Severn Fields Medical Practice

Quality Report

Severn Fields Health Village
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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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Severn Fields Medical Practice on 31 May 2016. Overall the practice is rated as good with requires improvement in safe services.

Our key findings were as follows:

There was no data in the published Quality Outcomes Framework (QOF) to refer to for Severn Fields Medical Practice, as two practices had merged on 1 April 2016, Haughmond View Medical Practice and Mount Pleasant Medical Practice. Data used was from the legacy practices.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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 could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were areas of practice where the provider must make improvements:

- The provider had not identified all the potential risks associated with the triage document used by reception staff.

Summary of findings

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

- Create a formal system for recording and monitoring medicines that maybe taken by GPs to home visits.
- Improve the documentation of the learning, action points and trend analysis for significant incidents, complaints and events.
- Review all staff records following the recent merger to ensure that all trained chaperone staff have a Disclosure and Baring Service (DBS) check and/or a completed risk assessment.
- Complete an infection prevention and control audit.
- Raise awareness amongst all staff of the whereabouts of the automated external defibrillators (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Document clearly the next step information provided to patients following the completion of any complaint investigation.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events, improvement was needed in documenting the learning from events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from the risk of abuse.
- Risk assessments such as fire checks, legionella records were complete.
- There was a robust medication review system. However there was no formal system for recording and monitoring medicines that maybe taken by GPs to home visits on an ad hoc basis, or for vaccine and immunisation stock rotation including expiry dates.
- Policies and procedures to support staff with current best practice had been reviewed on a regular basis, however since the merger staff were less familiar with the location of information on their electronic systems and these should be easily located by staff.
- Some older recruitment records were incomplete and some clinical staff records did not contain all the relevant recruitment information. One trained chaperone staff had not had a Disclosure and Baring Service (DBS) check and/or a completed risk assessment. A more recent non clinical staff members recruitment checks had been appropriately completed.
- A merger of two practices had taken place on 1 April 2016. The infection prevention and control nurse was aware that there was a need to complete an infection prevention and control audit.
- The call handling triage protocol document used by reception staff needed to be reviewed to ensure the potential risks were reduced.

Summary of findings

Are services effective?

Good

The practice is rated as good for providing effective services.

- There was no data to refer to for Severn Fields Medical Practice, as two practices had merged on 1 April 2016, Haughmond View Medical Practice and Mount Pleasant Medical Practice. The GPs in the legacy practices had completed clinical audits and used findings as an opportunity to drive improvement.
- Data from the Quality and Outcomes Framework (QOF) for the legacy practices showed patient outcomes were at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Some staff training was gapped and the practice management demonstrated their awareness of these gaps and had planned measures to support staff training needs.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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 results from the GP national patient survey published in January 2016 demonstrated positive feedback in relation to the patients' experiences at the practice.
- The practice offered additional services for carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. More detail could be added to document the practices learning and any policy changes made in response to complaints.

Are services well-led?

Good

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

- The practice was in the process of developing their vision and strategy; this included the delivery of high quality care and to promote good outcomes for patients. Staff were clear about their involvement in the development of the vision and strategy and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. Some of the clinical meetings held were not always minuted.
- 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 practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and the practice and PPG worked together to inform patients of change and informing them of upcoming health promotion events.

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

Good

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 offered proactive, personalised care to meet the needs of the older people in its population. They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with a part-time community and care coordinator who reviewed unplanned hospital admissions and provided further support coordinating with other organisations such as district nurses, physiotherapists and charity and other voluntary organisations.

People with long term conditions

Good

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

- Patients at the highest risk of unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and had undertaken additional training.
- Practice nurses with specialist training in specific long term condition management supported patients for example with diabetes and asthma. This support included with diabetes, for example, providing dietary advice, referring patients to a structured education program, foot screening service and retinal screening service when patients were first diagnosed.

