

# Claremont Bank Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Claremont Bank Surgery on 30 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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. Feedback from patients about their care was consistently and strongly positive.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.

# Summary of findings

- 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 practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and discussed with 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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse.

Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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. For example, sexual health clinics, run by Staffordshire and Stoke on Trent Partnership NHS Trust, were held twice a week at the practice. No appointments were necessary and it was open to the whole community. The practice location in Shrewsbury centre was ideally situated for the clinic, and particularly convenient for students at local colleges.
- The new Shrewsbury Campus of the University of Chester had been built close to the practice. The practice expected to have many new students registered, and the practice attended the 'Fresher's Fare' to offer information and advice.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Information about how to complain was available and easy to understand and evidence showed that 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.

- It 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 this.
- 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 governance 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the local CCG initiative of care co-ordinators who contacted patients by telephone and was able to signpost patients to external agencies who offer help and support. The care co-ordinator also ran the practice 'Carer's and Bereavement Groups' as well as attending the Patient Participation Group meetings.
- The practice GPs attended regular multidisciplinary meetings with the Community Matron, District Nurses and Care Co-ordinator to discuss patients known to be frail and vulnerable to improve quality of care and avoid unnecessary hospital admissions.

The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs. For example, to help improve the quality and continuity of care provided, one GP oversaw all of the patients at a local care home and the care homes had a dedicated telephone line to call for urgent GP advice.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better in four of the six indicators and similar in two indicators to the CCG and national average. The practice had recently set up a nurse led diabetes clinic, which aimed to provide a "one stop shop" for patients with this condition. They arranged in-house foot screening with the local podiatry service to coincide with the clinic. They developed a clinical protocol to enable the appropriately trained practice nurses to make management

Good



# Summary of findings

decisions with the support of a GP during the clinic. Care arrangements followed NICE guidelines. The practice nurses who provided diabetes care had completed a Certificate in Diabetes Care.

- The practice had a fortnightly Claremont Bank Walking Group led by patients, which welcomed all members of the community. This project was set up by their Patient Group several years ago.
- 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 those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who 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's uptake for the cervical screening programme was 82.91%, which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice provided a comprehensive contraception service. In addition, Sexual Health Clinics, run by Staffordshire and Stoke on Trent Partnership NHS Trust, were held twice a week at the practice. No appointment was necessary and it was open to the whole community.

The community midwife held a clinic once a week at the practice, and the GPs provided dedicated antenatal and post-natal sessions.

Good



# Summary of findings

## **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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided extended hours appointments on Monday evenings between 6.30pm and 8pm.
- The practice worked with local practices to increase accessibility outside normal working hours, using the Prime Minister's Challenge Fund. This would be available to patients who were not registered with the practice on Monday evenings, and Saturday mornings on a rota basis, along with some neighbouring practices.
- The new Shrewsbury Campus of the University of Chester had been built close to the practice. Practice staff had attended the 'Fresher's Fare' to offer information and advice.

## **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 homeless people and those with a learning disability.
- It offered longer appointments for patients with a learning disability, an annual health check and had an easy read consent leaflet available for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The Community Substance Misuse Team visited to the practice to offer the whole practice team training, which had included insight in to local drug problems and how to help patients with substance addiction.

# Summary of findings

- Patients with alcohol problems were referred to 'Aquarius' located in Shrewsbury centre. Aquarius is an organisation who helps people overcome the harms caused by alcohol, drugs and gambling.
- The practice had access to 'Confide' a counselling service, which was situated just a few minutes' walk from the practice.

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

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

- Eighty-nine point eight percent of patients diagnosed with dementia had had their care reviewed in a face to face review in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia and all staff had dementia awareness training.
- A Community Mental Health nurse provided a weekly clinic at the practice.
- The practice had a monthly educational meeting and had used this time to invite the community consultant psychiatrist to discuss patient care.
- Referrals were made to the Memory Service team.
- The practice had research links with Keele University, and were involved with the Primrose Trial. This is a study of intensive support for patients with mental health problems, to modify their risk factors for cardiovascular disease.
- The practice said they would make available to their patients the information available on the Mental Health Crisis Care Concordat. (This was a national agreement between services and agencies involved in the care and support of people in crisis. This included access to support before crisis point, making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously).

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Two hundred and fifty-six survey forms were distributed and 110 were returned, a response rate of 43%.

- 94.5% found it easy to get through to this practice by phone compared to a CCG average of 85% and a national average of 73.3%.
- 85.8% found the receptionists at this practice helpful (CCG average 90.1%, national average 86.8%).
- 86.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.4%, national average 85.2%).
- 98.4% said the last appointment they got was convenient (CCG average 94.1, national average 91.8%).

