

Dr Swindlehurst and Partners

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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Dr Swindlehurst and Partners on 11 May 2016. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- Staff were clear about who to report incidents and near misses to. Information about safety was recorded and investigated.
- Patients were not fully protected from harm because systems and processes in place were not robust enough. The action identified from a (dispensing) significant event had not been carried out.
- One medicine safety alert had not been acted on to check that relevant patients received safe prescribing of this medicine. Some vaccine storage was not maintained at an appropriate temperature and staff failed to prevent unauthorised access. Near

misses identified in the dispensary did not include details of lessons learnt. The serial numbers of prescription forms loaded into printers were not logged.

- Staffing levels were monitored and reviewed when a member of staff left or when service level dictated. Safe arrangements were in place for staff recruitment that protected patients from risks of harm.
- The practice was visibly clean and measures taken to prevent unnecessary infections.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff possessed the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.

Summary of findings

- There were low numbers of patients who were carers. Efforts had been made to identify carers however, more action was needed. Identified carers were provided with support and guidance.
- Information about how to make a complaint was readily available and easy to understand. We saw that complaints were dealt with appropriately.
- There was a clear leadership structure and staff told us they felt well supported by senior staff. Management proactively sought feedback from patients which it acted on. Management had failed to follow-up on actions regarding a significant event, a medicine alert and that lessons were learnt from near misses in the dispensary. In the absence of the infection control lead there was no skilled deputy lead to take over the role.

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

The provider must:

- Implement a robust process to ensure appropriate action is taken following receipt of patient safety alerts.
- Processes and systems to be implemented in relation to medicines management to ensure safe and appropriate storage of vaccines and prescription forms for use in printers.

In addition the provider should:

- Ensure lessons are learnt from incidents and near misses.
- Develop ways to monitor and improve patient satisfaction.
- Ensure training and support for staff to enable them to carry out their roles, i.e. Infection Control.

Where, as in this instance, a provider is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 inadequate for providing safe services.

- There was an effective system for reporting and recording significant events and near misses but staff had failed to address an action.
- Some vaccines were stored at an inappropriate temperature to ensure their stability. Prevention of unauthorised access to vaccine fridges was not in place.
- Near misses identified in the dispensary did not include lessons learnt and shared with staff.
- Not all medicines safety alerts were acted upon to prevent harm to patients.
- A safe system for use of prescription forms for use in printers was not in place.
- The practice had clearly defined and embedded systems in place to keep patients safeguarded from abuse. Staff had received safeguarding training that was relevant to their role and demonstrated they would take appropriate action if they had concerns.
- Patients who were prescribed high risk medicines received regular and appropriate reviews to check the medicine was still required and the prescribing dose was appropriate.
- We found that senior staff promoted patient safety by adhering to the policy and procedure for recruiting staff.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely.
- Staff had reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to patient care and treatment.
- Patient's needs were assessed and care was planned and delivered in line with current legislation.
- The Proactive Care Team (PACT) assessed 2% of the most frail patients to improve their health and prevent unnecessary admissions to hospital. PACT staff were employed by the Clinical Commissioning Group and their objective was to make improvements through general practices.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed below average outcomes for reviews of some long term conditions. Staff had actively responded to this and recent data indicated that significant improvements had been made.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and planned for and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that mixed results were received from patients regarding provision of care but all patients spoken with during the inspection and comment cards received said their care was good or very good.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.
- Patients had their needs explained to them and they told us they were involved with decisions about their treatment. Patients we spoke with confirmed this.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- The practice had identified 3% of the patient list as carers. Carers were encouraged to identify themselves. More efforts were needed to ensure that all carers were captured. Clinical staff provided carers with guidance, signposted them to a range of support groups and ensured their health needs were met.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us it was easy to make an appointment and urgent appointments were available the same day.
- Data informed us that there was a higher than average wait from their appointment time for patients to be seen. Patients we spoke with confirmed this but told us they were not concerned and readily accepted it.
- The practice provided enhanced services. For example, avoiding unplanned admissions by carrying out health reviews and development of individual care plans.