Summary of findings

Families, children and young people

Good

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 had a high number of A&E attendances. Immunisation rates were relatively 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.
- The practice was young person-friendly and offered condoms, pregnancy testing and chlamydia testing for all aged 15-24.
- The practice was actively working with the young health champions' project manager from the Clinical Commissioning Group to develop a young person's patient forum. They looked to have a forum for the under 13s and for 14-24 year olds.

Working age people (including those recently retired and students)

Good

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

- The practice offered appointments outside of core working hours for routine pre booked appointments on Tuesdays (from 7.30am) and Saturdays (9am to1pm) as part of the practices extended hours provision.
- The practice provided online services to enable patients to book appointments, order repeat medicines and access some parts of their health records online. The practice also provided text message reminders for appointments.
- The practice used social media such as Facebook and Twitter to engage with their patients. This gave the practice new ways of getting information to patients and in allowing patients to contact them. On Facebook, they had responded to contacts within three hours.
- Health promotion and screening services reflected the health needs of this group.

Summary of findings

- The practice building was a hub for a large number of other clinics provided by other NHS organisations or Any Qualified Provider (AQP). This is a national programme which offers patients more choice. This enables patients to visit the practice for mental health, physiotherapy, ophthalmology, pain management, ante-natal services instead of having to travel to the hospital across the other side of town.

People whose circumstances may make them vulnerable

Good

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 known vulnerable adults and the 72 patients with a learning disability. The practice nurses ensured that they met learning disability patients on the first floor area as they were aware that the new large building could be overwhelming. They then escorted patients through the whole process from appointments with nurses and GPs, explaining any follow-up appointments and back out of the building.
- 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. The practice community and care coordinator acted as a link for patients on their frail and vulnerable register who sign posted patients to the most appropriate services to meet their needs.
- The practice held a register of the practices' frail and vulnerable patients and had identified patients who may be at risk of unplanned hospital admissions.
- The practice developed good links with North Shrewsbury Friendly Neighbours through the community care coordinator who had also provided information to the patient participation group (PPG) about their role.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- 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.
- Severn Fields Medical Practice had a register of 136 patients who experienced poor mental health. There was no data in the published Quality Outcomes Framework (QOF) to refer to for Severn Fields Medical Practice, as two practices had merged on 1 April 2016, Haughmond View Medical Practice and Mount Pleasant Medical Practice. However the 2014/15 QOF data for Haughmond View Medical Practice showed that 100% of patients with enduring mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%. Clinical exception reporting was 11%, when compared with the CCG average of 12% and national average of 13%. (Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects).
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice register showed that 129 patients living with dementia were registered at the practice.

Summary of findings

What people who use the service say

Severn Fields Medical practice was formed from the merger of two practices on 1 April 2016, namely, Haughmond View Medical Practice and Mount Pleasant Medical Practice. The survey results from the national GP patient survey published in January 2016 therefore depicted findings from each of the individual practices pre-merger. For example:

- At Haughmond View Medical Practice, 277 patients were invited to submit their views on the practice, a total of 109 forms were returned. This gave a return rate of 39%.
- At Mount Pleasant Medical Practice, 254 patients were invited to submit their views on the practice, a total of 92 forms were returned. This gave a return rate of 36%.
- The practices worked with the patient participation groups (PPG) and the practice managers attended each meeting. The PPGs were actively involved with the merger and the groups merged, they engaged and supported patients to understand the changes planned and in suggestions about how best to advertise these changes.
- We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received two completed cards.

In the national GP survey, patient satisfaction was positive for both practices in areas relating to interaction with nurses, GPs, reception, opening hours and overall experience. Satisfaction levels for both practices were less positive in the area of usually getting to see or speak to their preferred GP.

The feedback we received from patients about the practice care and treatment was positive. Themes of positive feedback included:

- The helpful, caring, compassionate and professional nature of staff and the practice environment.
- Overall good or excellent experience of the practice.