- 89.9% described their experience of making an appointment as good (CCG average 82.1% national average 73.3%).
- 71% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.9%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients commented that staff were professional and approachable, they felt listened to and involved in their care, patients recently bereaved commented extremely positively on the care and support they had received. We spoke with five patients during the inspection and two members of the patient participation group who were also patients at the practice. All said that they were happy with the care they received and thought that staff were approachable, committed and caring.

# Claremont Bank 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 included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

### Background to Claremont Bank Surgery

Claremont Bank Surgery is centrally located in Shrewsbury, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 7,429. The practice has a higher proportion of patients aged 65 years and above (32.4%) which is higher than the practice average across England (26.5%).

The staff team comprises of five GP partners, (three male and two female). The practice team includes four part time practice nurses, a practice manager, 10 receptionists/administrative support staff and an apprentice. In total there are 21 staff members employed either full or part time hours. The practice is open Monday to Friday 8am to 6pm. The practice offers extended hours from 6.30pm to 8pm on a Monday which assists working patients who can not attend during normal opening hours. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switch to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

The practice provides a number of clinics, for example long-term condition management including asthma,

diabetes and high blood pressure. It also offers child immunisations, minor surgery, and travel vaccinations including yellow fever. The practice offers a walking/exercise group health checks and smoking cessation advice and support.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities. They also provide some Directed Enhanced Services, for example they offer minor surgery, the childhood vaccination and immunisation scheme and extended hours access for their patients.

### 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?

# Detailed findings

- 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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2015. During our visit we spoke with a range of staff which included the practice manager, nursing staff, administrative and receptionist staff and GPs. We spoke with five patients who used the service and two members of the patient participation group. We reviewed 23 comment cards where patients, members of the public and staff 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 and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had received antibiotics they were allergic to. The patient had not taken the antibiotic, they contacted the practice to order a replacement as they had realised they were allergic to the medicine prescribed during a home visit. The prescription was changed. The action taken by the practice included changing the settings on all staffs electronic software in order that when staff printed a patient's record summary it included any recorded allergies. This learning was shared with Locum GP staff too. The outcome was improved safety in that all patient summary printouts for home visits included allergies.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the waiting room advised patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were robust systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer vaccines in line with legislation.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service.

### 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 with a poster in the reception office. The practice had up to date fire risk

## Are services safe?

assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We noted however that staff had to remove two waste disposal bins and weighing scales to pull the emergency trolley out of its location in the treatment room. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits 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). The most recent published results (2014/2015) which was available following the inspection showed the practice had achieved 99.5% of the total number of points available, with 7.3% clinical domain exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

Performance for diabetes related indicators was better in four of the six indicators and similar in two indicators to the clinical commissioning group (CCG) and national averages. The practice had recently set up a nurse led diabetes clinic, which aimed to provide a "one stop shop" for patients with this condition. They arranged in-house foot screening with the local podiatry service to coincide with the clinic. They developed a clinical protocol to enable the appropriately trained practice nurses to make management decisions with the support of a GP during the clinic. Care arrangements followed NICE guidelines. The practice nurses who provided diabetes care had completed a Certificate in Diabetes Care. Staff reported that early feedback from patients had been very positive.

- The percentage of patients with hypertension having regular blood pressure tests was 88.33% when compared with the national average of 83.65%.

- Performance for mental health related indicators showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96.55% which was better than the national average of 88.47%. The recording of patients' alcohol consumption and smoking status within this group of patients the practice figures were similar to that of the national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 89.8% when compared to the national average of 84.01%.
- Patients with COPD had in-house spirometry and an annual review. The practice accessed the community Respiratory Resource Clinic, which provided pulmonary rehabilitation and domiciliary assessments, when required.

Clinical audits demonstrated quality improvement.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We reviewed eight of these audits where the improvements made were implemented and monitored. Four were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit (2014) and reaudit (2015) of a particular medicine used to treat high cholesterol, had included the successful reduction in the number of patients taking a particular medicine, from 73 to 55, a reduction of 25%. This had also made an impact on prescribing costs as a result of adhering to NICE guidelines.

Information about patients' outcomes was used to make improvements such as; on the appropriateness of antibiotic prescriptions in children under 12, with an acute sore throat or acute tonsillitis, with reference to correct usage of CENTOR criteria. (CENTOR criteria had been developed to predict the likelihood of a throat infection

# Are services effective?

## (for example, treatment is effective)

being caused by particular bacteria and therefore patients would benefit from an antibiotic prescription). The first audit demonstrated that for one GP the criteria had been correctly applied in 37.5% of cases. The findings were presented to all the GP partners and the Foundation Year two doctor. The reaudit reviewing records in 2013/14 demonstrated that for one GP the criteria had been correctly applied in 85.7% of cases, a marked improvement.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A non-clinical staff member had also produced guidance for Foundation Year two medical students with the support of the educational GP lead at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Staff had a good understanding of how to support people with mental health needs and dementia and all staff had dementia awareness training. The practice had research links with Keele University, and was involved with the Primrose Trial. This is a study of intensive support for patients with mental health problems, to modify their risk factors for cardiovascular disease.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months, or had an appraisal booked.

