

# Cambrian Surgery

## Quality Report

Thomas Savin Road,  
Oswestry  
Shropshire  
SY11 1GA  
Tel: 01691 652929  
Website: [www.cambriansurgery.co.uk](http://www.cambriansurgery.co.uk)

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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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Cambrian Surgery on 11 May 2016. Overall the practice is rated as good.

#### Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment 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 also areas of practice where the provider should make improvements:

- Continue to increase the identification of patients who may be carers.
- Improve the documentation of the learning, action points and trend analysis for significant incidents and events.

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- Ensure copies of the risk assessments such as fire checks and legionella records that were incomplete or missing from those reviewed are held by the practice.
- Maintain a full recruitment record at the practice for the locum GPs used.
- Improve the robustness of the medication review systems as we found that 18.3% of patients on specific medicines used to control blood pressure had not had a monitoring blood test in the last 12 months.
- Create a formal system for recording and monitoring medicines that on an ad hoc basis maybe taken by GPs to home visits.
- Complete full clinical audits where any improvements made can be implemented and monitored.
- Review the practice policies and procedures to ensure they are in line with current best practice, have a review date and are readily available and easily located by staff.

**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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful 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 abuse.
- Risk assessments such as fire checks, legionella records were incomplete or missing from those reviewed, the practice explained these had been regularly requested from the property service management groups without success.
- The robustness of the medication review systems needed to be reviewed as 18.3% of patients on specific medicines used to control blood pressure had not had a monitoring blood test in the last 12 months.
- Systems for recording and monitoring medicines that on an ad hoc basis may be taken by GPs to home visits was not in place.
- Not all policies and procedures to support staff with current best practice had been reviewed and were not easily located by all staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- GPs had highlighted clinical audit as an area they could improve upon and to use findings as an opportunity to drive improvement. There had been no complete clinical audit undertaken in the last two years.

## Are services caring?

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 January 2016 GP national patient survey demonstrated positive feedback in relation to the patients' experiences at the practice. The results showed higher than CCG and national averages in the patients' view of their last GP and nurse appointments and their involvement in planning and making decisions about their care and treatment.
- The practice offered additional services for carers, although the overall number of carers identified was low at 0.3% of registered patients.

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. Additional services offered on site included venepuncture (blood sample taking) and minor surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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

Good



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

- There were 2,862 patients over the age of 65 (list size 12,927), 127 patients, approximately 1% of the registered patients, were living in local care homes. The practice GPs completed the Care Homes Advanced Scheme II (CHAS2) care plans. This is a local initiative supported by the Shropshire Clinical Commissioning Group that allows and empowers the practice to dedicate more time and resources looking after their frail patients. All patients had a care plans and 100% of these had been reviewed within six months. The practice allocated an on the day appointment, for those able to attend the practice, for patients from care homes to see a GP if required.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A partner visited a nursing home for a clinical session each week and reviews as many patients as needed. The GP provided and coordinated care with other agencies such as, occupational therapy, dieticians, community physiotherapists and pharmacists. This was said to be a clinical challenge at times as many patients had complex medical needs such as; step down beds from the local hospitals, admissions for palliative care, and urgent respite admissions via social services.
- The practice employed two part-time care coordinators who reviewed care plans, reviewed 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.

# Summary of findings

- Patients at the highest risk to 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.
- A practice nurse with specialist diabetic nurse training supported diabetes patients with dietary advice, referred patients to a structured education program, foot screening service and retinal screening service when they were first diagnosed. The practice nurse had completed training on the initiation of insulin in diabetes and was able to give advice and support with respect to self-injection techniques.
- The practice had a pre-diabetes register offering patients lifestyle advice and monitoring and set up systems to review all the blood glucose test results ordered throughout the practice to ensure that all elevated results were acted upon. The practice aim was to reduce the number of patients who progress to diabetes. The practice population of diabetics was now between 4% and 5% from what had been a base line level of 2%.

## 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 provided support to a children's hospice.

# Summary of findings

- The practice's uptake for the cervical screening programme was 79% which was slightly lower but comparable with the CCG average of 83% and national average of 82%.
- The practice was young person-friendly and offered condoms, pregnancy testing and Chlamydia testing for all aged 15-24.

