

Bredon Hill Surgery

Quality Report

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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 Bredon Hill Surgery on 18 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of fire safety arrangements, which needed reviewing.
- 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.

- 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.
- 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.

The area where the provider should make improvement is:

- Review fire safety arrangements to ensure that they are suitable to protect people from the risk of fire and carry out regular fire drills.

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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Significant events were analysed at monthly team meetings. Learning was based on thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The one exception was the Fire Risk Assessment, which had been carried out in August 2014 and needed to be reviewed to ensure that it was still suitable for the practice. When unintended or unexpected safety incidents occurred, patients were given reasonable support, information, a verbal and 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 safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out on a regular basis and results used to improve standards of care.

Summary of findings

- 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 patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice as either average or slightly higher than others for almost all aspects of care.
- Patients told us that they were treated with kindness, dignity and respect and that they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture.
- Views of external stakeholders were very positive and aligned with our findings. For example, the manager of the local care home where some of the practice's patients lived emphasised the high level of support and care shown by GPs.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patient information about the services offered by the practice was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations in planning how services were provided to ensure that they met patients' needs. For example, a practice nurse worked with a Diabetic Specialist Nurse from Worcester Diabetic Centre to provide clinics for diabetic patients.
- The practice made changes to the way it delivered services as a result of feedback from patients and from the Patient Participation Group.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked online and urgent appointments were available on the same day.
- The practice was in purpose-built premises and had good facilities. It was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders as appropriate.
- Patients praised the continuity of care.

Are services well-led?

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

- 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 this.
- There was a clear leadership structure and staff felt supported by the management team. 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- 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.

Good



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.

Good



- 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.
- The practice held a register for patients who required palliative care. Home visits and same day appointments were provided for these patients, who often had multiple conditions.
- Regular multi-disciplinary meetings were held during which treatment for patients on the palliative care register was discussed.
- The practice participated in the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission. The emergency admission rate for over 75 years for 2014/15 was 172 per 1000 patients, which was lower than the Clinical Commissioning Group (CCG) average of 246 per 1000 patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes care had improved significantly since a GP and practice nurse had undertaken specialised training. Clinics were held every two months for more complicated cases and the system for annual reviews was much more robust.
- The Quality and Outcome Framework (QOF) data for 2014/15 showed variable data for some long term conditions, for example diabetes and osteoporosis. However, recent data from the practice's clinical computer system proved that effective action had been taken to address the underlying issues, because this trend had reversed for 2015/16 and the practice was on target to achieve better results.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The nursing team provided lifestyle support (smoking cessation, weight loss) and the NHS Health Checks.
- Data from the QOF achievement for 2014/15 showed that the percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 82%, which was in line with the local and the national averages.
- Data showed that 64% of patients with asthma had had their care reviewed in the last 12 months, which was 11% below the national average. However, the clinical prevalence for the asthma indicators was 6%, which was in line with the CCG and the national averages.
- Members of the practice clinical team had undertaken additional training in long term care. For example, a GP and a nurse had specialised in diabetes care.
- The dispensary provided a home delivery service for patients who were housebound.

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 accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had a policy whereby a GP would phone the parent or guardian of a child who did not attend for a GP appointment.
- 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.
- Cervical screening uptake was 86%, which was in line with the local and the national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children under the age of five were given priority appointments.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 reflected the needs for this age group.
- Bookable telephone consultations were offered to provide more flexibility.
- The practice participated in the extended hours pilot, set up with funds from the Prime Minister's Challenge Fund, at Evesham Community Hospital (open from 6.30pm to 9pm on weekdays).
- NHS Health Checks were offered by the nursing team, who gave advice on smoking cessation, weight loss and exercise.
- A range of contraceptive services were available at the practice (including coils and implants).
- Online booking enabled patients to book routine appointments with a GP at a time which was convenient to them.
- Repeat prescriptions could be requested online, instead of having to ring the practice, thus saving time for 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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- We received very positive feedback from the residential care home manager with whom we spoke.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Four staff members had received dementia friendly training.
- Staff had received training and 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

Summary of findings

relevant agencies in normal working hours and out of hours. The practice had a policy whereby the usual GP would follow up on any member of a vulnerable family who did not attend an appointment.

- Information about domestic abuse and sexual violence was displayed in the reception area.

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).

