

# Sutton Hill Medical Practice

## 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sutton Hill Medical Practice on 13 April 2016. Overall the practice is rated as good with safe as requires improvement.

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 where non clinical staff stand when chaperoning.
- 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 that they were able to get 'on the day' appointments when they needed them. However, they did comment that they didn't always get to see the same GP.
- 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.

We saw one area of outstanding practice:

# Summary of findings

- One of the GP partners who had an interest in substance misuse, had recognised the need to support patients with substance misuse and provided a service at the practice for any patients in the locality. The GP was involved in the development of the Telford and Wrekin Substance Misuse Shared Care Programme, and was a member of the substance misuse steering group within the CCG. Patients could be seen by a GP at the practice and referred to and seen by a member of the Community Substance Misuse Team at the practice usually with the week. As part of the development of the shared care programme, training had been provided to other practices in the locality and approximately 60% of the practices had participated in the programme.

However, there were also areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that all staff undertaking chaperone duties are fully aware of their responsibilities and policies are reviewed to protect patients from the risk of harm.

The provider should:

- Adopt a more proactive approach to identifying and meeting the needs of carers.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed, with the exception of where non clinical staff stand when chaperoning.

**Requires improvement**



### 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.
- 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 slightly 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.
- The practice promoted the role of carers and provided information on the service available.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had been instrumental in setting up the shared care programme for patients with substance misuse, and provided training for other practices in the locality on the programme.
- The practice offered specialised sexual health services for young patients with three of the GPs.
- Patients told us on the day of the inspection that they were able to get 'on the day' appointments when they needed them. However, they did comment that they didn't always get to see the same GP.
- 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



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Although the practice did not have a written mission statement, it was clear from discussion with staff that everyone was working towards the same aim of high quality healthcare.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- 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, and well as the development of services for the wider community.

# 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.
- The practice worked closely with the Care Navigator for guidance on benefits and support available in the community, particularly for older isolated patients. Care Navigators assist patients who feel lonely or isolated, or who are struggling to cope with life at home. They can help put in place support or find activities provided by voluntary and statutory services.
- The practice maintained a register of vulnerable patients and discussed their needs on a quarterly basis with the multidisciplinary team.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 three out of 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 85% 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.

Good



# Summary of findings

- 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.
- 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 80% of women aged 25-64 had received a cervical screening test in the preceding five years. This was comparable to the national average of 82%.
- The practice provided specialised sexual health services, which enabled patients to be screened for sexually transmitted infections that the practice, instead of having to travel to a specialist clinic.
- The practice offered family planning and routine and emergency contraception services.
- The practice promoted the 'You're Welcome' initiative for 14-19 year old patients. The aim of the initiative is to make health service young person friendly.
- We saw positive examples of joint working with midwives and health visitors. Midwife led clinics were held at the practice and quarterly meetings were held with health visitors to share information about children or parents they had concerns about. Details of any accident and emergency admissions for children were also shared with the health visitors.

## 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 on the day and pre-bookable appointments, as well as triage and telephone consultations. The practice also offered extended hours one evening a week.
- 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



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- 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 regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice engaged with the travelling community, who visited the locality each year and registered at the practice.
- The practice participated in a shared care programme for patients with substance misuse. Patients were seen at the practice by a GP and a member of the Community Substance Misuse Team.
- 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).

Good



- Ninety-eight 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%.
- Performance in three mental health related indicators were above 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 was 92% when compared with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Counselling services were available at the practice.

# Summary of findings

## What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We collected 39 completed comment cards, which were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients during the inspection, one of whom was a member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the GPs and nurses always treated them as an individual and took time to discuss any concerns that they may have. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The national GP patient survey results published in January 2016 showed the practice was performing in line with or above the local and national averages. Two hundred and ninety-nine survey forms were distributed and 115 were returned. This gave a return rate of 38.5%:

- 89% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 89%.
- 92% of patients said the GP gave them enough time (CCG average 85%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 81% of patients said they found the receptionists at the practice helpful (CCG average 86% and national averages 87%)

## Areas for improvement

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

Ensure that all staff undertaking chaperone duties are fully aware of their responsibilities and policies are reviewed to protect patients from the risk of harm.