Good



Summary of findings

- Information about how to complain was available and easy to understand.
- Evidence showed that senior staff responded quickly and appropriately when issues were raised.
- Learning from complaints was shared with all staff and other stakeholders.

Are services well-led?

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

- Senior staff had failed to recognise areas of concern regarding safety and to carry through actions identified in near misses and significant events. Not all lessons learnt were shared with relevant staff.
- Senior staff failed to ensure that skilled staff were in place when the lead was absent.
- Some areas of patient satisfaction were below the local and national averages.
- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff felt they were well supported by management.
- Meetings were held with another practice to share information and identify areas where improvements could be made.
- There were policies and procedures to govern activity and these were accessible to all staff.

Requires improvement



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 requires improvement for the care of older people. The provider was rated inadequate for safe and requires improvement for well led. The issues identified in relation to patient safety and the monitoring of staff performance affected all patients including this population group. However, they were rated good for providing effective, caring and responsive services.

- Practice staff offered proactive, personalised care to meet the needs of older patients.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Practice staff worked with other agencies and health providers to provide patient support.
- The Proactive Care Team (PACT) assessed frail patients in their own home and those in care homes to ensure their health needs were met.
- Home visits were offered to those who were unable to access the practice and patients with enhanced needs had prompt access to appointments.
- A GP was responsible for visiting a care home that had been delegated to the practice for provision of medical care.

Requires improvement



People with long term conditions

The practice is rated requires improvement for the care of people with long-term conditions. The provider was rated inadequate for safe and requires improvement for well led. The issues identified in relation to patient safety and the monitoring of staff performance affected all patients including this population group. However, they were rated good for providing effective, caring and responsive services.

- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed. Two practice nurses carried out home visits for health reviews of those patients who were unable to access the practice.
- Patients with long-term conditions had appropriate reviews to check that the medicine was still required and the correct dose was prescribed. Where necessary reviews were carried out more often.

Requires improvement



Summary of findings

- Clinical staff worked with health and care professionals to deliver a multidisciplinary package of care.
- Where necessary patients in this population group had a personalised care plan and risk assessment in place and they were regularly reviewed.
- Practice performance for chronic vascular disease indicators within the Quality and Outcomes Framework for 2014-15 indicated that 28% of these patients had not been reviewed. The unvalidated data for 2015-16 indicated that all patients had been reviewed.

Families, children and young people

The practice is rated requires improvement for the care of families, children and young people. The provider was rated inadequate for safe and requires improvement for well led. The issues identified in relation to patient safety and the monitoring of staff performance affected all patients including this population group. However, they were rated good for providing effective, caring and responsive services.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison and monthly meetings with the health visitors to review those children who were considered to be at risk of harm.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Extended hours were in place for patients to attend for the family planning service every Wednesday from 6pm until 8pm.
- Appointments were available for patients to attend for health checks with a health care assistant every Wednesday from 6pm until 8pm.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated requires improvement for the care of working-age people (including those recently retired and students). The provider was rated inadequate for safe and requires improvement for well led. The issues identified in relation to patient safety and the monitoring of staff performance affected all patients including this population group. However, they were rated good for providing effective, caring and responsive services.

Requires improvement



Summary of findings

- The practice had adjusted its services to accommodate the needs of this population group.
- Extended hours were available for family planning services and health checks.
- All patients who requested a same day appointment received a phone call from a GP to enquire about their symptoms and to determine if advice only or a face to face appointment was needed.
- Online services were available for booking appointments and ordering repeat prescriptions.
- Practice staff encouraged patients to attend for health screening procedures to promote their health.
- The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.

People whose circumstances may make them vulnerable

The practice is rated requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated inadequate for safe and requires improvement for well led. The issues identified in relation to patient safety and the monitoring of staff performance affected all patients including this population group. However, they were rated good for providing effective, caring and responsive services.