Severn Fields Medical Practice

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 also included a GP specialist advisor, a practice manager specialist advisor and an expert by experience.

Background to Severn Fields Medical Practice

Severn Fields Medical Practice is registered with the Care Quality Commission as a partnership provider, which includes three GP partners. The provider holds a General Medical Services contract with NHS England. Severn Fields Medical Practice was formed from the merger of two practices located in the same building on 1 April 2016, namely, Haughmond View Medical Practice and Mount Pleasant Medical Practice. The individual practices' computer systems were merged in May 2016. The practice is a training and teaching practice and usually has a GP registrar and final year medical students.

At the time of our inspection 17,000 patients were registered at the practice. The purpose built practice building is made up of three floors with Severn Fields Medical Practice situated on the first floor. The building is surrounded by car parking facilities and has an automatic door at the entrance, with lifts available for patients to the first floor. The practice has six treatment rooms, an isolation room and 36 consulting rooms which are utilised for various primary care focused needs. The practice has toilet facilities situated in various locations around the practice and the building to aid patients and visitors. The practices administration offices are situated on the second floor. A pharmacy is situated on the ground floor and is separate to the practice. As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery
- Venepuncture (blood sample taking)

The building is a hub for a large number of other clinics provided by other NHS organisations or Any Qualified Provider (AQP). This is a national programme which offers patients more choice. This enables patients to visit the practice for mental health, physiotherapy, ophthalmology, pain management, ante-natal services instead of having to travel to the hospital across the other side of town.

The practice is open each weekday from 8.30am to 6pm. The practice switchboard is open from 8.30am to 6pm but closed from 1pm to 2pm, however, a doctor can be contacted in an emergency during these times. Extended hours are available for routine pre booked appointments on a Tuesday (from 7.30am) and Saturdays (9am to1pm) as part of the practices extended hours provision. The practice has opted out of providing cover to patients outside of normal working hours. The out-of-hours services are provided by Shropdoc which includes the times between 8am and 8.30am on weekday mornings.

There are 49 permanent staff in total, working a mixture of full and part time hours. Staffing at the practice includes;

- 10 GPs (six female and four male) who provide 7.25 whole time equivalent (WTE) hours.

- One advanced nurse practitioner who provides 0.75 WTE
- Six practice nurses who provide 3.66 WTE.
- Three healthcare assistants who provide 1.84 WTE.
- Four managers who provide 3.5 WTE.
- 11 administrators who provide 8 WTE.
- 12 receptionists who provide 9 WTE.

Why we carried out this inspection

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey. We informed NHS England and NHS Shropshire Clinical Commissioning Group that we would be inspecting the practice and received no information of concern.

During the inspection we spoke with members of staff including GPs, a practice nurse, care co-ordinator, the practice manger, reception and administrative staff. We also spoke with a member 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).

- We observed how patients were being cared for and talked with carers and/or family members.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

There was no data in the published Quality Outcomes Framework (QOF) to refer to for Severn Fields Medical Practice, as two practices had merged on 1 April 2016, Haughmond View Medical Practice and Mount Pleasant Medical Practice. 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.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events.
- There had been no reported significant events with Seven Fields Medical Practice. Significant events at the respective legacy practices however had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team.
- At the respective legacy practices significant events were discussed at the practices various meetings, such as clinical meetings and reception team meetings. All occurrences were reviewed and trend discussion/ analysis took place and when needed changes were made to promote a safe culture.

We saw that some staff had difficulty in locating the outcomes and derived learning from these legacy significant events. We spoke with practice management and found they had already identified some staff learning and development needs in respect of utilising the electronic software and locating/accessing some files since the practices merged. We were assured that these identified training needs would be addressed.

