

# DeMontfort Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at DeMontfort Medical Centre on 8 March 2016. Overall the practice is rated as good.

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

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding and these were consistently applied. All opportunities for learning from internal and external incidents had been maximised. The premises were clean and tidy.
- Systems were in place to ensure medicines including vaccines were appropriately stored and in date. The recruitment procedure ensured that patients were protected.
- Patients had their needs assessed in line with current guidance and the practice had a holistic approach to patient care. The practice promoted health

education to empower patients to live healthier lives and were actively involved with local and national initiatives to enhance the care and treatments offered to patients.

- Feedback from patients and observations throughout our inspection showed the staff were kind, caring and helpful. Patients we spoke with told us they received good standards of care. Information was available including details of support groups to help them understand about their care needs.
- The practice had systems in place to respond to and act on patient complaints and feedback. Where necessary senior staff ensured that lessons were learnt to prevent similar situations.
- There were governance systems in place to monitor the safety and the quality of the service provided. The staff were motivated and worked well together as a team. There was a clear vision to promote high standards of care.

Professor Steve Field (CBE FRCP FFPH FRCGP)  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to all relevant staff and changes made where possible to minimise similar concerns.
- Information about safety was recorded, monitored appropriately reviewed, addressed and regularly reviewed.
- Risks to patients had been identified, assessed and well managed.
- There was a robust recruitment policy and procedure in place to ensure patients safety was protected.
- There were enough staff to keep people safe and the staffing levels were regularly reviewed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely. Staff ensured they had the latest guidelines and we saw that these were used.
- Patient's needs were assessed and care was planned and delivered in line with current legislation. The practice used templates when carrying out health checks.
- Staff had received training appropriate to their role. Further training to enhance staff roles was encouraged. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date and appropriate care to patients who had complex needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed a patient-centred culture and feedback from patients about their care and treatment was consistently positive. Patients told us they were satisfied with the standards of care they received.
- Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect. .
- Patients told us they were involved with decision making about their care and treatment.

# Summary of findings

- We saw that staff were courteous and helpful and patients we spoke with confirmed this.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance and support and ensured their health needs were met.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Clinical staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had signed up to a CCG led service to reduce the number of unplanned hospital admissions.
- Appointments were available until 7.30pm every Monday when a GP, an advanced nurse practitioner and two practice nurses were available.
- Information on how to make a complaint was available.
- We saw that complaints made were investigated and where necessary action taken to prevent similar occurrences. Where appropriate apologies were offered to patients.

Good



## Are services well-led?

The practice is rated as good for providing well-led services.

- Practice staff promoted high standards and took pride in delivery of a quality and innovative service to its patients.
- There was a vision and senior staff were in discussions about how initiatives would be implemented. For example, they had identified need for larger premises and how this would be achieved.
- There was an open culture and supportive leadership with a clear vision for quality, improvement and learning. Staff we spoke with told us they felt well supported.
- Practice staff held a range of meetings that covered all aspects of patient care and the day to day operations of the practice.
- The quality of service provision was monitored and staff proactively identified and implemented improvements.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Clinical staff were knowledgeable about the health needs of older patients. They kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were made to patients who were unable to access the practice.
- Practice staff worked with other agencies and health providers to provide patient support and specialist services when they needed it.
- Rapid access and longer appointments were provided for those with enhanced or complex needs.

Good



### People with long term conditions

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

- Regular structured reviews were carried out by a GP or nurse to check that patient's medicines remained appropriate for their needs.
- Data showed us that the practice achieved higher than average results for reviews of patients 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.
- Longer appointments were available when patients were seen by nurses to ensure they received comprehensive reviews.
- Where necessary these patients had a personalised care plan in place and were regularly monitored to check that their health and care needs were being met.

Good



### Families, children and young people

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

- Staff were responsive to parents' concerns about their child's health and prioritised appointments for children presenting with an acute illness.

Good



# Summary of findings

- The practice provided extended hours that allowed parents to take their children for appointments outside of school hours. Appointments were available until 7.30pm every Monday when a GP, an advanced nurse practitioner and two practice nurses were available.
- Patients could also be seen by appointment from 6.30pm until 9pm Monday, Wednesday and Friday and from 9am until 1pm every Saturday by a GP who may not be from the practice at Evesham Community Hospital.
- Staff were knowledgeable about child protection. Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison with the health visitor to review those children who were considered to be at risk of harm.

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

The practice is rated good for the care of working-age people (including those recently retired and students).