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- These patients had been signposted to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice kept a register of the 3% of patients who were carers. Clinical staff offered them guidance, signposted them to support groups and offered them the flu vaccination each year.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated inadequate for safe and requires

Requires improvement



Summary of findings

improvement for well led. The issues identified in relation to patient safety and the monitoring of staff performance affected all patients including this population group. However, they were rated good for providing effective, caring and responsive services.

- Patients who experienced poor mental health had received an annual physical health check.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.
- An enhanced service included GPs carrying out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia.
- This enabled staff to put a care package in place that provided health and social care support systems in place to promote patients well-being.
- Referrals to other health professionals were made when necessary.
- Staff had a good understanding of how to support patients who had dementia and who experienced mental health illness.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the results were mixed in comparison with local and national averages. There were 116 responses, this equated to a 49% response rate.

- 83% of patients found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 83% 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%.
- 84% 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%.
- 96% of patients said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 47% 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%.

- 37% 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 10 patients. They told us they were satisfied with the care and treatment they received. Patients confirmed that they waited a long time from their appointment time before they were seen but they told us they were not concerned by it. We also spoke with three members of the Patient Participation Group (PPG) who were also registered patients. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. They said they were satisfied with the standards of 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 26 comment cards and all were positive about the services they received and reported that staff listened to them. Some described their care as good and some as very good.

GPs told us they were aware of the extensive waiting time for some patients and that they were considering options about how to resolve the problem.

Areas for improvement

Action the service **MUST** take to improve

- Implement a robust process to ensure appropriate action is taken following receipt of patient safety alerts.
- Processes and systems to be implemented in relation to medicines management to ensure safe and appropriate storage of vaccines and prescription forms for use in printers.

Action the service **SHOULD** take to improve

- Ensure lessons are learnt from incidents and near misses.
- Develop ways to monitor and improve patient satisfaction.
- Ensure training and support for staff to enable them to carry out their roles, i.e. Infection Control.

Dr Swindlehurst and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor, a member of the CQC medicines team and an Expert by Experience.

Background to Dr Swindlehurst and Partners

Dr Swindlehurst and Partners provides care for approximately 14,400 patients. The service is located in Evesham and covers Evesham town and surrounding areas. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by seven GP partners (five males, two females) who between them provide 56 clinical sessions per week and seven administration sessions. Clinical sessions are also covered by locum GPs. A pharmacist was recently employed to work part time hours. GPs are supported by an advanced nurse practitioner, four practice nurses and four health care assistants (HCA). There is a vacancy for a practice nurse for 16 hours per week. Senior staff are at the stage of interviewing for this post. A locum nurse was being employed to provide interim cover. Nurses and HCAs provide cervical screening, vaccinations, review of long term conditions, health checks and phlebotomy (taking blood samples) services. The practice employs a practice manager, a deputy practice manager who also oversees the dispensary, two senior receptionists, 13 receptionists, two administrators and one medical secretary.

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 is open from 8am until 6.30pm every weekday with the exception of Wednesdays when the practice closes at 8pm.

Appointments are available:

- From 8.30am until 12.30pm and from 3pm until 5.30pm daily.

Extended hours include:

- Appointments are available from 6pm until 8pm for family planning appointments only every Wednesday. One GP and one practice nurse are available for this service.
- Appointments are available from 6pm until 8pm every Wednesday for patients to receive health checks by a HCA.

The practice accepts medical students for experience and teaching purposes.

Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. This equates to 33% of registered patients. Medicines can be collected from the practice or any of the designated outlets. The opening hours are from 8.30am until 6pm every weekday. The dispensary has a dispensary manager, three dispensers and one trainee dispenser. There is a delivery service every morning for patients who are unable to access the practice.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. 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,

Detailed findings

there is a recorded message giving out of hours' details. The practice leaflet also includes this information and there are leaflets in the waiting area for patients to take away with them.