We reviewed records, meeting minutes and spoke with staff about the measures in place to promote safety. Staff knew the processes and shared recent examples of wider practice learning from incidents. For example, in one of the legacy practices there had been two significant events whereby vaccine deliveries have been left at reception with other routine parcel deliveries and were not discovered for at least 24 hours. This resulted in the vaccines cold storage conditions not being met. Appropriate advice was sought from the vaccine manufacturers and public health. The practice investigated these incidents and found that incorrect packing within the vaccine supplier's warehouse had led to a lack of clear package labelling, which they could not change. The practice informed all staff of the event provided a copy of updated guidance on packages left at reception and a copy of the practices vaccine cold chain policy, together with the practice meeting minutes held following the significant event.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). These were discussed with the lead GP who demonstrated clear knowledge on the most recent alerts.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

The practice had a number of systems in place to minimise risks to patient safety.

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards. A GP partner was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room. One staff member who on occasion provided chaperone duties had no disclosure and barring services (DBS) check or a completed risk assessment within their personnel file. We saw that some records had yet to be sorted and filed following the merger of the two practices. The practice manager gave assurances that these records would be reviewed and if no risk assessment or DBS check found this would be completed and confirmed that an audit on all staff

files would take place. However, immediately following the inspection the practice informed us staff had copies of their completed DBS checks which they had kept at home.

- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had yet to be undertaken by the lead nurse in IPC. This would include staff immunity to healthcare associated infections, premises suitability and staff training/ knowledge. The IPC lead nurse attended IPC link meetings with other practice nurses and information was cascaded to the practice team at various meetings. The practice employed a private company for cleaning purposes. The company maintained spreadsheets and logs of the areas cleaned which were dated and signed and also completed regular audits.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nurses used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. Blank prescriptions were securely stored and there were systems in place to monitor their use. Staff ensured there were adequate stocks of medicines for example in the use of children's immunisations and travel vaccines to ensure the expiry dates and rotation of medicine stocks held was monitored. However, there was no formalised documentation of this in place. The GPs did not routinely hold medicines in their bags. If, following a patient assessment, medicines might be required they would access them from the emergency stock. There was no formal process in place for recording this activity.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs
- 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) medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed seven personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment, however staff had been transferred from their former employer to their new employer Severn Fields Medical Practice and these records were historic. For example; in three files there was no photographic proof of identification, in four files there were no references. We found that verification of registration with the appropriate professional body was found in three of the five clinical staff files reviewed, and the appropriate checks through the Disclosure and Barring Service was not seen in two of the clinical staff records. Following the inspection the practice manager informed us staff had copies of their completed DBS checks which they had kept at home. The practice had medical indemnity insurance arrangements in place for relevant staff, although one clinical staff members' medical indemnity certificate was not held within their personnel file. The practice manager assured us that they would obtain a copy to rectify this. For staff more recently employed, all appropriate recruitment checks had taken place. Some records had yet to be sorted and filed following the merger of the two practices.
- We reviewed recruitment records held of locum GPs used at the practice and found that appropriate checks were completed and these were documented.
- The practice offered telephone consultations with the duty GP/GPs and advanced nurse practitioner. The GPs had developed a triage protocol/system for incoming calls, which the reception staff referred to, this was with a view to minimising the duty GP undertaking routine work to maximise urgent appointment availability. Looking at the triage documentation we noted that if a patient said they had flu like symptoms they would be offered a routine GP appointment by reception staff. There was a potential risk that should the patient present their symptoms as flu like, without further assessment, such as asking whether they had a fever, that this system would lead reception staff to inappropriately make a routine GP appointment. However, when we spoke with an experienced reception staff member they were clear that a patient with a fever

with flu like symptoms would warrant a same day GP telephone consultation or contact with the GP. When we discussed the call handling triage protocol/system the GPs confirmed that this document was being regularly refined based on patient and staff feedback and that staff had received guidance in the use of this document.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills with staff in the whole building.
- 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- All staff had received recent annual update training in basic life support, although the staff training records for four staff did not contain copies of their achievement.
- The practice had emergency equipment accessible within the building. This included two automated external defibrillators (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). However, one of the GPs we spoke with was unsure as to whether or not the practice had an AED. One of the oxygen cylinders held needed to be changed as they were less than half full and replacements were requested during the inspection.
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date were stored securely and staff knew their location. The practice emergency medicines checks completed by staff included expiry date monitoring. We found that some medicines, such as sedation or antihistamine medicine were less accessible as they had been stored in the controlled drug locked cabinet rather than on the emergency medicines trolley.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure. Not all staff were aware of what constituted a business continuity plan or who held copies. Staff spoken with said they would contact the practice manager or GP partner for advice should the need arise.