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- A Community Mental Health Team (Gateway) worker reviewed patients at the practice in a weekly clinic.
- Patients could self-refer to courses for anxiety, stress management, improving self-confidence and sleep management.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have experienced poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. 233 survey forms were distributed and 122 were returned. This represented a 52% completion rate.

- 96% of patients found it easy to get through to this practice by phone which was higher than the Clinical Commissioning Group (CCG) average of 76% and a national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 96% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 93% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

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. The majority were positive about the standard of service delivered by the practice. Patients thought that staff were very pleasant and caring; GPs were considered to be professional, attentive and kind; nurses were said to be excellent, professional and caring. Pharmacy staff were complimented on the excellent service provided. Two patients wrote that they were unhappy about the proposed closure of the branch surgery at Beckford Village Hall.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were helpful, committed and caring. There were adverse comments about the opening hours, which were described as restricted. There were several comments about the difficulty in seeing a female GP, although it was acknowledged that this was due to sick leave and maternity leave. The on-site dispensary was highly valued. We also spoke with six members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG members emphasized the collaboration between the practice and the PPG. The members said that they met once a quarter and were encouraged to put forward suggestions on behalf of patients, which the practice acted upon. For example, locum GPs now had their own name plates on consulting room doors and their own names on their desks, because patients had said that they did not know whom they were seeing.

Results from the NHS Friends and Family Test were consistently high. In December 2015, data showed that 100% of respondents would recommend the practice to others. Patients commented on the friendly, caring and respectful attitude of staff. Specific comments highlighted the continuity of care provided by GPs. There were several comments relating to the convenience of having a dispensary on site.

Bredon Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience. An expert by experience is a person who has experience of using this particular type of service, or caring for somebody who has.

Background to Bredon Hill Surgery

Bredon Hill Surgery is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection Bredon Hill Surgery was providing care for approximately 5,455 patients.

Bredon Hill Surgery is located in purpose-built premises. It is a dispensing practice, which dispenses to approximately 95% of the practice population. There is currently a branch surgery at Beckford Village Hall, registered separately with the CQC, although the patient list is included in the patient list at the Bredon Hill Surgery. The practice has submitted a formal application to South Worcestershire Clinical Commissioning Group (CCG) to close the branch surgery and the consultation phase has just ended. We did not visit the branch surgery during the inspection.

The practice area is one of lower than average deprivation. The practice has a larger population of older people compared with the county average.

There are three GP partners two male and one female. In addition there is a salaried GP (female). The GPs are supported by three practice nurses and two health care assistants. Non-clinical staff includes a practice manager, senior dispenser, reception, administrative and dispensing staff.

The practice opens from 8.30am to 6.30pm Monday to Friday with a range of pre-bookable and book on the day appointments during these hours. The telephones are answered from 8am to 6.30pm. The dispensary is open from 8.30am to 6.30pm Monday to Friday with a lunch break between 1pm and 2pm.

The practice does not provide an out of hours (OOH) service. When the practice is closed, patients are directed to the NHS 111 service or instructed to dial 999 in an emergency.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent information available to the CQC at that time.

Detailed findings

How we carried out this inspection

Before our announced inspection of Bredon Hill Surgery on 18 February 2016, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed nationally published data from sources including NHS South Worcestershire Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in January 2016.

During our inspection, we spoke with members of staff including GPs, the practice nursing team, the practice management team and reception staff. We also viewed procedures and policies used by the practice. We spoke with 15 patients during the inspection and six of these patients were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. We spoke with the manager of a care home on the telephone during the inspection and to the Community Mental Health Team (Gateway) worker.

We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting, recording and learning from significant events. The system was open and transparent.

- The practice had recorded 72 significant events from February 2014 until February 2015. Twelve of these were recorded as complaints and 18 were compliments. We saw that appropriate analysis and follow up action had been taken as a result of discussion at monthly meetings and that learning points were shared with team members. There was a clear system to review whether further action was required. All significant events were entered onto a comprehensive log, which included an outline of the event, action taken and lessons learned, review dates and meeting dates.
- Staff were aware of the process for reporting incidents and told us that they would inform the practice manager of any incidents. They knew that there was a recording form available on the practice's computer system.

There was a robust system to act upon safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager, and assistant practice manager received all MHRA alerts and emailed appropriate staff with any necessary action. Locums were given hard copies. This ensured that staff were kept up to date with current guidelines.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients 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 the appropriate higher children's safeguarding level.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person had a criminal record or was 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 practice to be visibly clean and tidy. Two patients commented specifically on the cleanliness of the practice. The practice nurse was the infection control 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. For example, a protocol for handling specimens was available as a laminated hard copy for ease of reference.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storage and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse was on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Are services safe?