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 carrying out the inspection, 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 inspection on 11 May 2016. During our inspection we spoke with a range of staff including three GPs, the advanced nurse practitioner, two practice nurses, two health care assistants (HCA) and the pharmacist. Staff we spoke with included the dispensing manager, two dispensers and the trainee dispenser. We also spoke with the practice manager, the deputy practice manager and dispensary overseer, one senior receptionist and three receptionists. We spoke with 10 patients and three Patient Participation Group (PPG) members who were also registered patients at the practice. PPG's work with practice staff and aim to improve services. We observed how patients were being cared for and talked with family members and reviewed relevant documentation. We reviewed 26 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

The practice demonstrated an effective system for reporting, recording and investigating significant events. However, we found evidence where a significant event had been recorded and investigated but the proposed action had not been addressed.

- Staff told us they would inform their line managers or the practice manager of any incidents and that the line manager or practice manager would make the necessary recordings. Recording forms were available to all staff.
- The practice carried out investigations of significant events and these were a standing item at business meetings that were held every two weeks. We reviewed a significant event dated September 2015. Prescribed medicines had been made up by dispensing staff on 11 September, and on 14 September a relative informed the practice the patient no longer needed the medicines but they were delivered to the patient's home on 16 September. An apology was given to the relative and a system was to be implemented for the removal of dispensed medicines when they were no longer required. However, this had not been actioned. We found that other significant events had been dealt with appropriately, discussed during meetings and lessons learnt shared with staff.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave an accurate overview of safety. When necessary the practice used the National Reporting and Learning System (NRLS). This is a means of sharing lessons learned from safety incidents.
- The practice manager told us that patient safety alerts were sent to all relevant staff and they followed them up to ensure they had been dealt with.
- We reviewed the actions taken from two patient medicine alerts published in February 2016. Both of these alerts had been sent to the GP who was responsible for medicines and overseeing the

dispensary. We saw that one alert had been acted on appropriately but the GP told us they had not investigated the other alert that concerned prescribing and renal impairment. Action had not been taken to protect patients from inappropriate treatment until we brought it to the attention of senior staff.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding and health and safety. We saw that risks were addressed when identified and actions put in place to minimise them. However, some risks had not been identified.

- 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 (child safeguarding; level three) 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. All staff had received training that was appropriate to their role. Staff demonstrated they understood their responsibilities and demonstrated they would take appropriate action when they had concerns.
- A notice was displayed in the waiting areas 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 confirmed that clinical staff offered them this facility.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Due to long term absence of the lead for infection control a health care assistant (HCA) had taken up the role in March 2016. The last in depth infection control audit was dated December 2014. The audit did not include details of resultant actions

Are services safe?

taken by whom or when. All clinical staff had undergone checks for their hand washing technique. The HCA told us that there had been a gap in carrying out audits due to the long-term leave of the previous lead. They told us that the practice was visibly checked on a regular basis but these had not been recorded. They told us of some of the actions that they had taken such as; purchase of chairs that could be wiped clean, purchase of lidded disposal bins and installation of disposable apron dispensers in clinical rooms. We spoke with the practice manager about the need to arrange appropriate training and support mechanisms to enable the HCA to carry out their role effectively. The senior partner told us that they were planning to carry out a full audit towards the end of June 2016.

- We reviewed four personnel files of the latest recruits including clinical and non-clinical staff and found
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and actions taken to protect patients.

- 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, staff carried out regular fire drills and weekly fire alarm testing.
- 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. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Some staff absences were covered by other staff re-arranging or working extra

shifts. Where necessary some shifts were covered by locum GPs and nurses. Training needs and support for staff that provided cover for lead roles needed to be in place.

Medicines management

The practice did not demonstrate that all areas of medicines management kept patients safe.