- All eligible patients who had attended the practice had received contraceptive advice and procedures and cervical screening.
- Extended opening hours assisted this population group in attending appointments and telephone consultations were available with the duty GP.
- Online services were available for booking appointments and ordering repeat prescriptions.
- The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP or the advanced nurse practitioner.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of all vulnerable patients including those who had a learning disability.
- Longer appointments were routinely available for this group of patients and the practice contributed towards their health action plans.
- There was a clinical lead for dealing with vulnerable adults and children.
- Staff had been trained in recognising signs of abuse and how to respond to concerns. We saw evidence that staff had responded appropriately to safeguarding concerns.

**Good**



# Summary of findings

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

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

- Staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.
- Data showed us that the practice achieved higher than average results for reviews of patients who experienced mental health illness.
- Clinical staff carried out assessments and care planning for patients with dementia and those who experienced mental health illness.
- Clinical staff carried out dementia screening for patients who were at risk of developing dementia to ensure early diagnosis.
- Referral mechanisms were in place for when staff identified deterioration in patient's mental health.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results for April 2014 to March 2015 published in January 2016 showed the practice was performing in line with local and national averages. There were 122 responses, this equated to 37% of the questionnaires that had been sent out.

- 89% of patients found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 75% of patients said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 90% and a national average of 87%.
- 86% of patients found it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 90% of patients said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 77% of patients usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and a national average of 65%.
- 65% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

During our inspection we spoke with ten patients. All patients told us they were satisfied with the service they received. Some patients told us they were very satisfied with the care they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards all were positive about the standard of care they received. Some described their care as excellent and gave positive comments about staff.



# DeMontfort Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

## Background to DeMontfort Medical Centre

DeMontfort Medical Centre provides care for approximately 6,450 patients and 16% of patients are of Eastern European background. Some patients reside in the area for limited periods each year and are given temporary registration. The practice covers residents of the Evesham area. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by three GP partners (two male, one female) who between them provide 24 clinical sessions per week. GPs are supported by an advanced nurse practitioner who provides a further eight sessions a week for patients who have minor illnesses. The practice has recruited another advanced nurse practitioner who is due to commence on 2 May 2016. There are three practice nurses and one health care assistant who provides clinical and phlebotomy (taking blood samples) services. The practice uses a regular locum practice nurse who provides two sessions on most Fridays. Senior staff were seeking to recruit a practice nurse. The practice employs a practice manager, a medical secretary/IT assistant, a notes summariser, one coder/administrator/receptionist and five receptionists. One of the receptionists is also the reception manager.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations.

The practice accepts medical students for experience and teaching purposes.

The practice is open from 8am until 6.30pm every Tuesday and Thursday and until 9pm Mondays, Wednesdays and Fridays. Appointments available vary:

- From 8.30am until 11.30am every weekday.
- From 2.30pm until 5.30pm every weekday.
- There is an assigned duty GP every day who dealt with telephone enquiries from patients and they saw patients at any time of the day if necessary.
- Extended hours includes appointments until 7.30pm every Monday when a GP, an advanced nurse practitioner and two practice nurses are available.
- Patients from the practice can be seen by appointment from 6.30pm until 9pm Monday, Wednesday and Friday and from 9am until 1pm every Saturday at Evesham Community Hospital. This may not be with a GP from their own practice.

All extended hours are by pre-booked appointments only.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends other than on Saturday mornings. During these times GP services are provided currently by a service commissioned by NHS South Worcestershire Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving details of how to contact the out of hours' service. The practice leaflet also includes this information and there are leaflets in the waiting area for patients to take away with them.

# Detailed findings

## Why we carried out this inspection

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

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

## 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, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 March 2016. During our visit we spoke with a range of staff including three GPs, the advanced nurse practitioner, one practice nurse and the health care assistant. We also spoke with the practice manager, two receptionists and the medical secretary/IT assistant. We spoke with eight patients and met with two Patient Participation Group members who were also registered patients at the practice. PPG's work with practice staff in an effective way that may lead to improved services. We observed how people were being cared for and talked with carers and/or family members and reviewed relevant documentation. We reviewed 17 comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

We noted there was an open and transparent approach between all staff and a 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 to all staff on the practice's computer.
- We reviewed the records of significant events. There were 16 recorded for the last 12 months. There was evidence that practice staff had learned from them and implemented changes were planned and recorded. For example, a patient was prescribed penicillin. It was noted that the patient was allergic to penicillin before the prescription was handed to them. Action was taken to rectify the problem to ensure appropriate alerts were on the practice's computer system. All staff had been reminded to be more observant. Significant events were routinely discussed during practice meetings.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts. This included individual reviews of patients who may have been prescribed a particular medicine.

### Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding who had received appropriate training. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff told us that if necessary they would take the initiative by contacting relevant agencies.
- A notice was displayed in the waiting room and in each consulting room, advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a

disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Some patients we spoke with were aware that they could request a chaperone and they confirmed that clinical staff offered them this facility.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Patients we spoke with told us the practice was clean each time they visited. There were suitable policies and procedures in place. There was a designated lead (practice nurse) for infection control. We spoke with the practice nurse who told us they regularly liaised with specialist staff at the local hospital and asked for advice about infection control and prevention. They carried out monthly audits of all clinical rooms and used an audit tool that had been supplied by the local hospital. Infection control was a standing agenda item for the clinical meetings that were held every two weeks. The practice nurse told us they presented the results and any action needed from the monthly audits. For example, a GP room needed to be tidied and the window blinds of a clinical room needed cleaning. We saw that these tasks had been completed. The practice nurse told us that staff responded positively when such issues were raised. Single use equipment was used for carrying out minor surgery.
- We reviewed three 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 DBS checks. There was staff induction programmes and these were tailored to the staff roles.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff absences were covered by other staff re-arranging or working extra shifts. Where GP gaps could not be covered the regular locum GP helped by working extra clinical sessions.

### Monitoring risks to patients

## Are services safe?

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments and staff carried out regular fire drills.
- 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, clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped and requests for repairs or replacement were dealt with promptly. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Practice staff had access to comprehensive policies and procedures in respect of a safe management of medicines and prescribing practices. There were systems in place for safe storage of prescription pads and computer generated of prescriptions. There was a process in place to ensure patients were advised of review dates and reauthorisation of repeat medicines was actioned only by clinicians.

- We checked that medicines were securely stored at the practice and only accessible by authorised staff. Checks were made on the expiry dates of all medicines and those we checked were within their expiry dates. The fridge temperatures were recorded where vaccines were stored and expiry dates had been checked.

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

- All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- There was 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. A copy of this was held off site to eventualities such as loss of computer and essential utilities. The practice manager told us of two occasions when alternative arrangements were needed and the actions they had taken. For example, loss of computer access.

# 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.

- Clinical meetings were held every two weeks to keep all clinical all relevant staff up to date about patients' care needs.
- An enhanced service included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to NICE and local guidelines and used this information to deliver care and treatment that met patients' needs.
- Clinical staff monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The senior GP held regular clinics for substance misuse patients. The GP had undertaken specialist training to equip them with the knowledge and skills to carry out this role.
- Two of the practice nurses carried out reviews of patients in their own homes who could not access the practice. These were for patients who had long term conditions. These opportunities were used to administer flu vaccinations to those patients.
- The quarterly multidisciplinary meetings included district nurses and a member of the Practitioners Care Team (PACT). PACT staff were employed by the Clinical Commissioning Group whose objective was to make improvements through general practices. The PACT staff consisted of nurse practitioners who carried out detailed assessments of 2% those patients who were most at risk in their own homes or those residing in care homes. The records made were fed directly into the patient's records at the practice. PACT staff liaised directly with GPs at the practice.
- Weekly sessions were held at the practice by the Gateway mental health team who provided advice, support and signposting for patients who were experiencing poor mental health.
- A community specialist diabetic nurse visited the practice every two months and worked alongside practice nurses to assist them in managing patients who condition was managed with insulin injections. This also served to enhance the practices nurses knowledge and skills for dealing with diabetes.

### 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). QOF data for 2014-2015 published January 2016 showed;

- The dementia review rate of 100% was 1.2% above the CCG and 5.5% above the national average. The practice exception rating was 3.4%.
- The mental health review rate of 96.2% was 1.5% above the CCG average and 3.4% above the national average.
- Performance for asthma related indicators was 100% which was 1.5% above the CCG average and 2.6% above the national average. The practice exception rating was 1.4%.
- Performance for patients with a learning disability was 100% which was the same as the CCG average and 0.2% above the national average. There was no practice exception rating.
- Performance for diabetes related indicators was 86.0% which was 7.8% below the CCG average and 3.2% below the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 100% which was 1.9% above the CCG average and 4.0% above the national average. There was no practice exception rating.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was 0.4% above the CCG average and 2.2% above the national average. The practice exception rating was 2.3%.