Good

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.
- Changes to guidelines were shared and discussed at practice learning and training events/ meetings, clinical meetings as well as frail and vulnerable and palliative care multi-disciplinary team meetings.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.

Management, monitoring and improving outcomes for people

There was no data in the published Quality Outcomes Framework (QOF) to refer to for Severn Fields Medical Practice, as two legacy practices had merged on 1 April 2016, Haughmond View Medical Practice and Mount Pleasant Medical Practice. The legacy practices used the information collected for the Quality 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). QOF results from 2014/15 showed findings from Mount Pleasant Medical Practice and Haughmond View Medical Practice pre their merger. For example; :

Mount Pleasant Medical Practice:

- Had achieved 91% of the total number of points available compared with the national average of 95% and clinical commissioning group (CCG) average of 97%.

Haughmond View Medical Practice:

Had achieved 98% of the total number of points available compared with the national average of 95% and clinical commissioning group (CCG) average of 96.9%

This practice was not an outlier for any QOF (or other national) clinical targets. Legacy data for the two former practices from 2014/15 showed:

- Performance for poor mental health indicators was higher than the national averages. For example, 100% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%.
- Performance for diabetes related indicators was similar to local and national averages. For example, 84% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 80% and national average of 78%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- The practice participated in the avoiding unplanned admission enhanced service. Two per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge.
- The practice ran searches on all patients on the practice's avoiding unplanned admissions (AUA) register to find out if they had been admitted to hospital. In patients who had been admitted the practice established when they were discharged home or due to be discharged, and the care co-coordinator at the practice contacted them for an initial post hospital discharge review, to ensure their needs could be met.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice register showed that 129 patients living with dementia were registered at the practice.

The legacy practice performance for Haughmond View Medical Practice, between 2014/15 for the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 of the population was 16.67 which was comparable with the CCG average of 13.75 and national average of 14.6. Ambulatory care sensitive (ACS) conditions are chronic conditions for which it is possible to prevent

Good

Are services effective?

(for example, treatment is effective)

acute episodes and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions.

The practice was working with the primary support medicines management team on the practice performance on prescribing medicines. The practice engaged with the medicines management team who supported them in ensuring best practice in medicine optimisation and prescribing and in the monitoring and auditing for example, in antibiotic prescribing levels within the practice.

There had been a number of two cycle clinical audits undertaken by the legacy practices, we looked at two. For example, we saw that there had been a review regarding the use of a long-term medicine which had prompted an adverse reaction in a patient. Patient records were reviewed to ascertain if other patients had taken this medicine over the long term. The audit identified 17 patients, of which all were reviewed and several patients had changes made to their medicines. We saw evidence that this was communicated widely including specific recommendations on this medicines prescribing as detailed in the British National Formulary which were circulated to all GPs in the locality. Both audits demonstrated an improvement in the set standards. The findings clearly showed there had been improvements made and patients were involved in the decisions and informed of the medicine changes.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had a locum GP induction pack which provided clear, relevant information.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported. Severn Fields Medical Practice planned to complete staff appraisals six months after their merger.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff used on line e-learning software for some training, in house training and external events such as protected learning time with other practices in their locality. The practice manager was aware that some staff training was gapped according to their personnel records and planned to audit and review staff files.

Working with colleagues and other services

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Minuted meetings took place on a monthly basis.