- The practice had recently employed a pharmacist who worked at the practice for 16 hours per week. They told us they checked discharge from hospital summaries, patient medicine reviews and clinical audits carried out by clinical staff.
- Patients who were prescribed high risk medicines such as; warfarin and others received regular and appropriate tests and reviews to check that their medicine and the dosage was still appropriate.
- Dispensed medicines could be collected from the practice or any of the designated outlets. This system provided support for patients who were unable to access the practice and those living in rural areas.
- On the day of the inspection dispensing procedures were amended to reflect current practice. Systems were in place to ensure both acute and repeat prescriptions were signed before the medicines were dispensed and given to patients. We observed this working in practice. Checks were made on the expiry dates of dispensary stock and all medicines we checked were in date. There was a process in place to ensure patients were advised of review dates and reauthorisation of repeat medicines was only actioned by clinicians.
- However, during our inspection we found six prescription bags of dispensed medicines (some were eight weeks old) that had not been collected and no evidence of arrangements in place for staff to check if they were still needed. These medicines were removed immediately when we brought this to the attention of senior staff. Actions were taken following the inspection to rectify the problem.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). We

Are services safe?

saw that there was limited space for the storage of controlled drugs. The day after our inspection we received information that a larger cupboard had been ordered.

- Prescription forms for use in printers were not handled in accordance with national guidance and tracked through the practice. Staff were failing to record serial numbers of prescription forms that were loaded into printers to enable full tracking of them. Actions were taken after we informed practice staff of our concern regarding safety.
- Two vaccine fridges were temporarily located in a communal room during completion of the extension works. We found that one fridge was not maintaining an appropriate temperature to keep vaccines stable. We received confirmation the day after our inspection that a new fridge had been ordered and the vaccines destroyed. Both fridges were locked but the keys had not been removed to prevent unauthorised access.
- Dispensing near misses had been recorded, investigated and actions taken but there was no evidence of lessons learnt that were shared with staff. The dispensary lead GP showed us notes taken from regular dispensary update meetings about alerts that had been reviewed but they failed to include if further action had been needed.

Arrangements to deal with emergencies and major incidents

There were adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training. There were emergency medicines available in the treatment room including those required to treat patients if they had adverse effects when they received minor surgery.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- 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. Copies of this were held off site to eventualities such as loss of computer and essential utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were up to date.

- 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.
- 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 patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Quarterly multidisciplinary meetings were held with palliative care staff, district nurses, social workers, health visitors and members of the Proactive 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 and nurses who carried out detailed assessments of 2% of those patients who were most at risk in their own homes or those residing in care homes. The nurse practitioners prescribed medicines, when necessary. PACT staff had access to patients' records to promote streamlined care for those patients.
- Monthly meetings were held with health visitors for information sharing about patients who were considered to be at risk of harm.
- Clinical meetings were held every two weeks to discuss care and treatment to ensure a uniformed approach by all GPs. Business meetings were held every two weeks to discuss operational matters.
- Monthly team leader meetings were held with the lead for each department present. Both clinical and operational issues were discussed. Relevant information from these was cascaded to other staff.

- Regular nurse meetings were held with health care assistants present. Relevant information from these meetings was fed into the team leader meetings by the nurse manager.
- Two practice nurses carried out reviews of patients with long term conditions in their own homes if they were unable to access the practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Comparisons were also made with the local Clinical Commissioning Group (CCG).

The practice had an overall exception reporting of 14%, which was 6% above the local Clinical Commissioning Group (CCG) average and 5% above the national average. (Exception reporting is the exclusion of patients from the list who meet specific criteria).

QOF data published in January 2016 showed mixed results in comparison with the CCG and national averages;

- The atrial fibrillation (irregular heart beat) review rate was 100% which was the same the CCG and 2% above the national average. The practice exception reporting rate was 14%, which was 1% above both the CCG and national averages.
- The mental health review rate of 100% was 5% above the CCG average and 7% above the national average. The practice exception reporting rating was 33%, which was 20% above the CCG average and 21% above the national average.
- The depression review rate of 100% was 6% above the CCG average and 8% above the national average. The practice exception reporting rating was 19%, which was 1% above the CCG average and 5% below the national average.
- The dementia review rate of 100% was 5% above the CCG average and 7% above the national average. The practice exception reporting rating was 13%, which was 6% above the CCG average and 5% above the national average.