## 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 starting at 7.30am and offered extended hours two evenings a week,
- The practice provided online services to enable patients to book appointments, order repeat medicines and access some parts of their health records online.
- Health promotion and screening services reflected the health needs of this group.
- The practice was in the process of recruiting a prescribing pharmacist and a nurse prescriber to meet the needs of patients.

## 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, those who were housebound and patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 2% of the practices' frail and complex patients (220 patients) who may be at risk of unplanned hospital admissions had been identified by the practice and a register and care plans for these patients were maintained.

# Summary of findings

- The practice provided primary care service support to a local Learning Disabilities college.

## 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).

- Performance for poor mental health indicators was in line with national averages. For example, 84% of patients with severe poor 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 however higher at 36% 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. Generally lower rates indicate more patients had received the treatment or medicine. The practice was aware of these figures and had plans in place to address this.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from:

- The national GP patient survey published in January 2016. The survey invited 256 patients to submit their views on the practice, a total of 109 forms were returned. This gave a return rate of 43%.
- The practice worked with the patient participation group (PPG) and the Practice Manager attended each meeting and in general one of the GP partners also attended.
- We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 21 completed cards.

In the national GP survey, patient satisfaction was positive in areas relating to interaction with nurses, reception, opening hours and overall experience. Satisfaction levels were less positive in the areas of making an appointment and interaction with GPs.

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 new practice environment.
- Overall good or excellent experience of the practice.

## Areas for improvement

### Action the service SHOULD take to improve

### Action the provider SHOULD take to improve:

- Continue to increase the identification of patients who may be carers.
- Improve the documentation of the learning, action points and trend analysis for significant incidents and events.
- Ensure copies of the risk assessments such as fire checks and legionella records that were incomplete or missing from those reviewed are held by the practice.
- Maintain a full recruitment record at the practice for the locum GPs used.
- Improve the robustness of the medication review systems as we found that 18.3% of patients on specific medicines used to control blood pressure had not had a monitoring blood test in the last 12 months.
- Create a formal system for recording and monitoring medicines that on an ad hoc basis maybe taken by GPs to home visits.
- Complete full clinical audits where any improvements made can be implemented and monitored.
- Review the practice policies and procedures to ensure they are in line with current best practice, have a review date and are readily available and easily located by staff.

# Cambrian Surgery

## 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 and a second CQC inspector.

## Background to Cambrian Surgery

Cambrian Surgery is registered with the Care Quality Commission as a partnership provider. The provider holds a General Medical Services contract with NHS England. At the time of our inspection 12,927 patients were registered at the practice. The practice, in line with the local

Clinical Commissioning Group (CCG), has a higher proportion of patients aged 65 years and over when compared with the practice average across England. For example, the percentage of patients aged 65 and above at the practice is 22%; the local CCG practice average is 24% and the national practice average, 17%.

The practice is in a modern three storey purpose built building, completed in 2011, of which the practice occupies approximately 30%. The practice treatment areas and consulting rooms are on the ground and first floor. There is a lift available and an automatic door at the practice entrance. The practice has 11 consulting rooms, six nurse/treatment rooms, a minor operations room and a phlebotomy room. There is an on-site pharmacy. The practice is a training practice taking medical students from Birmingham University and Stafford University. As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery
- Venepuncture (blood sample taking)
- NHS Health Checks

The practice is open each weekday from 7.30am to 6.30pm with extended hours by appointment only on a Monday between 6.30pm and 8pm, on bank holiday Mondays the extended hours provision changes to a Tuesday. During these times telephone lines and the reception desk are staffed and remain open. The practice has opted out of providing cover to patients outside of normal working hours. These out-of-hours services are provided by Shropdoc.

Within the practice there are a number of key leadership roles including medical, nursing and administration and support. Staffing at the practice includes:

- Six GP partners, two salaried GPs and two locum GP's.
- Five practice nurses.
- Two female healthcare assistants and a phlebotomist.
- A practice manager, assistant practice manager, finance manager, performance manager, two operational managers, a care co-ordinator, data input clerk, senior receptionist, six reception staff, two secretaries and a receptionist/secretary, administrator and team of five reception/administrative staff and an apprentice.
- A prescription team comprising of up to six staff, three of whom also provide reception services.

## 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

# Detailed findings

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, members of the practice nursing team, director of operations, the practice manager and administrative staff. We also spoke with two 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).

