Abbey Medical Practice

Quality Report

Abbey Medical Practice
Evesham Medical Centre
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey Medical Practice on 2 March 2016. Overall the practice is rated as good.

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

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an open and transparent approach to safety and a system in place for recording and monitoring significant events.
- Risks to patients were assessed and well managed.
- Patients said that staff were compassionate, kind and professional. Patients felt that they were involved in their care and decisions about their treatment.
- The practice provided information about services and how to complain, which was easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice took part in an extended hours pilot scheme, funded by the Prime Minister's Challenge Fund. Patients could book appointments from 6.30pm to 9pm on Mondays, Wednesdays and Fridays and from 9am to 1pm on Saturdays.
- The practice was in a modern building with good facilities. It was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by their colleagues and by the management team. The practice proactively sought feedback from staff, patients and the Patient Participation Group (PPG) , which it acted on.
- The practice had a clear vision about providing high quality service in a safe manner.

We saw one area of outstanding practice:

Summary of findings

- The business manager had worked with a patient with a rare disease and a Clinical Nurse Specialist to write a protocol for the management of breakthrough infections (May 2015). This has now been adopted by the UK Primary Immune-deficiency Patient Support organisation.

The areas where the provider should make improvements are:

- Introduce a robust system that provides a clear audit trail to ensure that all relevant staff receive NICE guidelines.
- Improve exception coding, for example with regard to chronic kidney disease.

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?

Good

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events, which had just been revised in order to make it more robust.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. However, a more robust system to provide a clear audit trail of which clinicians had received the updated guidelines was needed.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the National GP Patient Survey published in January 2016 showed that patients rated the practice as either average or slightly higher than others for almost all aspects of care.
- Patients told us that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were very positive and aligned with our findings. For example, the managers of three care homes stressed the friendly, caring attitude of all staff.
- Patient information about the services available was easy to understand and accessible.
- The practice had identified 125 carers, which represented 1.5% of the practice list.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice worked closely with the Pro Active Care Team nurses to improve care for elderly patients, so that they could be cared for in their own homes.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group. For example, an online patient blog was under development at the time of the inspection and has now been implemented.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked online and urgent appointments were available on the same day.
- The practice was in purpose-built premises and had good facilities. It was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Are services well-led?

Good

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

Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by the management team. The practice had a number of policies and procedures to govern activity and held regular Heads of Department meetings at which governance issues were discussed.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with relevant staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- Continuous learning and improvement was encouraged at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register for patients who required palliative care. Home visits and urgent appointments were provided when needed for this group of patients.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission.
- The dispensary provided a home delivery service for patients who were housebound.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Lifestyle support was provided by the nursing team. This included advice about weight loss and exercise. Patients who needed advice on smoking cessation were referred to the dispensary team. The nursing team also carried out the NHS Health Checks.
- Data showed that 76% of patients with asthma had their care reviewed in the last 12 months, which was in line with CCG and national averages.
- The business manager had worked with a patient with a rare disease and a Clinical Nurse Specialist to write a protocol for

Summary of findings

the management of breakthrough infections. This had been adopted by UK Primary Immune-deficiency Patient Support. A poster advertising Rare Disease Day on 29 February 2016 was on display in the waiting room.
- The practice clinical team had received additional training in long term care. For example, one of the nurses held diplomas in asthma and chronic obstructive pulmonary disease.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening uptake was 84%, which was in line with the local and the national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young children under the age of five were always given a same day appointment.
- Nurses held daily minor illness clinics for acute conditions.
- A play table was available in the waiting area.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Patients could book telephone appointments as an alternative to a face-to-face consultation.

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- NHS Health Checks were offered by the nursing team, who provided advice on smoking cessation, weight loss and exercise.
- A range of contraceptive services was available at the practice (including coils and implants).
- Patients could book routine GP appointments or request repeat prescriptions online at a time that suited them.
- The practice participated in the extended hours pilot, set up with funds from the Prime Minister's Challenge Fund, at Evesham Community Hospital. Patients could book appointments from 6.30pm to 9pm on Monday, Wednesday and Friday and from 9am to 1pm on Saturday, as an alternative to attending the practice.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- A Community Mental Health Team (Gateway) worker reviewed patients at the practice in a weekly clinic.
- We received very positive feedback from three care home managers. They told us that the GPs were very kind and took time to involve patients in their care as much as possible.
- Regular multi-disciplinary meetings were held during which treatment for patients on the palliative care register was discussed.
- Comprehensive care plans were drawn up for these patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. We saw an example of action taken to protect a vulnerable patient; detailed written notes outlining actions had been made in meeting minutes.
- Information about support groups for domestic abuse and sexual violence was displayed in the reception area.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Receptionists reminded patients about their appointment times and patients who did not attend their appointment were contacted.
- A pilot project was due to start in April 2016 which would involve a dementia advisor from Age UK attending the practice to support patients in this group.
- Data from the Quality and Outcome Framework (QOF) 2014/15 showed a higher than average exception rate for mental health (23% above the CCG and national averages). The partners had recognised that exception reporting was high, because it had been used inappropriately. An audit of exception reporting had been carried out in November 2015 and action taken as necessary.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed that the practice was performing in line with local and national averages. 239 survey forms were distributed and 118 were returned. This represented a 49% completion rate.

