- The provider demonstrated that they shared information about serious incidents, with other relevant individuals or bodies without delay.
- The practice had developed their significant event reporting process and ensured all incidents were recorded, reported and audited to maximise learning.
- Nurse appraisals were carried out by GPs.
- Patient paper record storage had been risk assessed and a locked area within the building was in the process of being developed.
- 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 team. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Good



Mill Bank

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor.

Background to Mill Bank

Mill Bank Surgery is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services contract with NHS England and is located in Stafford. At the time of our inspection the practice was caring for 10,300 patients. The practice originated in 1930 and relocated to the present building in 1994. The premises is a two-storey purpose-built level access building and offers limited car parking facilities. There is disabled access. There are plans to extend the clinical space to the first floor through renovating an existing empty suite of rooms and installing a passenger lift.

The practice team comprises of:

- 5 GP partners who provide 4.69 whole time equivalent (WTE) hours
- 1 salaried female GP who provides 0.63 WTE hours.
- 1 Nurse Practitioner who provides 0.8 WTE hours.
- 3 Practice Nurses who provide 1.9 WTE hours
- 2 Phlebotomists/healthcare assistants who provide 1.25 WTE hours.
- 1 Practice Manager who provides 1 WTE hours
- 1 Reception Manager who provides 1 WTE hours

- A team of receptionists/administration and secretarial support.

The practice is open from 8am until 6pm Monday to Friday and the practice phone lines remain open until 6.30pm. Appointment times are generally offered between 8am to 6pm. Pre-bookable extended hours appointments are available certain early mornings from 7.15am and late evenings to 8.15pm. These appointments are usually for people who would otherwise find it difficult to see a GP during normal opening hours. When the practice is closed the phone lines are switched to an answering machine message that instructs patients to dial 111 or 999 if it was an emergency. Out of hours care is provided by Staffordshire Doctors Urgent Care Ltd. The nearest hospital with an A&E unit is the County Hospital, Stafford; however, this is not a 24-hour service.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Mill Bank on 17 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement in providing a well led service. The full comprehensive report following the inspection on 17 May 2016 can be found by selecting the 'all reports' link for Mill Bank on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Mill Bank on 27 June 2017. This inspection was carried out to confirm that the practice was meeting legal requirements.

Detailed findings

How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice.

During our inspection we:

- Spoke with the practice manager, a GP partner, a nurse practitioner and reception manager.

- Reviewed an anonymised sample of the treatment records of patients.
- Looked at information the practice used to deliver care and treatment.

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 well-led?

Good 

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

Our findings

At our previous inspection on 17 May 2016, we rated the practice as requires improvement for providing a well led service. This was because:

- Information about serious incidents needed to be shared with other relevant individuals or bodies without delay.
- The practice needed to develop their significant event reporting process and ensure all incidents were recorded, reported and audited to maximise learning.
- Nurse appraisals were not carried out by GPs.
- The practice needed to review how it stored patient paper records.

We issued a requirement notice in respect of Regulation 17, Good Governance, and found arrangements had significantly improved when we undertook a follow up inspection of the service on 27 June 2017. The practice is now rated as good for providing well led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed and staff knew and understood the values. The vision and values included openness, fairness, respect and accountability. These were posted on notice boards throughout the practice. Staff told us the vision and values had been shared and discussed with them and spoken with were able to recall these.
- The practice had a clear strategy and business plan in place, which reflected the vision and values of the practice and were regularly monitored.
- The practice manager told us they and the GPs operated an open-door policy and staff supported one another.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the

nurse practitioner had developed proactive provision for care home patients in line with the Local Improvement Scheme (LIS) within her role. This was to provide a consistent approach between all providers involved in care home patients care and treatment, pre-emptive care planning and to reduce inappropriate admissions of patients to hospital. This involved, staff education, use of templates when requesting GP services, home visits provided by both GPs and other clinical staff determined by the care and treatment required, three monthly multi-disciplinary meetings to evaluate and review the improvement scheme and patient outcomes.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Audits of the review of significant events and complaints had been completed. The practice had implemented a six monthly trend and review analysis which was shared with all staff significant event and complaint trend analysis.
- Nurses had their annual appraisals completed with a GP.

Leadership and culture

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

Are services well-led?

Good 

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

The provider was aware of and had systems 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 gave affected people reasonable support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- Staff told us the practice held regular team meetings.
- 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. Minutes of meetings held were comprehensive and were available for practice staff to view.

Staff retention and the length of service staff achieved at the practice further demonstrated the positive levels of engagement and communication fostered within the practice. For example:

- Staff Christmas events were funded by the partners.
- A Christmas bonus system was in place for all staff which recognised staffs involvement and achievement.
- When staff were expected to attend and support flu vaccination clinics staff said the partners provided a buffet which helped to keep them going when particularly busy.
- 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, and 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG), through the national patient surveys and complaints and compliments received.
- the NHS Friends and Family test, complaints and compliments received.
- the practice had worked with the patient participation group (PPG) to enable regular meetings, the venue and practice staff took the minutes of the meetings. The PPG had found that their group were interested in providing a patient voice and a critical friend approach for the practice but at the time of the inspection none of the participants had wanted to take on the responsibility of becoming the chair person.
- 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 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. Protected time was given to staff to complete training and personal development.

The practice staff skillset was being developed in July 2017 to include a recently recruited Advanced Nurse Practitioner for 34 hours per week. The practice were looking at an audit of a workflow optimisation system to ensure the practices effectiveness and safety.

The practice is a member of South Staffordshire GP Network, a group of six GP practices within their locality. The network had reviewed how their patients accessed dementia services such as memory clinics. These clinics were now provided at two of the network 'hub sites' whilst remaining patients at the practice.