

# Donnington Medical Practice

## Quality Report

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Date of inspection visit: 29 June 2016

Date of publication: 22/08/2016

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 Donnington Medical Practice on 29 June 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients told us on the day of the inspection they were able to get appointments, both routine and emergency, although they may have to wait to see a GP of their choice.
- 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 practice manager and two of the GP partners had completed a Clinical Leadership Programme, and another GP partner was enrolled on the next programme.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider should make improvements.

The provider should:

- Adopt a more proactive approach to identifying and supporting carers and recording the information on the electronic patient record.

# Summary of findings

**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 things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The GP partners had areas of special interest and patients could be referred internally to a GP specialist colleague for condition specific advice.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice in line with or above other practices.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Although the practice and patient participation group promoted the role of carers and provided information on the service available, the practice needed to adopt a more proactive approach to identifying carers and recording the information on the electronic patient record.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of a local initiative to offer extended hours appointments to patients registered at six local GP practices. Extended hours appointments were available between 9am and 1pm on one Saturday a month for patients to attend from any of the participating practices.
- The practice offered a range of enhanced services including minor surgery and joint injections.
- The practice co-hosted a number of services including abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body), diabetic eye screening, continence clinics, podiatry and community paediatric phlebotomy (taking blood samples) service.
- Patients told us on the day of the inspection they were able to get appointments, both routine and emergency, although they may have to wait to see a GP of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision to deliver the highest standard of patient focused healthcare in a responsive, supportive and courteous manner, whilst ensuring that all staff and patients are treated with dignity, honesty and respect.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The practice manager and two of the GP partners had completed a Clinical Leadership Programme, and another GP partner was enrolled on the next programme.
- 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 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. This included the development of the staff team skills and knowledge.
- The partners were forward thinking and had planned additional space into the new practice building to allow community services to operate from the building, for the benefit of the local population as well as patients registered at the practice.

# 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who lived in care homes with long term conditions and / or dementia were offered regular reviews.

Good



### People with long term conditions

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

- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance in the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 76% compared with the national average of 77%.
- Longer appointments and home visits were available when needed.
- 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.

Good



### 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 who were at risk, for example families with children in need or on children protection plans. .
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.

Good



# Summary of findings

- There were screening and vaccination programmes in place and the practice's immunisation rates
- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed that 87% of women aged 25-64 had received a cervical screening test in the preceding five years. This was above the national average of 82%.
- The practice offered family planning and routine contraception services.

## Working age people (including those recently retired and students)

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 offered routine pre-bookable and on the day appointments. Urgent care clinics were held daily with the on call GP and advanced nurse practitioner (ANP) for any patient who said they needed to be seen that day.
- Extended consultation hours were offered on Mondays and Tuesdays between 6.30pm and 8pm.
- The practice was part of a local initiative to offer extended hours appointments to patients registered at six local GP practices. Extended hours appointments were available between 9am and 1pm on one Saturday a month for patients to attend from any of the participating practices.
- 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.

Good



## People whose circumstances may make them vulnerable

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 or identified as vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice engaged with families from the travelling community who stayed on a designated site locally and registered at the practice when in the area.

Good





# Summary of findings

- The practice participated in the shared care programme for patients with substance misuse.
- The staff knew how to recognise signs of abuse in vulnerable adults and children. The 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.

## 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-six percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- The practice carried out advance care planning for patients with dementia.
- Performance for the mental health related indicators was comparable to the national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. Two hundred and ninety five survey forms were distributed and 124 were returned. This gave a return rate of 42%. The practice was above average for its satisfaction scores on consultations with GPs and nurses, with the exception of being treated with care and concern by a GP. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good or very good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good or very good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 79% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 88% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All of the nine patient 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 17 patients, including five who were members of the patient participation group (PPG). 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.

Patients told us on the day of the inspection they were able to get appointments, both routine and emergency, although they may have to wait to see a GP of their choice.

## Areas for improvement

### Action the service **SHOULD** take to improve

Adopt a more proactive approach to identifying and supporting carers and recording the information on the electronic patient record.