- 76% of patients found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 92% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 87% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 25 comment cards, 20 of which were positive about the standard of care received. Patients told us that GPs were very kind, courteous and efficient with good listening skills. The dispensary team were praised for being kind and helpful. Reception staff were said to be friendly and very caring and helpful. Negative comments highlighted the difficulties in accessing appointments and getting through on the telephone in the mornings.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Data from the NHS Friends and Family Test for 2015 showed that 95% of patients who completed the forms would recommend the practice to friends and family. Patients commented on the understanding and kindness of GPs and said that nothing was too much trouble. Receptionists were praised for being very helpful.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Introduce a robust system that provides a clear audit trail to ensure that all relevant staff receive NICE guidelines.
- Improve exception coding, for example with regard to chronic kidney disease.

Outstanding practice

We saw one area of outstanding practice:

- The business manager had worked with a patient with a rare disease and a Clinical Nurse Specialist to write a protocol for the management of breakthrough infections (May 2015). This has now been adopted by the UK Primary Immune-deficiency Patient Support organisation.

Abbey Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a second CQC inspector, and a practice manager specialist advisor.

Background to Abbey Medical Practice

Abbey Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection Abbey Medical Practice was providing care to approximately 8,338 patients.

Abbey Medical Practice is located in purpose-built premises based in Evesham town centre, which is an area of lower than average deprivation.

The practice is accessible to patients with disabilities and there is a lift to the second floor. There are disabled car park spaces on site. A pay and display public car park is nearby for other patients.

There are four GP partners, two male and two female. The GPs are supported by a pharmacist, three practice nurses, three health care assistants and a dispensary team of six. Non-clinical staff includes a business manager, practice manager, reception and administrative staff.

Abbey Medical Practice is a dispensing practice, which dispenses to those patients whose home is more than one mile from the nearest pharmacy. A free home delivery service is available for those patients who cannot collect their prescriptions from the practice.

The practice is open from 8am to 6.30pm Monday to Friday. Routine and urgent appointments are available during these times. The telephone is answered from 8am to 6.30pm.

The practice does not provide an out of hours (OOH) service. When the practice is closed, patients are advised to dial 999 in an emergency or to contact the NHS 111 service. The practice does not provide an extended hours service itself, but has signed up to a pilot project at Evesham Community Hospital Hub. The Hub is an extended hours service for patients in the Evesham catchment area. Appointments are available from 6.30pm to 9pm on Monday, Wednesday and Friday and from 9am until 1pm on Saturday morning. Appointments can be booked via the reception team at Abbey Medical Practice.

Why we carried out this inspection

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

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

Detailed findings

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

How we carried out this inspection

Before our announced inspection of Abbey Medical Practice on 2 March 2016, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also reviewed nationally published data from sources including NHS South Worcestershire Clinical Commissioning Group (CCG), NHS England and the national GP Patient Survey published in January 2016.

During the inspection, we spoke with members of staff including GPs, the practice nursing team, the practice management team, and reception staff. We also viewed procedures and policies used by the practice. We spoke with eight patients during the inspection; five of these patients were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and quality of care. We spoke with three managers of local care homes on the telephone during the inspection.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events had been reviewed and updated, so that it would be more robust, open and transparent. A simplified reporting template and review sheet had been worked up and a more comprehensive log was going to be introduced with effect from 1 April 2016.

- The practice had recorded eight significant events from January 2015 to December 2015. We saw that significant events were discussed and analysed at regular monthly meetings. Follow up action was taken and learning points circulated with team members as appropriate. A significant events log was kept, in which a brief description of the event, action taken, and dates when analysis had been completed were recorded.
- Staff told us that they were aware of the process for reporting incidents and that they would inform the business or practice manager of any incidents. Staff knew that a reporting form was available to download from the practice's computer system.