- There were very effective systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed with one exception.

- 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 which identified local health and safety representatives. A health and safety risk assessment had been carried out in February 2016; the intention was to update this risk assessment on a quarterly basis. We saw the log for recording weekly fire alarm tests, but a fire risk assessment had not been done since August 2014, so this needed to be reviewed to ensure that it was still suitable. There was no record of any fire evacuation drills having been carried out, although staff were well aware of the procedure in the event of a fire. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the water temperature was checked regularly.
- 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 at all times.

Arrangements to deal with emergencies and major incidents

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

- There was an instant alert system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. A separate panic button system has also been installed.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Daily checks were carried out to ensure that the defibrillator and oxygen were fit for use. A first aid kit and accident book were available.
- Emergency medicines were stored in the dispensary in a locked cupboard in boxes with contents clearly labelled and appropriately stocked. A staff member carried out routine checks of emergency medicines every two weeks; the results were recorded appropriately. Emergency medicines were clearly visible and accessible to staff in an emergency. All the medicines we checked were in date and securely stored. A box was kept by the nurses for palliative care. It contained a list of contents, current stock levels and expiry dates for medicines.
- 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. The practice manager and a GP held hard copies of the plan. Another hard copy was kept securely within the practice.

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 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF is a voluntary incentive scheme for GP practices which is intended to improve the quality of general practice and reward good practice. Data from 2014/15 showed:

- The practice achieved 94% of the total number of points available; this was in line with the Clinical Commissioning Group (CCG) and the national averages.
- Clinical exception rate reporting was 5% which was in line with the CCG and the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects).
- Performance for diabetes related indicators was below the CCG and the national average. For example, 72% of patients with diabetes had received a recent blood test to indicate that their longer term diabetic control was below the highest acceptable level. This was 8% below the CCG average and 5% below the national average.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 82%, which was in line with the CCG and the national averages.
- 88% of patients experiencing poor mental health had a comprehensive care plan review completed within the last 12 months. This was in line with the CCG and the national average.

The practice took part in local audits, national benchmarking, accreditation and peer review.

- The practice showed us a clinical audit report, which listed eight audits. Three of these were completed audits where the improvements made had been implemented and monitored.
- Findings were used by the practice to improve services. For example, a diabetic audit had been carried out as part of a GP's certificate in diabetic care. The practice had identified that monitoring of diabetic patients' blood pressure and blood levels needed to be improved to be more in line with guidelines recommended by the National Institute for Clinical Excellence (NICE). A dedicated diabetic clinic was set up as a result of the audit and additional training was provided for clinical staff. A structured education programme was now offered to all diabetic patients in order to help them manage their condition.
- Results from a safeguarding audit carried out in January 2016 showed a distinct improvement from the results recorded in a previous audit in October 2014 with regard to actions to tighten safeguarding policies and procedures; an 11 point action plan had been implemented to make procedures for recording and monitoring more robust. The action plan included guidance that a GP would phone the parent or guardian of any child who did not attend a GP appointment on the same day.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice held protected time multi-disciplinary meetings every month. Regular meetings were held separately by the nursing, dispensary and reception teams.
- The practice participated in the Improving Quality Supporting Practices scheme, organised by the South Worcestershire CCG. Three meetings per year were held with South Worcestershire representatives to review the practice's clinical performance information, discuss improvements, agree action points and share best practice.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines told us that they were allocated dedicated study days to attend immunisation updates at least once a year.
- Staff learning needs were identified through a system of appraisals, meetings and reviews of practice development requirements. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and were expected to complete e-learning training modules specific to their role.

Coordinating patient care and information sharing

The practice's clinical computer system and intranet system gave staff access to the information that they needed to plan and deliver care and treatment in a timely way.

- 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between

services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Clinical staff we spoke with understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. Staff had access to a policy on the MCA.

Supporting patients to live healthier lives

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.

The practice's uptake for the cervical screening programme was 86% which was in line with the CCG and the national averages.

National data available for the year 2014/15 showed that childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 87% to 98% and five year olds from 90% to 97%.

National data available for flu vaccination rates for 2013/14 showed an uptake of 78% for the over 65s and 62% for the at risk groups.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consultation 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.