Are services effective?

(for example, treatment is effective)

- Performance for asthma related indicators was 100% which was 1% above the CCG average and 6% above the national average. The practice exception reporting rate was 10%, which was 5% above the CCG average and 6% above the national average.
- Performance for patients with a learning disability was 100% which was the same as the CCG and national averages. There was no practice exception reporting rate.
- Performance for diabetes related indicators was 99% which was 5% above the CCG average and 10% above the national average. The practice exception reporting rating 8%, which was 4% above the CCG average and 3% above the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 100% which was 3% above the CCG average and 5% above the national average. The practice exception reporting rate was 5%, which was 6% below the CCG average and 4% below the national average.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was the same as the CCG average and 2% above the national average. The practice exception reporting rate was 6%, which was 3% above the CCG average and 2% above the national average.

We asked the practice manager and the deputy practice manager why the practice exception rating was higher than average for some conditions. They told us they had changed the review system by inviting patients to attend their reviews in the month of their birth date and this caused delays. The results had been compounded because some review dates coincided with the end of the year so they were not included in the QOF data. Senior staff had also discussed the situation with the CCG. We were provided with the improved unvalidated exception reporting rate for 2015-16. For atrial fibrillation the rating was 6%, mental health was 14%, depression was 10% and 11% for dementia.

Patients who did not attend (DNA) for their reviews received up to three telephone call reminders and if necessary a letter.

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

- Clinical staff had undertaken an audit of prescribing of a specific antibiotic. There had been two previous audits for this medicine. The latest audit dated September 2015 included further actions that were to be shared with GPs during the next practice meeting. By sharing information on care and treatment with all GPs this led to a uniform and improved approach to patient care.
- A GP was registered to carry out vasectomies (male sterilisation) at the practice. During 2015 49 procedures were carried out. A random sample of 20 patients had been contacted and asked seven questions about the results and their satisfaction with the service. The audit tool indicated that this audit would be repeated at a later date.
- The practice was registered to provide minor surgery procedures at the practice. There was a log of all minor surgery carried out that monitored for wound infections. The results to date were zero for post procedure infections. Two audits had been carried out for complications of minor surgery (joint injections) dated November 2014 and January 2016. No complications were identified.

Effective staffing

Staff had the skills, knowledge and experience to deliver appropriate 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 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, administration of vaccines, the cervical screening procedure and reviews of long term conditions. Staff who administered vaccines could demonstrate how they stayed up to date with changes of the immunisation programmes.
- The learning needs of staff were identified through a system of meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with told us they had the opportunity to build on their knowledge and development to enhance the services they provided to patients. For example, a senior receptionist was on duty each day and had been trained to NVQ (National Vocational Qualification) level three status.

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 a health visitor and the out of hours care team.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs in and to assess and plan on-going care and treatment. This included when patients moved between services, when they were referred and after discharge from hospital. Care plans were in place for patients who had complex needs and these were regularly updated. We saw evidence that multi-disciplinary team meetings regularly took place.

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 had the maturity to make their own decisions and to understand the implications of those decisions. 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. Where necessary further assessments and treatments were instigated.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines.
- Written consent was obtained before each minor surgery procedure commenced. The forms indicated that potential complications had been described to patients.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. All clinical staff including health care assistants (HCA) offered advice and support about healthy lifestyles to patients.

- 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 and alcohol cessation. All eligible patients who attended the practice had received advice on obesity and smoking cessation. Patients were 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 100%, which was 1% above the CCG average and 2% above the national average. The practice exception rating for 2014-15 was 18% but the unvalidated result for 2015-16 it was nil.