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.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Health promotion and prevention

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

Good

Are services effective?

(for example, treatment is effective)

- NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns.
- The practice offered a comprehensive range of travel vaccinations.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- For example, the legacy practice Haughmond Views uptake for the cervical screening programme was 83% which was in line with the CCG average of 83% and national average of 82%.

Data from 2014, published by Public Health England, National Cancer Intelligence Network Data in March 2015 as an example, for one of the legacy practices, Haughmond View Medical Practice, showed that the number of patients who engaged with national screening programmes when compared with local and national averages:

- 69% of eligible females aged 50-70 had attended screening to detect breast cancer .This was lower than the CCG average of 77% and national average of 72%.
- 55% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer, compared with the national average of 58%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

We received two completed cards which most were positive about the caring and compassionate nature of staff. We spoke with 10 patients who told us they were treated with care, dignity, respect and understanding.

The practice maintained a register of patients with a learning disability which included 72 patients. The practice nurses ensured that they met learning disability patients on the first floor area as they were aware that the new large building could be overwhelming.

There was no data in the published GP national patient survey to refer to for Severn Fields Medical Practice, as two practices had merged on 1 April 2016, Haughmond View Medical Practice and Mount Pleasant Medical Practice. We reviewed the most recent data available for the legacy practices on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016.

The results from the GP national patient survey demonstrated the most recent feedback in relation to the experience of their last GP appointment. Please note these findings were based on the two individual practices before their merger. For example:

Mount Pleasant Medical Practice, the survey invited 254 patients to submit their views on the practice, a total of 92 forms were returned. This gave a return rate of 36%.

- 95% said that the GP was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 92%, and national averages of 87%.
- 99% had confidence in the last GP they saw or spoke with compared to the CCG average of 97% and national averages of 95%.
- 95% said that the last GP they saw was good at listening to them compared with the CCG average of 92% and national average of 89%.
- 89% said that the nurse was good at giving them enough time compared to the CCG average of 94% and national average of 92%.
- 86% said the practice nurse was good at listening to them with compared to the CCG average of 94% and national average of 91%.

Haughmond View Medical Practice the survey invited 277 patients to submit their views on the practice, a total of 109 forms were returned. This gave a return rate of 39%.

- 82% said that the GP was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 92%, and national averages of 87%.
- 90% had confidence in the last GP they saw or spoke with compared to the CCG average of 97% and national averages of 95%.
- 85% said that the last GP they saw was good at listening to them compared with the CCG average of 92% and national average of 89%.
- 95% said that the nurse was good at giving them enough time compared to the CCG average of 94% and national average of 92%.
- 94% said the practice nurse was good at listening to them with compared to the CCG average of 94% and national average of 91%.

The practice had discussed these findings, the planned merger and engaged and involved their Patient Participation Group (PPG) in their plans. A number of suggestions were made by the PPG and an action plan derived with the practice.

Care planning and involvement in decisions about care and treatment

Individual patient feedback we received from patients about involvement in their own care and treatment was positive, all patients felt involved in their own care and treatment.

The GP patient survey information we reviewed showed patient responses to questions about their involvement in

Good

Are services caring?

planning and making decisions about their care and treatment with GPs in comparison to national and local CCG averages. The GP patient survey published in January 2016 showed findings based on the two individual practices before their merger;

Mount Pleasant Medical Practice;

- 87% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% said the last GP they saw was good at explaining tests and treatments which was comparable with the CCG average of 90% and national averages of 86%.
- 85% said the last nurse they saw was good at involving them about decisions about their care which was in line with the national average of 85%.
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

Haughmond View;

- 86% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% said the last GP they saw was good at explaining tests and treatments which was lower when compared with the CCG average of 90% and national averages of 86%.
- 91% said the last nurse they saw was good at involving them about decisions about their care which was higher than the national average of 85%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment.