# Donnington Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

## Background to Donnington Medical Practice

Donnington Medical Practice is registered with the Care Quality Commission (CQC) as a GP partnership provider in Telford. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice area is one of increased deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 12,422 patients.

The practice staffing comprises of:

- Six GP partners (five male and one female) and two female salaried GPs.
- One advanced nurse practitioner, three female practice nurses and two female health care assistants.
- A business manager, practice manager and deputy practice manager.
- Two reception supervisors and eight reception staff.
- Administration staff including two secretaries, a prescription clerk and summariser/coding clerks.

The practice is open between 8.30am and 6pm Monday to Friday, with the exception between 1pm and 2pm every

Tuesday, when the practice closes for staff training. Appointments are from 8.30am until 11am, and 3pm until 6pm, although some clinics operate over the lunch time period. Extended consultation hours are offered on Mondays and Tuesdays between 6.30pm and 8pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments are also available for people that need them. Extended hours appointments are available between 9am and 1pm on one Saturday a month for patients as part of a local initiative between six GP practices.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

# Detailed findings

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 inspecting the practice we reviewed information we held and asked key stakeholders to share what they knew

about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 29 June 2016.

We spoke with a range of staff including the GPs, the advanced nurse practitioner, a practice nurse, a health care assistant, practice manager, reception supervisor, secretary and members of reception staff. We spoke with patients, five members of the patient participation group who were also patients, looked at comment cards and reviewed survey information. We contacted two local care homes to obtain their views on the service provided by the practice.

# 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were discussed at the monthly clinical meeting and reviewed annually. The meetings were minuted so the information could be shared with all staff. The records supported that learning had taken place and become embedded into practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice identified a recurring theme of referrals not being sent to the referral hub for Telford and Wrekin. All patients affected by these events were notified and informed of action taken. A full review of the secretarial referral process was carried out and as a consequence a register had been created to log all referrals to provide a clear audit trail.

### 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 the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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, who had allocated time within their working week to dedicate to this role. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. All staff had received the appropriate level of safeguarding training for their role.

- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The practice proactively identified vulnerable patients who may be at risk, and had an internal 'amber alert' system on the electronic patient record. Multidisciplinary team meetings were held every six weeks and attended by the safeguarding lead, practice and deputy manager, health visitor and school nurse.
- A notice in the waiting room and in the consultation/treatment rooms 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 (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead, and liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The local infection prevention team had undertaken an infection control audit in January 2016. We saw evidence that action was taken to address any improvements identified as a result. Six monthly internal infection control audits were also undertaken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice used information provided by the local Clinical Commissioning Group medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. As a consequence, the practice had changed the system for prescribing anti-inflammatory medicines and had reduced their overall prescribing level. Medicines management was a standing agenda item at the

## Are services safe?

monthly clinical meetings. Blank prescription forms and pads were securely stored and systems were in place to monitor their use. The nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. One of the health care assistants was trained to administer vaccines and medicines against a patient specific direction from a prescriber.

- We reviewed four personnel and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed. The practice leased the building from a landlord. The Facilities Management company was responsible for maintenance and carrying out the health and safety checks.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk 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 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).

- 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 enough staff were on duty. The practice had clear guidelines on how many staff could be on leave at any one time, to ensure that adequate cover was always provided.

### 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 messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was an accident / near miss reporting policy in place. We looked at the accident reporting log, which evidenced that accidents were reported and appropriately managed.
- All staff received annual basic life support training. There were emergency medicines
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice had a protocol in place for the management of NICE guidance, which had recently been updated to reflect the appointment of a pharmacy advisor. The GPs had links to the protocols and pathways on their computers enabling them to access up to date information quickly. Staff told us that new guidelines were discussed at the practice meetings.
- Nursing staff told us that they used the templates on the electronic system to assist with the assessment of patients with long term conditions.

### 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. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 98% of the total number of points available (which was 1.9% above the local Clinical Commissioning Group (CCG) average and 3.2% above the national average), with 10.3% clinical exception rate (which was 0.3% above the CCG average and 1.1% above the national average). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance in the five diabetes related indicators were comparable to the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 76% compared with the national average of 77%.