Are services effective?

(for example, treatment is effective)

- Patients who had not attended for their review were contacted and asked to make an appointment. Letters for patients who had a learning disability were in easy read format to assist them in understanding the need for their health check.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data told us that 77% of female patients had attended for breast screening during a 36 month period, which was 3% higher than the CCG average and 5% above the national average. Also 64% of patients had undergone bowel screening in the last 30 month period, which was 1% higher than the CCG average and 6% higher than the national average.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. The received health checks and if they were receiving prescribed medicines from elsewhere these were 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 89% to 99% and five year olds from 91% to 94%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74. 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 that 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 consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was a notice in the waiting areas advised patients to inform reception staff if they wished to hold a confidential discussion. Reception staff told us that if patients wanted to discuss sensitive issues or appeared distressed they offered them a private room to discuss their needs.
- The 10 patients we spoke with and the three PPG members were very complimentary about the way in which all staff communicated with them. All of the 26 patient comment cards we received were positive about the service they received and about how staff liaised and kept patients informed.
- Throughout our inspection we observed how staff responded to patients and saw they were treated with respect at all times. We saw that staff were friendly and helpful. Patients told us that staff provided either a good or a very good service.

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 the averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 94% 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%

- 85% 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%.
- 93% of patients said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% 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%.
- 95% 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%.

Care planning and involvement in decisions about care and treatment

We spoke with 10 patients, three PPG members and reviewed 26 comment cards on the day of our inspection which confirmed that patients felt involved with decisions about their healthcare and treatment. Patients spoke positively about the way that GPs and nurses explained their condition and the options available to them about their care needs. They also said that they felt listened to during consultations.

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

- 86% 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%.
- 75% 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%.
- 88% 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%.
- 80% 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%.

We saw a range of health promotion advice and advice leaflets about long term conditions in the waiting area that provided patients with information and support services they could contact.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. These were face to face or by telephone. Leaflets for patients had been written in Polish for explaining chaperone, booking tests and cervical screening services. Also how to contact a midwife.

Patient and carer support to cope emotionally with care and treatment

Notices in the waiting areas told patients how to access a number of local and national support groups and organisations.

- Staff told us that families who had suffered bereavement were contacted by their named GP. The call was followed through by either a GP visit or a patient consultation at the practice or advice provided about support services that were available.
- There was written information in the waiting areas directing carers to various avenues of support that was available to them. The practice had 3% of patients registered as carers. A service offered to carers was the Worcestershire Carers Association who went out to patients in their own homes and put care plans in place that included arrangements that allowed carers to attend their own appointments. Carers were offered an annual flu vaccine as part of their health promotion by clinical staff. Quarterly carers' magazines were available in the waiting area for carer's to take away with them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that practice staff were responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and arrangements were in place to address the identified needs of patients. Many services were provided from the practice such as; diabetes care, ante natal care and smoking cessation advice. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- All patients who requested an appointment were called back by a GP to determine if advice or a face to face consultation was needed.
- All same day face to face appointment requests were accommodated by the patients named GP or if fully booked by the duty GP.
- 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. These patients were seen on the day even if the clinical sessions were fully booked.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- Daily phlebotomy services were provided for all patients registered at the practice. Young children may be referred to the hospital paediatric service.
- Easy read letters and leaflets including how to make a complaint were available for patients who had a learning disability to enable their understanding.
- There were extended hours available to improve patient access.
- There were facilities for patients with a disability, a hearing loop and translation services available.
- A GP was the designated lead for provision of care for people who resided in a care home.
- Senior staff were engaging with the Clinical Commissioning Group (CCG) and staff were actively

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

Access to the service

The practice was open from 8am until 6.30pm every weekday with the exception of Wednesdays when the practice closed at 8pm.

Appointments were available:

- From 8.30am until 12.30pm and from 3pm until 5.30pm daily.