The practice's computer system alerted staff if a patient was also a carer. The practice was working towards improving the carers register. There were 346 carers on the register which was 1% of registered patients. Known carers had been offered an annual health check and seasonal flu vaccination.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- As part of the practices extended hours provision, routine pre booked appointments were available on Tuesdays (from 7.30am) and Saturdays (9am to1pm). This service had recently been extended to include nurse appointments.
- The practice building was a hub for a large number of other clinics provided by other NHS organisations or Any Qualified Provider (AQP). (AQP is a national programme which offers patients more choice). This enabled patients to visit the practice for mental health, physiotherapy, ophthalmology, pain management and ante-natal services instead of the need to travel to a hospital.
- The practice was actively working with the young health champions' project manager from the Clinical Commissioning Group to develop a young person's patient forum. This was in very early stages of development. The plan was to have two forums, one for under 13s and another for 14-24 year olds.
- One of the GPs at practice had completed further training in Dermatology which enabled the practice to develop internal pathways for patients care and treatment to avoid admissions to hospital.
- Online services for ordering repeat prescriptions and appointments were available.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered telephone consultations with the duty GP/GPs and advanced nurse practitioner. When we discussed the call handling triage protocol/system the GPs confirmed that this document was being regularly refined based on patient and staff feedback and that staff had received guidance in the use of this document.

We spoke with the practice manager and office manager who had scoped the number of patient calls taken by the legacy practices prior to the merger. They had found following the merger that the call numbers had been three times their prediction and the average number of GP triage calls per day was 50 to 60. We noted 93 triage call backs to patients were taken by the duty GPs on morning surgery list alone during the inspection.

- There were longer appointments available for patients with a learning disability.
- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required.
- There were disabled facilities, a hearing loop and translation services available.
- The practice used social media such as Facebook and Twitter to engage with their patients. This gave the practice new ways of getting information to patients and in allowing patients to contact them. On Facebook, they had achieved a 100% response rate and responded within three hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided a minor surgery clinic.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice hosted additional services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as the retinal screening service and abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).
- The practice provided regular patient access to their community and care coordinator. The community and care coordinator provides a signposting service to other services and acted as a link for patients on the practices frail and vulnerable register.
- The practice had proactively developed good links with North Shrewsbury Friendly Neighbours service, to support their patients and following talks this service provided to their Patient Participation Group. North Shrewsbury Friendly Neighbours is a free service and was set up in 2002. It is a registered charity and

Good

Are services responsive to people's needs?

(for example, to feedback?)

signposting, befriending, companionship services are provided by a co-ordinator and a team of dedicated locally recruited volunteers, who receive full training, on-going support, and expenses.

Access to the service

The practice was open each weekday from 8.30am to 6pm. The practice switchboard was open from 8.30am to 6pm but closed from 1pm to 2pm, however, a doctor could be contacted in an emergency during these times. Extended hours were available for routine pre booked appointments on a Tuesday (from 7.30am) and Saturdays (9am to1pm) as part of the practices extended hours provision. The practice had opted out of providing cover to patients outside of normal working hours. The out-of-hours services were provided by Shropdoc.

Patients could book appointments in person, by telephone and on line access. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with GPs and nurses within a week. The practice also provided text message reminders for appointments.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made by contacting the appropriate emergency service to meet their needs. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

There was no data in the national GP patient survey published in January 2016 to refer to for Severn Fields Medical Practice, as two legacy practices had merged on 1 April 2016, Haughmond View Medical Practice and Mount Pleasant Medical Practice. Please note these were results from the national GP patient survey published in January 2016 which showed findings based on the two individual practices before their merger;

Mount Pleasant Medical Practice;

- 88% of patients found it easy to contact the practice by telephone compared to the CCG average of 86% and national average of 73%.
- 90% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 62% of patients felt they did not have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.
- 83% of patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.

Haughmond View;

- 83% of patients found it easy to contact the practice by telephone compared to the CCG average of 86% and national average of 73%.
- 95% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 74% of patients felt they did not have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.
- 84% of patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.