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the national average of 88%. The exception reporting rate for mental health indicators was below the CCG and national averages.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 91%, compared to the national average of 75%.
- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.

Data from the CCG for October to December 2015 showed that overall accident and emergency attendance rates were below the CCG rates and the rates had reduced from the same period in 2014.

- The practice participated in the hospital admission avoidance scheme and had identified 211 patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans and there was a follow up procedure in place for discharge from hospital. Any unplanned admissions were also at the practice meetings to identify if any improvements could be made.
- We looked at two completed audits undertaken in the previous two years where the improvements made were implemented and monitored. One of these audits related to the use of the combined oral contraceptive pill and looked at whether the GPs were prescribing safely in accordance with national guidelines to women over the age of 35 years. This included whether the patient's body mass index (BMI) had been recorded as well as their smoking status. The first audit identified that 60% of patients had their BMI recorded, and 66% of patients had their smoking status recorded. Of these five patients with contra-indications (BMI over 30 and / or a current smoker) had been prescribed the medicine. The second audit identified that 98% of patients had their BMI recorded and 100% had their smoking status recorded.



# Are services effective?

## (for example, treatment is effective)

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.
- The learning needs of the staff were identified through a system of appraisals, meetings and reviews of practice development needs. The 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, appraisals, coaching and mentoring and facilitation and support through the revalidation process for GPs and nurses. Staff had protected learning time, either in house or at training events organised by the CCG. All of the staff had had an appraisal within the last 12 months.
- The practice held monthly meetings where they invited external speakers, or staff presented a topic for discussion. External speakers included a consultant from the memory service, community matron and presentation of the mental capacity act, and deprivation of liberty safeguards.
- The practice supported clinical staff to extend their skills and knowledge in order to improve outcomes for patients. The GPs had lead roles for specialisms, for example diabetes, sexual health, lung disease, substance misuse and dermatology. Two members of staff (a GP and a practice nurse) were due to study towards the Warwick Diabetes course. The nursing team were looking to further develop the skills of the health care assistants, in particular around wound care.

- The staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had identified 211 patients on the hospital unplanned admission avoidance scheme. Care plans had been developed for these patients, and their ongoing needs were discussed at practice meetings following any admission to hospital.

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. The practice had 11 patients who had been identified with palliative care needs and held monthly meetings attended by the GPs and the palliative care nurse. The GPs also shared their personal mobile telephone numbers with the palliative care nurse.

We spoke with representatives from two local care homes. They told us they enjoyed a good working relationship with the practice, and the GPs were responsive to the needs of the patients and visited on request. They said the GPs supported patients on end of life care pathways and visited these patients regularly to review their care.

### 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.
- Staff received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.



# Are services effective?

## (for example, treatment is effective)

- 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, advance nurse practitioner or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.
- The representatives from two local care homes told us the GPs were fully involved in advance care planning for patients with dementia, end of life care or complex care needs. They told us they spent time speaking with patients and families to support informed decision making.
- Signed consent forms were used for minor surgery and ear syringing and scanned into the electronic patient record.

### Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. Patients who wished to stop smoking could be referred to an advisor from Quit51. Quit51 is an organisation that provides help and support to smokers who wish to stop smoking or smoke less. Two hundred and fifty nine patients had been provided with smoking cessation advice between April and June 2016. Patients could also be signposted to Aquarius, a charity which supports patients to overcome the harms caused by alcohol. The practice participated in the shared care programme for patients with substance misuse, with one of the GP partners taking the lead role for shared care.

The practice worked with a health trainer from the Healthy Lifestyle Hub, a service commissioned by the local CCG. The health trainers worked with patients to make changes to their lifestyle.

The practice's uptake for the cervical screening programme was 87%, which was comparable to the national average of 82%. (Exception reporting for cervical screening was 7%, which was 2% above the CCG average and 1% above the national average). The practice offered family planning and routine contraception services including implant/coil insertion.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was below the local and national averages:

- 68% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was below the CCG average of 71% and national average of 72%.
- 54% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was below the CCG average of 57% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.6% to 100% and five year olds from 87.4% to 96%.