- 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.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for frail and vulnerable patients and at least three monthly for patients in receipt of palliative care and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

# Are services effective?

(for example, treatment is effective)

## Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available by referral and smoking cessation advice was available from Help2quit.
- The practice had a fortnightly Claremont Bank Walking Group led by patients, which welcomed all members of the community. This project was set up by their Patient Group several years ago.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82.91%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.7% to 100% and five year olds 100%. Flu vaccination rates for the over 65s were 75.37%, and at risk groups 50%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The nurses completed these checks and over 95% of eligible patients registered at the practice had received invites and 30% of those invited had attended to date. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice said they would make available to their patients the information available on the Mental Health Crisis Care Concordat. (This was a national agreement between services and agencies involved in the care and support of people in crisis. This included access to support before crisis point, making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously).

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results for its satisfaction scores on consultations with GPs and nurses were comparable to the clinical commissioning group (CCG) and national averages. For example:

- 93.7% said the GP was good at listening to them compared to the CCG average of 92.9% and national average of 88.6%.
- 90.8% said the GP gave them enough time (CCG average 92%, national average 86.6%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 97.1% national average 95.2%).

- 96.2% said the last GP they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 85.1%).
- 93.9% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 85.8% said they found the receptionists at the practice helpful (CCG average 90.1%, national average 86.8%).

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

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 95.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.6% and national average of 86.0%.
- 93.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.8%, national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients as carers which represented less than one percent of the practice population. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and a letter of condolence was

sent by the practice. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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. For example, sexual health clinics, run by Staffordshire and Stoke on Trent Partnership NHS Trust, were held twice a week at the practice. No appointments were necessary and it was open to the whole community. The practice location in Shrewsbury centre was ideally situated for the clinic, and particularly convenient for students at local colleges. The new Shrewsbury Campus of the University of Chester had been built close to the practice. The practice expected to have many new students registered, and the practice attended the 'Fresher's Fare' to offer information and advice.

- The practice offered extended hours from 6.30pm to 8pm on a Monday which assisted working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and had easy read consent leaflets available.
- Home visits were available for older patients or patients assessed as requiring a home visit.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- One GP oversaw all of the patients at a local care home and the care homes had a dedicated telephone line to call for urgent GP advice, which enabled continuity of care and support.

### Access to the service

The practice was open Monday to Friday 8am to 6pm with extended hours offered from 6.30pm to 8pm on Mondays. The practice closed on the first Tuesday of each month for one hour between 12pm and 1pm for staff training. 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 at 6pm each weekday evening and at weekends and bank holidays.

In addition to pre-bookable appointments that could be booked up to December 2016 in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better or comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 74.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 74.9%.
- 94.5% patients said they could get through easily to the practice by phone (CCG average 85%, national average 73.3%).
- 89.9% patients described their experience of making an appointment as good (CCG average 82.1%, national average 73.3%).
- 71% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.9%, national average 64.8%).

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a leaflet was posted on the patient notice board.

We looked at 18 complaints received since November 2014 and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient verbally complained that they felt they were prescribed the wrong medicine which had required them to attend hospital. A full investigation by a GP was completed including a medicines review and the practice responded to the patient in writing. The patient phoned the practice on receipt of the

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

correspondence, was satisfied with the response from the practice. This was also added to the practice significant event records, with learning from the event actioned and implemented.

# 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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. These values were well known to staff and included, equality, optimism and encouragement.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team held social staff events which were well attended.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice team had gained from involvement in the Triumvirate Leadership Programme, funded by Health Education England. This 12 month programme attended by the practice manager, lead practice nurse and a GP gave insight into various models of leadership and helped identify their three core values: equality, optimism and encouragement.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had also gathered feedback from staff through asking for their opinions on what the practice did well and what it could improve upon. The practice

# Are services well-led?

Good 

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

gathered views through staff social events/away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. In 2015 the practice had been subject to assessments in order to become a GP training practice. Their portfolio of evidence was passed the Modular Trainer's course at Keele University, and the practice were waiting for approval from West Midlands Deanery. The practice were involved with undergraduate training in the recent past and were providing Foundation Year two medical student clinical placements.