The practice had worked very closely with their 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). The practice also assisted the PPG to set up a Facebook and Twitter presence.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, website and a practice leaflet.

There had been no complaints made to Severn Fields Medical Practice.

The joint legacy practices had received 28 complaints in the last 12 months. We tracked three complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. The practice analysed complaints for trends, to which they were none. Complaints were discussed with staff and at meetings. We

Good

Are services responsive to people's needs?

(for example, to feedback?)

found that more detail could be added to document the practices learning and policy changes made in response to complaints, and it was not clearly documented as to whether the practice complaints leaflet had been enclosed with any correspondence. This leaflet noted the next step actions patients could take in response to the practices complaint investigation conclusions. However, it was clear that learning took place and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

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 was developing with their staff with external facilitators their practice vision. It was clear that this included the delivery of high quality care and to promote good outcomes for patients.

- Staff knew and understood the practice values.
- The practice had a developing strategy and supporting business plan which reflected the changing primary care priorities. For example, their recent practice merger.

Governance arrangements

Severn Fields Medical Practice had developed 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:

- Practice specific policies had been implemented and reviewed. Due to the legacy practices and the merger there were difficulties for some staff in readily accessing or sourcing the most current electronic policies.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous performance management and interrogation of their systems to internally audit and monitor quality and to make improvements was undertaken.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The lead GP, GP partners, practice manager and senior management team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. The practice had identified staff for key leadership roles within the practice.

The PPGs were actively involved with the merger and the groups merged, they engaged and supported patients to understand the changes planned and in suggestions about how best to advertise these changes.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active patient participation group (PPG), who worked with staff to improve services. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). We spoke with one member of the PPG. They informed us they met with the practice on a regular basis and felt valued by the practice team. The main priorities for joint working between the legacy practices and PPGs had been:

- Raising patient/public awareness of the planned merger and changes around the practice environment as a result of this.
- Organised in conjunction with the PPG the legacy practices held a health and well-being showcase last summer with exhibitors such as Healthwatch, Arthritis Care, Polymyalgia group; Shropshire Disability Network and Shropshire Young Health Champions.
- Recruitment and retention of GPs and practice nurses.
- Assisting the practice in its eligible population group's awareness of the flu vaccination programme.

The staff had a good insight into the broad feelings of patients about their experience of the practice. Staff told us they felt able to provide feedback and discuss any issues in relation to the practice. Staff had received an appraisal with their respective legacy practices and had a personal development plan. Severn Fields Medical Practice planned to complete staff appraisals six months after their merger.

In preparation for the practice merger the practice held externally facilitated staff training for all the staff groups focusing on developing safe processes. This included questions which led to encouraging staff vision setting, team building and a whole team approach. This work was still ongoing alongside other training to develop their whole team approach.

Are services well-led?

Good

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

Continuous improvement

Staff told us that the practice supported them to develop professionally. For example, the practice nurses over a number of years had been supported to extend their skillset. One of the GPs had completed further training in dermatology which enabled the practice to develop internal pathways to avoid admissions to hospital for some patients. Clinical staff were involved with the Clinical Research Network for the past five years, which enabled GPs to offer patients if consented to do so opportunities to be part of studies to improve health outcomes.

The practice was involved in the development of a pilot project with the GP Access Fund to allow face to face triage with a physiotherapist for muscular skeletal conditions, called 'Physio First.' Patients could self-refer, be booked in directly by reception or by another clinician to this scheme.

The practice was actively working with the young health champions' project manager from the Clinical Commissioning Group to develop a young person's patient forum. Although in early stages of development they planned to have two forums; one for under 13s and another for 14-24 year olds.

The practice had worked with a local hospital to develop email acceptance of urgent cancer referrals rather than faxed copies. This had subsequently been rolled out to other practices.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had not identified all the potential risks associated with the triage document used by reception staff.