- 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.

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

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

- Staff knew their individual responsibility, and the process, for reporting significant events.
- Significant events had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team. The practice team accepted that improvement needed be made in the documentation of the learning, action points and the trend analysis discussions.
- Significant events were discussed at practice meetings and at clinical governance meetings.
- All occurrences were reviewed for trends and when needed changes were made to promote a safe culture.

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, following an event where an anti-coagulation blood test appointment was made rather than ensuring the patient had a blood test the same day, the practice changed their system to enable walk in clinics for some phlebotomy.

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). We saw that the practice did not always record the actions they had taken in response to alerts, although other evidence demonstrated they had taken action. We spoke with the practice about this and noted that the GPs had not signed up to the safety update which was acted on during our inspection.

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. The lead GP 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, had a disclosure and barring services (DBS) check 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.
- 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 been undertaken, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge.
- The majority of the practices surgical and treatment devices were single use. The practice used the clean and dirty utility areas for the decontamination of instruments that were not single use to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process. A practice nurse demonstrated the decontamination process to us and used the correct procedures. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at a random selection of the sealed instruments in the minor surgery treatment room and found that they had an expiry date that met the recommendations from the Department of Health. The staff who were trained in the use of this equipment

## Are services safe?

completed calibration and monitoring tests and recorded these appropriately. These records were maintained in a log book, signed and dated by the staff member.

- 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 nursing team consisted of practice nurses, and healthcare assistants who had undertaken further training to prescribe medicines within their scope of practice. 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. There was no formalised documentation of this in place. During the inspection staff put in place documentation to support these processes. GPs did not routinely hold medicines in their bags; following a patient assessment should medicines be required they would access them from the emergency stock. There was no formal process in place for recording this activity.
- 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. However, on interrogating the information available we found that 18.3% of patients on specific medicines used to control blood pressure had not had a monitoring blood test in the last 12 months. This would ensure they had the required monitoring such as renal function, and electrolyte levels. The robustness of the medication review systems could be further improved. The GP partners following this feedback assured us they would conduct an audit in this regard and ensure patients were invited were appropriate to do so for required monitoring.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for all relevant staff. The practice manager assured us that they would maintain a full recruitment record at the practice for the locum GPs and these were requested from the locum agency used.

### Monitoring risks to patients

Risks to patients were in general well assessed and well managed.

- The practice had attempted to establish with the various property service management groups involved in the building's maintenance, an up to date fire risk assessment, and to carry out regular fire drills. However, records were missing from those reviewed. For example, the practice did not hold the records of the building's regular water temperature testing and flushing of water lines or of the written risk assessment for Legionella. (Legionella is a bacterium which can contaminate water systems in buildings). The practice manager assured us they had evidence of emails/communications they had generated in attempts to obtain the information required and that they would continue to strive to ensure they had complete records.
- 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.
- Regular infection control audits were held and staff were immunised against appropriate vaccine preventable illnesses.

### 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.

## Are services safe?

- The practice had emergency equipment on both patient accessible floors within the building. This included an automated external defibrillator (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).
  - Emergency medicines were held to treat a range of sudden illness that may occur within a general practice.
- All medicines were in date, with the exception of one opened medicine which the practice nurse removed and replaced during the inspection. Medicines were stored securely and staff knew their location.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

# 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, partner meetings, clinical meetings and senior management team 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

The practice 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 that within the practice:

- The practice achieved 97.5% of the total number of points available; this was higher than the national average of 94.8% and clinical commissioning group (CCG) average of 96.9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for poor mental health indicators was in line with national averages. For example, 84% of patients with severe poor 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 higher at 36% 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. Generally lower rates indicate more patients had received the treatment or medicine. The practice was aware of these figures and had plans in place to address this.

- Performance for diabetes related indicators was similar to local and national averages. For example, 83% 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%. Clinical exception reporting was 11%, when compared with the CCG average of 11% and national average of 12%.