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

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All of the nine patient 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 17 patients, including five who were members of the patient participation group (PPG). 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. Two hundred and ninety five survey forms were distributed and 124 were returned. This gave a return rate of 42%. The practice was above average for its satisfaction scores on consultations with GPs and nurses, with the exception of being treated with care and concern by a GP. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good or very good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good or very good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 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 from 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 in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 79% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 88% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. However, the practice did not display information in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Members of the patient participation group held monthly information sessions in the practice, and invited external organisations to attend. For example, the Carers Association and the Alzheimer's Society attended the practice during the monthly sessions.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (0.4% of the practice list). The practice recognised that the number of identified carers was low, and thought this may be in part due to coding error. Carers were asked to identify themselves when they registered at the practice. Carers were offered the annual influenza vaccination. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, either their usual GP contacted them to offer support or the practice wrote to them. Information about bereavement services was usually available in the practice although there no leaflets at the time of the inspection. This was mentioned to a member of reception staff, who organised ordering supplies.

# 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. One of the GP partners and the advanced nurse practitioner were on the board of the CCG and the practice manager attended the practice manager forum and practice manager meetings. Another of the GP partners was a GP with special interest (GPwSI) in Dermatology. Clinical staff also attended the protected learning events organised by the CCG.

- Extended consultation hours were offered on Mondays and Tuesdays between 6.30am and 8pm for working patients who could not attend during normal opening hours. Appointments were available with a GP, practice nurse and health care assistant.
- The practice was part of a local initiative to offer extended hours appointments to patients registered at six local GP practices. Extended hours appointments were available between 9am and 1pm on one Saturday a month for patients to attend from any of the participating practices.
- Two of the GP partners visited patients who lived in a local care home on a weekly basis, to provide continuity of care.
- There were longer appointments available for patients with a learning disability or those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Travel vaccinations, NHS or private, were available to registered patients of the practice.
- There were disabled facilities, a hearing loop and translation services available.
- The practice engaged with families from the travelling community who stayed on a designated site locally and registered at the practice when in the area.
- The practice offered a range of enhanced services including minor surgery and joint injections.

- The practice participated in the shared care programme for patients with substance misuse. Patients were seen at the practice by Lead GP for shared care and a member of the Community Substance Misuse Team.
- The practice co-hosted a number of services including abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body), diabetic eye screening, continence clinics, podiatry and community paediatric phlebotomy (taking blood samples) service.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday, with the exception between 1pm and 2pm every Tuesday, when the practice closed for staff training. Appointments were from 8.30am until 11am, and 3pm until 6pm, although some clinics also operated over the lunch time period. Extended consultation hours were offered on Mondays and Tuesdays between 6.30pm and 8pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Appointments could be booked in person, over the telephone and on line. The practice offered routine pre-bookable and on the day appointments. Urgent care clinics were held daily with the on call GP and advanced nurse practitioner (ANP) for any patient who said they needed to be seen that day. When all of these appointments had been filled, patients were added to the 'extras' list and were invited to sit and wait to be seen. These patients may be seen by the on call GP or ANP or one of the other GPs who had completed their clinic. The practice nurses also held minor illness clinics daily and reception staff had criteria to follow when booking patients into these clinics.

The results from the national GP patient survey published in January 2016 showed patients expressed slightly lower than average satisfaction rates with their experiences of contacting, and making appointments at, the practice:

- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 65% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 60% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the CCG average of 71% and national average of 76%.

However, patients told us on the day of the inspection they were able to get appointments, both routine and emergency, although they may have to wait to see a GP of their choice.