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

Adopt a more proactive approach to identifying and meeting the needs of carers.

## Outstanding practice

One of the GP partners who had an interest in substance misuse, had recognised the need to support patients with substance misuse and provided a service at the practice for any patients in the locality. The GP was involved in the development of the Telford and Wrekin Substance Misuse Shared Care Programme, and was a member of the substance misuse steering group within the CCG. Patients

could be seen by a GP at the practice and referred to and seen by a member of the Community Substance Misuse Team at the practice usually with the week. As part of the development of the shared care programme, training had been provided to other practices in the locality and approximately 60% of the practices had participated in the programme.

# Sutton Hill 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 second CQC inspector, GP specialist adviser, a practice manager specialist adviser and an expert by experience.

- Three female practice nurses and two female health care assistants.
- A business manager.
- An office manager.
- Two secretaries, six receptionists and two apprentices.

The main practice is open from 8am - 6pm Monday to Friday. The telephones are answered after 8.30am. The branch practice at Shifnal is open on Mondays between 9am and 11am. Extended surgery hours were offered on either a Tuesday or Wednesday each week between 6.30pm and 8.45pm and were by appointment only. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Shropdoc out of hours services.

The practice offers a variety of clinics such as smoking cessation, child health and sexual health clinics. It also offers clinics for patients with long term conditions such as asthma and diabetes. The practice is a training practice for GP registrars and medical students to gain experience and higher qualifications in general practice and family medicine.

## Background to Sutton Hill Medical Practice

Sutton Hill Medical Centre 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 high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 8,486 patients.

The main site is the Sutton Hill Medical Practice, with branch site in Shifnal. The sites are as follows:

- Sutton Hill Medical Practice, The Medical Centre, Maythrone Close, Sutton Hill, Telford, TF7 4DH
- The Broadway, Shifnal, Shropshire TF11 8AZ

We only visited Sutton Hill Medical Practice as part of this inspection. The Shifnal site is approximately ten minutes away by car.

The practice staffing comprises of:

- Five GP partners (two male and three female), one salaried GP and one GP registrar.

## 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.

# Detailed findings

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting 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 13 April 2016.

We spoke with a range of staff including the GPs, the practice nurses, business manager, office manager, secretary members of reception staff and an apprentice. We spoke with the health visitors who were based in the building. We spoke with patients, one member of the patient participation group who was also a patient, looked at comment cards and reviewed survey information. We also spoke with a representative from the Families in Telford project.

# 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 event meetings took place every three months, plus an annual review meeting. 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.
- Issues relating to patient safety were also discussed at the weekly clinical meetings or the monthly nurse meetings.

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, it was noted that the practice was not always identifying and prescribing new medicines from hospital letters. As a consequence the protocol had been reviewed, and a form introduced for the prescription clerks to record when new medicines were requested, when checked by the GP and when the letter was sent to the patient. The form was checked every two weeks to ensure the process had been followed correctly.

### 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. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. The GPs and one of the practice nurses were trained to child protection level three, and the other practice nurses trained to level two.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. Quarterly meetings were held with health visitors to share information about children or parents they had concerns about.
- 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 (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. This member of staff attended infection control link meetings every three months and disseminated information from the meetings to practice staff as appropriate. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency 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 carried out regular medicines audits, with the support of the local Clinical Commissioning Group medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored although systems were

## Are services safe?

not in place to monitor their use. The practice implemented systems before the end of the inspection and we were shown evidence to support this. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice used locums GPs on occasions and booked these through an agency. The practice had assured themselves that the agency had carried out the required recruitment checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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.

### 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.
- 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. The staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Staff told us that new guidance was discussed at practice meetings. For example, new guidance would be summarised and the action points disseminated at the meeting.
- One of the GP partners chaired the Clinical Commissioning Group clinical pathways group, which was involved in the implementation of NICE guidance.
- The practice provided minor surgery. The process for seeking consent could be monitored through the practice's electronic 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. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 98.6% of the total number of points available (which was 2.5% above the local Clinical Commissioning Group (CCG) average and 3.8% above the national average), with 9.6% clinical exception rate (which was 0.4% below the CCG average and 0.4% 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 2014/2015 showed;

- Performance in three out of 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 85% compared with the national average of 78%.