Extended hours included:

- Appointments were available from 6pm until 8pm for family planning appointments only every Wednesday. One GP and one practice nurse were available for this service.
- Appointments were available from 6pm until 8pm every Wednesday for patients to receive health checks by a HCA.

Children were automatically given same day appointments. If the named GP was fully booked when patients requested same day appointments they were given a telephone consultation with their named GP. If these were not available the patient was seen by the duty GP. Clinical staff had made a decision to provide afternoon locum GP support for the duty GP.

All GP partners provided eight clinical sessions per week and one administration session. This facilitated patients in seeing their named GP. We asked the 10 patients we spoke with how often they were seen by their named GP. Their responses gave a 50% result.

Nursing staff and health care assistants were available every day for provision of patient care.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 84% 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%.
- 87% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 89% and the national average of 85%.
- 73% of patients described their experience of making an appointment as positive compared to the CCG average of 76% 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%.
- 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. A complaint form was available in the waiting areas for patients to use.
- The practice kept a complaints log and there had been 28 complaints during the year of 2015.
- 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. Complaints were a standing agenda item for the business meetings that were held every two weeks to ensure that appropriate action had been taken. Lessons learnt from complaints had been shared with relevant staff.
- The practice manager told us they dealt with verbal complaints promptly through discussions with patients.

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 and that they were satisfied with the opening hours.

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 well-led?

Requires improvement 

(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 shared and understood for prioritising patient care. The mission statement was on display in the main waiting area.

- Senior staff had considered the needs of the future that included the new house building programme that would impact on the number of registered patients. We were informed that the number of registered patients had increased 5% in the last 18 months.
- An extension to the practice was almost completed. It comprised of a minor surgery suite, four consulting rooms and a conference room for staff use.
- Senior staff had identified that further clinical staff would be needed and were trying to recruit a practice nurse to work 16 hours per week.

Governance arrangements

Senior staff and clinical staff had an overarching governance framework which supported the delivery of the strategy and to promote good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Clear methods of communication that involved the whole staff team and other healthcare professionals was disseminated and best practice guidelines and other information.
- Staff attended regular team meetings to discuss issues, patient care and further develop the practice.
- Practice specific policies were implemented and were available to all staff. These included whistleblowing and harassment.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.

However, the practice's quality monitoring and improvement systems did not always operate effectively.

- Senior management failed to ensure lessons were learnt from incidents and near misses.

- Training and support was needed for staff to enable them to carry out their role effectively when the lead was absent, i.e. infection control.
- Senior staff should develop ways of improving patient satisfaction with the service they received.

Leadership and culture

- There was a clear leadership structure in place and staff felt supported by management.
- The partners in the practice had the experience, capacity and capability to run the practice effectively and to promote high quality care.
- All staff we spoke with during the inspection demonstrated that they made positive contributions towards the practice.
- The partners were visible in the practice and staff told us they were approachable at all times.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they were their requests for training had been treated seriously by senior staff.

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.
- Information was gathered from patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. There was an active PPG which met regularly and regularly liaised with senior staff between these times. PPG members said they felt the staff listened to them and that changes would be facilitated whenever practicable. For example, the receptionists were sometime not welcoming and the PPG requested this issue to be addressed. Senior management listened and organised staff training to overcome the problem.
- Information about the practice was cascaded to PPG members and their comments asked for before the changes were implemented.

Are services well-led?

Requires improvement 

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

Continuous improvement

Discussions were in progress through six monthly meetings about how they would implement the proposed South Worcestershire Clinical Commissioning Group (CCG) model of caring strategy.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was necessary to manage and mitigate risks to the health and safety of service users.</p> <p>The provider did not have a robust process to ensure appropriate action is taken following receipt of patient safety alerts.</p> <p>Processes and systems had not been implemented in relation to medicines management to ensure safe and secure storage of vaccines and prescription stationery including the use and storage of prescription forms for use in printers.</p> <p>This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>