The practice told us they had amended their telephone system following comments from patients. They used an electronic display board to identify when calls were waiting to be answered and when this was above four, additional staff answered the telephones. Reception staffing levels were increased between 8.30am and 9.30am, there was a choice of options to direct callers to the appropriate department and on line booking had been introduced.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Urgent care clinics were held daily with the on call GP and advanced nurse practitioner (ANP) for any patient who said they needed to be seen that day. Staff told us that the GPs routinely attended when home visits were requested. Requests for home visits were managed in the same way. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## 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. Information was included in the practice pack on the website and leaflets were available at reception. The majority of patients spoken with were aware of the complaints procedure.

We looked at the summary of 32 complaints received in the last 12 months and found they had been satisfactorily handled and demonstrated openness and transparency. The practice carried out a thorough analysis of complaints. Complaints were discussed at the monthly clinical meeting and reviewed annually. The meetings were minuted so the information could be shared with staff. The records supported that learning had taken place and become embedded into practice. One complaint related to the receipt of a certain type of results. The administration thought the results were received via the dedicated electronic system and told the patient they had not been received. However, this particular type of result was received via letter. We saw the complaint had been discussed at the administration staff meeting, so that all staff were aware of how these results were received for future reference.

# 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 the highest standard of patient focused healthcare in a responsive, supportive and courteous manner, whilst ensuring that all staff and patients are treated with dignity, honesty and respect. The practice vision was supported by the practice values and behaviours.

- The practice vision statement was displayed around the practice, on the website and in the patient leaflet,
- Staff knew and understood the vision statement and the aims and objectives which supported it.
- The practice had a five year business development plan covering 2015 to 2020. This covered areas such as staffing and management, and included an action plan detailing how the developments would be delivered. The business development plan was reviewed annually.

### 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. The GP partners had designated clinical and managerial lead roles, as well as areas of special interest.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice performance was discussed at the practice meeting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings. A weekly meeting schedule for 2016 was on display around the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 told us that two of the GP trainers had been awarded 'best trainer in Shropshire' for the last two years.
- The practice manager and two of the GP partners had completed a Clinical Leadership Programme, and another GP partner was enrolled on the next programme.

### 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.



# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys, NHS Friends and Family Test and complaints received. The practice had an active PPG, which met regularly, carried out patient surveys and took forward suggestions and improvements identified through the patient survey. The PPG had been involved in meetings with the architect in the planning stage of the new building and the plans had been altered as a consequence. One of the members had also assisted the practice to develop a letter for patients regarding bullying towards staff and nonattendance at appointments. Members of the patient participation group held monthly information sessions in the practice, which enabled patients to provide feedback about the practice on a regular basis. The PPG members told us they could raise issues with the practice manager at any time, and these would be listened to and addressed wherever possible. The members told us the partners had asked the group to look at 'did not attend' rates for appointments, and they would be discussing this at the next meeting. The PPG were keen to obtain the views of younger patients and were developing a face book page and twitter account.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example: members of the nursing team expanding their skills and knowledge to enable the practice to meet the needs of the patients.

## Continuous improvement

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

invested in the staff team to develop their skills and knowledge to improve outcomes for patients. We saw that a number of staff had been given opportunities to develop. For example, through the appraisal process it was recognised that a member of staff had skills that were used in their current role. This member of staff undertook additional training and now worked as a health care assistant and was keen to further develop their skills. In addition three other members of staff (including one apprentice) had developed their skills and undertaken new roles, for example deputy practice manager, medical administrator and prescription clerk.

The partners had been forward thinking when planning the new build, which opened in July 2013. The partners wanted to remain on the same site, so the building work took place in stages, to enable the service to remain open. The partners had planned additional space to allow community services to operate from the building, for the benefit of the local population as well as patients registered at the practice. The practice co-hosted a number of services such as continence clinics, diabetic eye screening and community paediatric phlebotomy. Other services included a consultant led dermatology team providing a service for Telford and Wrekin, a consultant led cardiology team from the local hospital and pain management clinics.

The practice supported local charities through fund raising. The staff hold a fund raising event each month and all monies raised given to a local charity. The chosen charity for 2015 was the Wellington Cottage Care Trust, which provides respite and day care services for adults with disabilities and medical needs. The chosen charity for 2016 was the Salvation Army KiP information project which supports homeless people in the Telford area.