- The percentage of patients with hypertension whose blood pressure was within the recommended range (81%) was comparable to local practices and slightly below the national average (84%).
- Performance in three mental health related indicators were above 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 was 92% compared with the national average of 88%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 71%, which was slightly below the national average of 75%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits carried out over the last four years, all of these were completed audits where the improvements made were implemented and monitored.
- One audit looked at the choice of emergency contraception offered to patients. NICE guidance suggested that patients should be offered an intrauterine device (IUD) when they present for emergency contraception. In addition, one of the priorities for the CCG was to reduce the number of teenage pregnancies. The first audit identified that 44% of patients were offered an IUD. The practice introduced a contraception template and new protocol on emergency contraception, and provided training for clinicians. The second audit cycle demonstrated that 100% of patients who presented for emergency contraception were offered an IUD. Consequently the choice of emergency contraception offered to patients had improved.
- The CCG benchmarked practices in the locality in relation to prescribing of certain medicines. The practice was working closely with the CCG medicines management team to address any areas where prescribing was above the recommended baseline.

# 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, clinical supervision and facilitation and support through the revalidation process for GPs and nurses. All of the staff had had an appraisal within the last 12 months.
- The practice supported clinical staff to extend their skills and knowledge in order to improve outcomes for patients. Clinical staff had lead roles for the management of long term conditions. The lead GP and practice nurse for diabetes were studying towards a degree in Diabetes Care at Warwick University, and the health care assistant was due to attend the expert diabetes programme. The lead nurse for asthma was studying towards a diploma in asthma care.
- We saw that doctors on training programmes were well supported by the GPs. The GP registrar told us they had a dedicated supervisor and attended two tutorials each week. They told us they had also received a full induction when they started at the practice.
- 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 held weekly clinical meetings, which were attended by the GPs and nurses, as well as separate nurse team meetings and reception staff meetings.
- Systems were in place to notify all staff of any patients who had been admitted to hospital, any deaths, children and adults subject to safeguarding procedures and patients identified on the palliative care / continuing care register and the level of intervention they were receiving. The GPs were responsible for updating the information with input from the health visitors regarding children.

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 identified 140 patients on the hospital admission avoidance scheme. We saw evidence that the care of these patients was discussed at quarterly multidisciplinary team meeting, to see if any improvement could be made. The practice currently had 12 patients who had been identified with palliative care needs and held monthly meetings attended by the palliative care lead GP and the palliative care team, which included the Hospice Outreach sister. All clinicians attended these meetings bi-monthly. The practice had a good working relationship with the health visitors who were based in the same building. Quarterly meetings were held with health visitors to share information about children or parents they had concerns about. Details of any accident and emergency admissions for children were also shared with the health visitors.

### Consent to care and treatment

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

# Are services effective?

## (for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff were provided with training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Non clinical staff received on line training on the Mental Capacity Act, dementia awareness and learning disability awareness.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice provided minor surgery. The process for seeking consent could be monitored through the practice's electronic records.

### 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. A weekly stop smoking service was held at the practice with an advisor from Quit51. Quit51 is an organisation that provides help and support to smokers who wish to stop smoking or smoke less. Quit51 had provided support to 1584 patients. 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. Patients could also be signposted to Aquarius, a charity which supports patients to overcome the harms caused by alcohol, drugs and gambling.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. (Exception reporting for cervical screening was

10.9%, which was 5.6% above the CCG average and 4.6% above the national average). Staff told us that when the practice was notified that a patient hadn't attended for cervical screening, a letter was sent from the practice inviting them to make an appointment. The practice offered family planning and routine and emergency contraception services including implant/coil fitting.

The practice provided specialised sexual health services, which enabled patients to be screened for sexually transmitted infections at the practice, instead of having to travel to a specialist clinic.