# Are services effective?

## (for example, treatment is effective)

The practice had an overall exception reporting of 6.0%, which was 2.3% lower than the local Clinical Commissioning Group (CCG) average and 3.2% lower than the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines.

We asked the practice manager and a GP why the results for reviews of patients who had diabetes were below the local and national averages. They told us they had identified this and had put firmer arrangements in place to encourage patients to attend for their reviews by sending out reminder letters and making phone calls to patients. The practice had a system that stopped repeat prescribing when patient's reviews were overdue until they attended. They told us that there had been some improvements in the data for 2015-16 but the full year results were not yet available.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improved patient care. They included:

- An audit concerning the prescribing for diabetes. The outcome was that patients commenced and received medicines in line with NICE guidelines and no changes were required. There were plans in place to repeat the audit in April 2016 to check that the medicines remained appropriate for the patients' needs.
- Another audit concerned a specific antibiotic and the changes made were recorded. The audit was discussed during a clinical meeting. A repeat audit was carried out after three months to check if any further adjustments to prescribing were needed.
- There was an on-going audit for those patients who had minor surgical procedures to check if they had developed complications and infections. The data we saw told us there had been none.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff

were provided with a handbook at the commencement of employment that provided them with practice information and a number of policies that they could refer to.

- The practice had a training programme in place and extra courses were provided that were relevant to roles. For example, emergency nurse practitioner minor injuries/emergency care, a cancer screening course for practice nurses, smoking cessation, ear syringing and medical terminology for the notes summariser/registrations staff member.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet 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 for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs in an appropriate and timely way. Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when



# Are services effective?

## (for example, treatment is effective)

patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis.

- The community based Proactive Care Team (PACT) liaised with all relevant professionals to share information about patient's needs to promote joined up 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. GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Two patients we spoke with confirmed that GPs communicated with appropriately with children.
- 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 process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines. Signed consent was obtained from patients before they received minor surgical procedures.

### Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity. Patients were then signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.

- The practice's uptake for the cervical screening programme was 90%, which was below the CCG average of 98.6% and the national average of 97.4%. We asked clinical staff why the practice was performing below the local and national averages. They told us the nationality and culture of some patients had affected the uptake of cervical screening. Staff told us there were on-going efforts to educate patients about the importance of this service.
- There was a policy to offer reminders by telephone or letter to patients who required reviews for long term conditions. Letters for patients who had a learning difficulty received letters in easy read format to assist them in understanding the need for their health check. Patients who failed to attend for their appointments were sent a letter advising them of the need to attend.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 97% and five year olds from 87% to 94%.
- 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.
- Weekly sessions by a specialist were held at the practice through the GP referral process for patients who experienced poor mental health. Those patients received timely advice, support and signposting to improve their living standards.
- Practice staff displayed health promotion in the waiting area. They told us that the topic changed every four months. During our inspection the display informed patients that they should not take medicines unless they needed to.

## Are services effective?

(for example, treatment is effective)

- There were posters in various areas of the practice that encouraged patients who experienced depression to speak with their GP about it.
- The practice manager had attended a sixth form college and told students about the operations of the practice

and the services they could expect to receive as patients. They told us this was a way of encouraging students make appropriate use of their practice. The practice manager told us they planned to make this an annual event.



# 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.
- The eight patients we spoke with were very complimentary about the way in which all staff communicated with them. The two Patient Participation Group members we spoke with were complimentary about the way that staff spoke with them.
- All of the 17 patient comment cards we received were positive about the service they received and about how staff liaised with them.

Results from the national GP patient survey of 2014-2015 published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice had mixed results compared with local and national averages on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 75% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 90% of patients said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.

- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 98% and national average of 97%.
- 98% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

Patients we spoke with during our inspection and the comment cards received did not inform us that there were problems with GPs listening skills or that they were not treated with care and concern.

We saw the results of the friends and family test (FFT) for the last three months. It was recorded that 100% of patients were likely or extremely likely to recommend the practice.

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

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

Data from the National GP Patient Survey published January 2016 gave opinions about how patients were involved with planning and making decisions about their care and treatment. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

## Are services caring?

Patients we spoke with told us their test results were explained to them and why they needed treatment. They said they had provided consent for their treatment.