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

- A practice nurse with specialist diabetic nurse training supported diabetes patients with dietary advice, referred patients to a structured education program, foot screening service and retinal screening service when they were first diagnosed. The practice nurse had completed training on the initiation of insulin in diabetes and was able to give advice and support with respect to self-injection techniques.
- The practice had a pre-diabetes register offering patients lifestyle advice and monitoring and set up systems to review all the blood glucose test results ordered throughout the practice to ensure that all elevated results were acted upon. The practice aim was to reduce the number of patients who progress to diabetes. The practice population of diabetics was between 4% and 5% from what had been a base line level of 2%.
- 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 care plans were available in the patient's home to enable other health professionals who may be involved in their care to have comprehensive information about them.
- The practice ran a weekly search on all patients on the practices' avoiding unplanned admissions (AUA) register to find out if they had been admitted to hospital. When

# Are services effective?

## (for example, treatment is effective)

patients had been admitted to hospital the practice established when they were discharged home or due to be discharged. The care co-coordinator at the practice then contacted patients for an initial post hospital discharge review, to ensure their needs could be met.

The practice performance between 2014/15 for the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 of the population was 13.28 which was slightly better than 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 acute exacerbations 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. They were in receipt of a report based on their prescribing data between 2015/2016 from NHS Shropshire Clinical Commissioning Group, Prescribing Quality and Optimisation Scheme (PQOS). The practice had engaged a pharmacist to support 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 no two cycle full clinical audits undertaken in two years. The practice was aware and this was one of their known improvement and development areas. The practice had faced clinical staffing challenges in this period including that of the merger of two practices into one, GP staff moving locations, the linking of the two practices and merging policies, procedures and data. We saw that there had been a repeat cryotherapy review from the original in April 2013 completed in January 2015. The findings of the audit included information that patients had had no need to return to the cryotherapy clinic for repeat treatment of warts and verruca's. Cryosurgery is used to treat a number of diseases and disorders, most especially skin conditions like warts, moles and skin tags. Minor operative reviews/ audits had found improvement from the period of January to March 2013 to September to November 2015 whereby all samples including the removal of lesions, endometrial biopsies and removal of cervical polyps had been sent for histology.

### 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 learning needs of staff were identified through appraisals, and staff told us they felt supported.
- 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.

### 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. 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.

# Are services effective?

(for example, treatment is effective)

- 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 review for patients with long-term conditions:

- 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, including yellow fever.
- 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.

- The practice's uptake for the cervical screening programme was 78.77% which was slightly lower but comparable with the CCG average of 82.66% and national average of 81.8%.

Data from 2014, published by Public Health England, National Cancer Intelligence Network Data showed that the number of patients who engaged with national screening programmes when compared with local and national averages:

- 75.0% of eligible females aged 50-70 had attended screening to detect breast cancer. This was slightly lower than the CCG average of 77.0% but slightly higher than national average of 72.2%.
- 56.9% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 61.8% and national average of 58.3%.

# 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.
- The practice advertised and offered a confidentiality room at the side of the reception booth for patients to discuss more sensitive issues in private.

We received 21 completed cards, of which all were positive about the caring and compassionate nature of staff. Patients told us they were treated with care, dignity, respect and understanding.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 256 patients to submit their views on the practice, a total of 109 forms were returned. This gave a return rate of 43%.

The results from the GP national patient survey demonstrated positive feedback in relation to the experience of their last GP appointment. For example:

- 96% said that the GP was good at giving them enough time compared to the CCG average of 92%, and national averages of 87%.
- 97% had confidence in the last GP they saw or spoke with compared to the CCG average of 97% and national averages of 95%.
- 96% 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%.

The results in the national patient survey regarding nurses showed higher than average of satisfaction when compared locally and nationally:

- 97% said that the nurse was good at giving them enough time compared to the CCG average of 94% and national average of 92%.
- 97% said the practice nurse was good at listening to them with compared to the CCG average of 94% and national average of 91%.

### 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 planning and making decisions about their care and treatment with GPs were better than the national and local CCG averages. The GP patient survey published in January 2016 showed;

- 89% said the last GP they saw was good at involving them about decisions about their care compared to the national average of 82%.
- 95% said the last GP they saw was good at explaining tests and treatments which was higher when compared with the CCG average of 90% and national averages of 86%.
- 95% 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%.
- 93% 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 had identified 45 patients as carers (0.3% of the practice list). All registered carers had been offered an annual health check and seasonal flu vaccination. The practice care co-ordinator and performance manager were working towards improving the carers register.