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 comparable to or above the local and national averages:

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

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.5% to 97.4% and five year olds from 96.4% to 100%.

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 area to discuss their needs.

We collected 39 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients during the inspection, one of whom was a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the GPs and nurses always treated them as an individual and took time to discuss any concerns that they may have. 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 89%.
- 92% of patients said the GP gave them enough time (CCG average 85%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG and national averages 90%).
- 81% of patients said they found the receptionists at the practice helpful (CCG average 86% and national averages 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.

The practice participated in the hospital admission avoidance scheme and maintained a register of 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 regular communication with the community matron and district nursing team. Any unplanned admissions were also discussed quarterly so identify if any improvements could be made.

Results from the national GP patient survey we reviewed showed the data related to patients involvement in planning and making decisions about their care and treatment and results were in line with the local CCG and national average. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%)
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

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

- 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.
- Information leaflets were available in easy read format.

## Are services caring?

### **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 30 patients as carers (0.4% of the practice list). Patients were asked when they registered at the practice if they had any caring responsibilities and wished to be referred to Carers Centre for additional support. All carers were offered the annual flu vaccination. One of the receptionists had the lead role for identifying carers, particularly those who don't realise

they had taken on the role. There was a carers notice board in the reception area which promoted the services available to carers and encouraged patients to identify themselves as carers and inform the practice.

The practice referred patients to the memory clinic to help facilitate a timely dementia diagnosis. The practice also involved the Admiral Nurses to provide additional support for patients and their families. Admiral Nurses are specialist dementia nurses who give expert practical and emotional care and support for family carers, as well as the person with dementia.

The GPs told us that if families had suffered bereavement, they contacted them to offer their condolences and to provide support as required. The individual GPs recorded on a notice board when they had made contact with families.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The partners told us that the Joint Strategy Needs Assessment was discussed at every CCG board meeting, meaning the local practices were aware of the needs of the local population. One of the GP partners was a member of the CCG Governance Board and chairperson of the GP Forum. This partner also took a lead role in the creation of TRAQS, the Telford Referral and Quality Service. Another of the GP partners was the programme director for the local GP training scheme. Clinical staff attended the protected learning events organised by the CCG.

- Extended surgery hours were offered on either a Tuesday or Wednesday each week between 6.30pm and 8.45pm and were by appointment only.
- Routine appointments were 10 minutes, with 15 minute appointments during extended surgery hours.
- The practice maintained a register of patients with a learning disability, and offered these patients an annual health check and longer appointments.
- The practice maintained a register of vulnerable patients and discussed their needs on a quarterly basis with the multidisciplinary team.
- Home visits were available for older patients and patients who would benefit from these.
- The practice worked closely with the Age Concern Care Navigator for guidance on benefits and support available in the community, particularly for older isolated patients. Care Navigators assist patients who feel lonely or isolated, or who are struggling to cope with life at home. They can help put in place support or find activities provided by voluntary and statutory services.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered specialised sexual health services for young patients with three of the GPs.
- Patients were able to receive travel vaccinations available on the NHS.

- The practice engaged with the travelling community, who visited the locality each year and registered at the practice. They told us during the time the families were registered they attended for health reviews and immunisations for the children.
- A team of counsellors were attached to the practice and patients were able to self-refer.
- The practice participated in the shared care programme for patients with substance misuse. Patients were seen at the practice by a GP and a member of the Community Substance Misuse Team.
- There were disabled facilities, a hearing loop and translation services available.
- The practice promoted the 'You're Welcome' initiative for 14-19 year old patients. The aim of the initiative is to make health service young person friendly.
- The practice hosted diabetic and foot screening services.

### Access to the service

The main practice was open from 8am - 6pm Monday to Friday. The telephones were answered after 8.30am. The branch practice at Shifnal was open on Mondays between 9am and 11am. Extended surgery hours were offered on either a Tuesday or Wednesday each week between 6.30pm and 8.45pm and were by appointment only. Each appointment offered during the period lasted 15 minutes. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Shropdoc out of hours services.