Staff told us that translation services were available for patients who did not have English as a first language. Staff employed at the practice spoke a range of languages to assist with patients understanding of their health needs.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement service. Following a bereavement a GP visited the family and offered them support and if

necessary referral to a counselling service. The practice manager told us that if family members contacted the practice for an appointment that they would always be accommodated.

The practice's computer system alerted GPs if a patient was also a carer. There were 149 carers on the register which equated to 2.3% of registered patients. There was a dedicated notice board and forms available for patients to complete if they considered themselves to be a carer. The information displayed included details of various support groups. The Worcestershire Carers Association went out to patients own homes and put a care plan in place that included arrangements that allowed carers to attend their own appointments. Carers were offered an annual flu vaccine for their health promotion.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, GPs carried out assessments of patient who displayed memory problems to ensure patients who had dementia were diagnosed promptly. This enable appropriate treatment and support services were put in place at an early stage of the disorder. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. The practice had recently become a member of the Dementia Friendly Community. This is a Government initiative about making space in the practice dementia friendly by use of colour schemes and signage. Plans were in place to incorporate this with the proposed re-decoration of the practice.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Telephone advice was provided for patients who could not attend during normal opening hours.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Urgent access appointments were available for children and those with serious or complex medical conditions.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- Easy read letters and leaflets including how to make a complaint were available for patients who had a learning disability to enable their understanding.
- The practice offered extended opening hours to improve patient access.
- Written information was being developed in a suitable language for those patients of Eastern European backgrounds.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice is open from 8am until 6.30pm every day except Mondays when the practices closes at 7.30pm. Appointments available were:

- From 8.30am until 11.30am every weekday.
- From 2.30pm until 5.30pm every weekday.
- There was an assigned duty GP every day who dealt with telephone enquiries from patients and they saw patients at any time of the day if necessary.
- Extended hours included appointments until 7.30pm every Monday when a GP, an advanced nurse practitioner and two practice nurses were available.
- Patients from the practice could be seen by appointment from 6.30pm until 9pm Monday, Wednesday and Friday and from 9am until 1pm every Saturday at Evesham Community Hospital. This may not be with a GP from their own practice.

All extended hours are by pre-booked appointments only.

Results from the 2014-15 national GP patient survey published January 2016 showed that patients' satisfaction with how they could access care and treatment were mixed compared with the local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 86% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 82% of patients described their experience of making an appointment as positive compared to the CCG average of 78% and national average of 73%.
- 73% reported they were satisfied with the opening hours compared to the CCG average of 76% and national average of 75%.

Patients we spoke with on the day of the inspection and comment cards we received told us that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.

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

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.
- The practice kept a complaints log and there had been five formal complaints received over the past 12

months. We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. The practice manager told us they dealt with verbal complaints promptly through discussions with patients.

# 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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff understood.

Senior staff were engaging with the CCG and staff were actively striving to make on-going improvements. Meetings were held every six months with the CCG to review performance and agree ways of making further improvements to patient care.

Arrangements had been made for two of the practice nurses to commence training that would enable them to work as nurse practitioners to assist GPs with the increasing clinical workloads.

Staff acknowledged that the premises were inadequate to accommodate the increasing patient list. There was a programme in place for house building that would impact on the patient list. The practice had obtained approval from the local council to extend the premises. An application had been sent to the CCG and a final decision was awaited from NHS England to fund the project.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Staff attended a range of regular meetings to discuss issues, patient care and further develop of the practice.
- Senior staff acted on any concerns raised by both patients and staff.
- Practice specific policies were implemented and were available to all staff.

- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.
- A programme of continuous clinical and internal audits were used as tools to monitor quality and to make improvements. This included engaging with other professionals and the CCG.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and ability to run the practice effectively and promote high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well- run practice. Staff we spoke with displayed motivation and good team working. They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. This was evidenced during the inspection.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, truthful information and a verbal and if necessary, written apology.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a quarterly basis. PPG's work with practice staff in an effective way that may lead to improved services. PPG

# Are services well-led?

Good 

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

members said they felt staff listened to them and that changes would be made whenever practicable. For example, the PPG had been consulted and had made suggestion for the content of the practice website. The PPG had suggested that staff provide their name when they answer the phone and this had been implemented. The PPG had also been influential in the revised layout of the waiting area and how notices were displayed on the notice boards.

There was focus on continuous learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, they held meetings with other practices in the area to share knowledge and identify where improvements could be made. Discussions were in progress about how they would implement the proposed South Worcestershire Clinical Commissioning Group (CCG) new model of caring strategy.

## Continuous improvement