## Are services caring?

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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered evening appointments until 8pm on a Tuesday and Thursday and early morning appointments from 7.30am.
- Online services for booking appointments and ordering repeat prescriptions were available.
- Same day appointments were available for children and those with serious medical conditions.
- They also offered telephone consultations with the GPs.
- 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.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided a counselling service and patients had access to appointments at the practice with the Community Mental Health nurse and Primary Care Liaison service.
- The practice provided a minor surgery clinic.
- A podiatrist service was hosted by the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had developed the premises to meet the needs of its growing registered population.

- The practice provided information to patients such as providing information on the community car scheme service which was run on a volunteer basis mainly for appointments at the practice and Hospitals but also opticians.

### Access to the service

The practice was open Monday to Friday 7.30am to 6.30pm with additional extended hours provided on appointment only on Mondays between 6.30pm and 8pm where there is a bank holiday Monday the extended hours were provided on the Tuesday. During the practice open times the telephone lines and the reception desk were staffed and remained open. The practice had plans to introduce a third late evening in the coming months. The practice offered pre-bookable appointments and telephone access appointments for all patients who required an urgent (same day) appointment. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service each weekday evening and during weekends and bank holidays.

Patients could book appointments in person, by telephone or online for those who had registered for this service. 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 three weeks.

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.

Results from the national GP patient survey published in January 2016 showed positive patient satisfaction when compared to local and national averages:

- 93% of patients found it easy to contact the practice by telephone compared to the CCG average of 86% and national average of 73%.
- 97% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 72% 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%.
- 85% 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 introduced a number of improvements to telephone access:

- Increased the number of staff available to answer telephone calls.
- Introduced a centre for staff to take incoming calls away from the reception areas.

The practice had worked closely with 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). The PPG expressed patient's views in respect of the number of car parking spaces available for patients to use. The practice premise is housed in a building shared with a Minor Injury Unit, dental service and community services, staff car parking and patients visiting all these services had car parking needs. The practice manager and senior management team were aware of these concerns and forwarded correspondence as to whether plans could be made to provide further car parking in the future.

## 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. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received 14 complaints in the last 12 months. We tracked four complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. We found one complaint response letter could have been more explicit. The practice analysed complaints for trends, to which there were none. Complaints were discussed with staff and at clinical meetings. Learning from complaints was evident 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 had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a strategy and supporting business plan which reflected the changing primary care priorities and was regularly monitored.

### Governance arrangements

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

- Practice specific policies were implemented and were available to all staff. However it was evident that the merged practice policies required review as some were dated 2013. We observed that staff had to search in several different locations on the practices' electronic system to source policies, such as safeguarding, as they could not recall where these were now held. This was not a timely process and some policy subjects had two different policies available, so staff were at risk of not always using the most up to date relevant policy. The practice manager acknowledged that there were still elements of the two merged practices running alongside each other. This was to be addressed when a new staff member took up their appointment in the near future.
- 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. The practice had self-identified the majority of the areas we had highlighted as requiring improvement during the inspection. They were working towards achieving a cohesive and embedded infrastructure with a one system approach for the whole practice.

### Leadership and culture

The lead GP, practice manager and assistant 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.

- When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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. For example, one of the GP partners had specific expertise in mental health and was a Section 12 approved doctor. They also attended most mental health sections done within the practice and attended others at the request of social services. (A section 12 approved doctor has specific expertise in mental disorder and have additionally received training in the application of the Mental Health Act). The GP had taken up the clinical lead role in mental health, stroke, coronary heart disease, high blood pressure, and the practice supportive role of human resources, the premises and training.

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:

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

### 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 two members of the PPG. They informed us they met with the practice on a regular basis, felt valued by

# Are services well-led?

Good 

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

the practice team and also received secretarial support from the practice for their meeting minutes. The main priorities for joint working between the practice and PPG had been:

- Patient car parking.
- Recruitment and retention of GPs
- Discussion on the Five Year Forward plan and the appointment of a pharmacist and a nurse practitioner at the practice.
- Had assisted the practice in its eligible population group's uptake of the flu vaccination programme.

The staff and provider management team 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. All staff had received a recent appraisal and had a personal development plan.

## **Continuous improvement**

Staff told us that the practice supported them to develop professionally. For example, the practice healthcare assistant had been employed for a number of years during which they had been supported to extend their skillset to include phlebotomy (blood sample taking) and one of the practice nurses had completed a diabetes course.