Appointments could be booked in person, over the telephone and on line. The practice offered book on the day appointments each day with the GPs, pre-bookable appointments and triage / telephone consultation appointments. Patients needing to book a follow up appointment were given a slip to take to reception, which detailed which member of staff they needed to see and within what timescale. Reception staff either booked the appointment at the time or contacted that patient at a later date with an appointment. A check was done on the next available appointment. Pre-bookable appointments were available the day after the inspection, on the day appointments were available on the day of the inspection between 3.30pm and 5.20pm, which the duty GP.

# Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment were in line with or below the local and national averages. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 65% of patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 24% of patients said they always or almost always see or speak to the GP they prefer (national average 36%).
- 66% of patients said 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 national average of 76%.
- 69% of patients felt they didn't normally have to wait too long to be seen compared to the CCG and national averages of 58%.

Patients told us on the day of the inspection that they were able to get 'on the day' appointments when they needed them. However, they did comment that they didn't always get to see the same GP.

## 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 booklet, on the website and leaflets were available at reception.

We looked at the summary of the nine complaints received in the last 12 months and found they had been satisfactorily handled and demonstrated openness and transparency. Complaints were discussed on a quarterly basis. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality healthcare and to respond to patient needs and expectations.

- Although the practice did not have a written mission statement, it was clear from discussion with staff that everyone was working towards the same aim of high quality healthcare
- The partners held an annual strategic planning meeting, where they reviewed the partnership agreement to ensure it was still fit for purpose.

### 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.
- 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 weekly management 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, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management, both professionally and personally.

- Staff told us the practice held regular team meetings.
- 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.

### 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 patient participation group (PPG) and through surveys 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 was currently working with the practice to address issues around appointments identified in the patient survey. As a consequence, the number of appointments each week had increased, information leaflets about the appointment system had been made available, and all staff answered the telephone at 8.30am. The PPG told us that following suggestions from patients, the signage on rooms had been changed to enable visually impaired patients to see the numbers more clearly, and the self-check in had been moved

# Are services well-led?

Good 

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

away from the reception desk, improving privacy and confidentiality. Information about the PPG was available on the website and also on a dedicated notice board in the waiting room.

- 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: additional appointments for telephone calls / administration had been introduced into the appointment system for the nursing team.

## 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 outcome for patients. For example, the lead GP and practice nurse for diabetes were studying towards a degree in Diabetes Care at Warwick University, and the health care assistant was due to attend the expert diabetes programme. The lead nurse for asthma was studying towards a diploma in asthma care. One of the practice nurses was studying towards the Practice Nurse degree. The practice had also provided placements for two apprentices in reception and administration.

One of the GP partners had been involved in the development and implementation of TRAQS, the Telford Referral and Quality Service, to ensure the standard of clinical referrals to secondary care improved. The GP was also involved in reviewing the referrals from GP practice in

the locality and provided sensitive feedback to referrers if required to improve the quality of referrals. The same GP was also part of the CCG group developing clinical pathways, which would be shared with and adopted by the GP practices in the locality.

Another of the GP partners had an interest in substance misuse, recognised the need for a service to support patients with substance misuse and provided a service at the practice for any patients in the locality. The GP was involved in the development of the Telford and Wrekin Substance Misuse Shared Care Programme, and was a member of the substance misuse steering group within the CCG. As part of the development of the shared care programme, training had been provided to other practices in the locality and approximately 60% of the practices had participated in the programme. The GP was in the process of starting a pilot project with the local alcohol and addiction service, looking at delivering pro-active service for patients who misuse alcohol.

The practice was involved with Families in Telford, a voluntary organisation which supported families with children aged under 5 years old. The organisation is an amalgamation of two projects, one of which was Sutton Hill Families Project, set up by a former partner and initially funded by the practice. The practice had set up the project initially because they had identified that many of the families that had moved into the area had limited family support networks due to Telford being a new town. The practice continued to support Families in Telford by providing the meeting room for committee meetings.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Non clinical staff acting as chaperones stood outside of the curtain whilst the examination was taking place, which did not protect patients from the risk of potential harm.</p> <p>This was in breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	