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

We spoke with six members of the Patient Participation Group (PPG). (A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care). 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 published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them, which was in line with the Clinical Commissioning Group (CCG) and national averages.
- 92% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 93% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 91% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments, which was in line with CCG and national averages.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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 113 carers, which represented 2% of the practice population. Carers were identified through personal knowledge, discussions at multi-disciplinary meetings and palliative care meetings. Members of local care groups attended the

Are services caring?

multi-disciplinary meetings and were able to provide additional knowledge about patients who might require help as carers. Written information was available to direct carers to the various avenues of support available to them. Carers were signposted to the Worcestershire or Gloucestershire Carers Association, dependent on their address.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a letter of condolence and a bereavement pack. This contact was followed up by a call to arrange another appointment six weeks after bereavement.

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- We were told that GPs and nurses would provide written notes as a reminder of what had been said during consultations for the benefit of patients who had memory difficulties.
- We heard that GPs went to great lengths to remove barriers when patients found it hard to use or access services. For example, where a patient may find it difficult to wait for their appointment in the waiting room the GP would arrange to see the patient as soon as they arrived or offered them the opportunity to wait in a side room until they could see the GP.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with a range of pre-bookable and book on the day appointments available during these times. In addition, pre-bookable appointments could be booked up to two weeks in advance and urgent appointments were also available for patients who needed them.

Home visits were available for patients who were too ill to attend the practice. Patients could also book routine GP appointments online.

The practice was accessible to patients with disabilities and there was a car park on site.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG, which was in line with CCG and national averages.
- 96% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 61% of patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although it could be difficult to get an appointment with a female GP (this was due to sick leave and maternity leave coinciding).

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.

We looked at 17 complaints received in the last 12 months and found that there was a robust and transparent system for investigating and handling complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, reception staff were made aware of the need to take ownership of patient queries and follow them through after a patient complained that a request for a telephone call had not been actioned.

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 partners described the devolved leadership of the practice, which enabled GPs to take the lead in areas in which they had particular interest. Business meetings were held every six months, so that partners could discuss strategies for the future. Partners were very aware of the need to keep abreast of changes in primary care and to develop their workforce to provide resilience.

The practice had identified a number of areas for development, including additional training for clinical and non-clinical staff, integration with local Clinical Commissioning Group (CCG) cluster practices to deliver new models of primary care. The practice was also planning to broaden the clinical team by employing a pharmacist.

Governance arrangements

A wide range of policies and procedures had been uploaded to the practice intranet, which staff were able to access. A major redevelopment of non-clinical roles had taken place in the previous 12 months; new roles were embedded and staff we spoke with on the day said that they welcomed the changes and understood their responsibilities.

We saw that the practice held a range of regular meetings, which supported effective communication and encouraged participation in shared learning and discussion. These included nurses' meetings, dispensary team meetings and reception team meetings. We were shown minutes of meetings and noted that action points were recorded and had been tracked.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care was provided. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The partners were 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 unexpected or

unintended safety incidents occurred, the practice explained the sequence of events to patients and offered a full apology. Comprehensive records of actions taken were viewed.

There was a clear leadership structure in place and staff told us that they felt supported by the partners. Staff said that there was an open culture within the practice and they were encouraged to raise any issues at team meetings. They felt confident in doing so and felt they would be supported if they did.

An Employee of the Month scheme had been introduced in December 2015. Staff voted anonymously for a candidate whom they thought deserved the award; the recipient received a bottle of champagne and a certificate. Staff we spoke with were enthusiastic about the scheme and said that they thought that it was a very good initiative. They liked the fact that they could vote for the colleague whom they considered to be the most deserving.

The practice team took part in activities outside of work, such as the Christmas party and summer barbecue, which encouraged team building and enabled staff to socialise.

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.

- The practice had gathered feedback from patients through the active Patient Participation Group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG met once a quarter, and submitted proposals for improvements to the practice management team. For example, the group suggested that reception staff publicised the Evesham Community Hospital Hub (open from 6.30pm to 9pm on weekdays), which they had done.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us that the partners were approachable and had an open door policy. Staff told us they felt involved and motivated to improve how the practice was run. New staff were felt to be bringing fresh ideas and impetus to the practice.

Are services well-led?

Good 

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

Continuous improvement

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

team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice participated in the Evesham Community Hospital pilot to provide out of hours care.