There was a system to act on safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The business manager received all alerts and emailed staff as appropriate. This ensured that staff were kept up to date with current guidelines. The pharmacist ran searches as a result of safety alert guidance and either actioned changes or informed GPs of any necessary action. We saw an example when the pharmacist had acted on an alert for a prescribed medicine, made an entry in the patient's medical record and followed this with a letter to the patient.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to the appropriate higher children's safeguarding level.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Four comment cards referred specifically to the cleanliness of the practice. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We saw evidence that the practice had invited the local nurse consultant in infection prevention and control to visit the practice and provide up to date guidance. There was an infection control protocol in place and staff had received up to date training. We saw evidence that regular infection control audits were carried out; the most recent audit had been undertaken in January 2016. Action was taken as a result of audits. For example, during the 2015 audit, stock which was stored on a shelf near a U-bend in a water pipe was identified as being at risk of a possible water leak, so the stock was moved and a warning notice was placed on the shelf. We also saw that detailed cleaning schedule logs were kept up to date.
- During the inspection we found that a refrigerator in the dispensary was so full that air could not circulate properly. Although this issue was addressed immediately, the practice acknowledged that they had capacity issues, which necessitated buying an additional refrigerator. The practice has since assured us that an additional refrigerator has been purchased.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse was on the premises.

- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- There were effective systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We saw that there was a fire board in the corridor with all staff names and the fire evacuation escape routes were clearly displayed in corridors. We saw the report of the last emergency evacuation drill, which had been carried out in June 2015. We noted that staff had taken the emergency equipment and oxygen cylinder with them as part of the emergency drill procedures. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 and securely stored.
- The practice had a comprehensive business continuity plan stored on the computer system for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The business manager held a copy of the plan on a memory stick and kept a hard copy off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We were told that alerts and updated guidelines were discussed in clinical meetings, but documentation was not available to evidence this. We were also told that clinicians met daily after morning surgery and that alerts were discussed then.

Management, monitoring and improving outcomes for people

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

- The practice achieved 99.9% of the total number of points available; this was in line with the Clinical Commissioning group (CCG) and the national averages.
- Clinical exception rate reporting was 7% which was in line with the CCG and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects.
- Performance for diabetes related indicators was in line with the CCG average and above the national average.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 92%, which was above the CCG and national averages.
- 100% of patients with poor mental health had a comprehensive care plan review completed within the last 12 months. This was better than the CCG and national averages. However, the exception rate for this group of patients of 23% was higher than the CCG and national averages. The partners had recognised that the reason for this was that codes had been used inappropriately. An audit of exception reporting had been carried out in November 2015 and action taken as necessary.

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

Clinical audits demonstrated quality improvement.

- We saw that 12 clinical audit reports had been completed in the last year, several of which were scheduled to be repeated. In addition, the practice pharmacist had undertaken multiple medicine audits during the year 2015/16.
- Findings from audits were used by the practice to improve services. For example, recent action taken as a result of the audit on exception reporting ensured that, in future, chronic disease monitoring for housebound patients would be carried out by practice nurses in the patient's home, instead of the patient being excluded from monitoring.
- The audit on exception reporting also identified a number of patients who had been incorrectly exception coded, for example for Chronic Kidney Disease, which was a result of a misunderstanding of the exception coding rules. This was now being rectified.

Effective staffing

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

- The practice held protected time multi-disciplinary meetings every month. Regular meetings were held separately by the nursing, dispensary and reception teams.
- The practice participated in the Improving Quality Supporting Practices (IQSP) scheme, organised by the South Worcestershire CCG. The IQSP scheme encouraged practices to deliver improvements to prescribing and patient outcomes.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We were shown a comprehensive induction pack for a locum, which included photographs of all staff in the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term

Good

Are services effective?

(for example, treatment is effective)

conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- Staff learning needs 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 and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules specific to their role.
- Health Care Assistants had received additional training in wound dressings and spirometry (a test used to help diagnose and monitor certain lung conditions by measuring how much air can be breathed out in one forced breath), so that they could see patients who needed these services, thus freeing up nurses' time.
- A receptionist, who spoke five languages, was able to help eastern European patients, who needed assistance with registration forms or booking appointments.

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 clinical computer system and 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that detailed care plans were routinely reviewed and updated.

Consent to care and treatment

Clinical staff we spoke with understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked capacity to make decisions for themselves. We saw that the minor operations consent form included a space for an interpreter's signature. A flowchart to help GPs assess a patient's mental capacity had been put in every consulting room.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84% which was in line with the CCG and national averages.

Childhood immunisation rates for the vaccinations given between 1 April 2014 and 31 March 2015 were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 98% and five year olds from 92% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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.

Good

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 consulting 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 majority (20) of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said that they felt the practice offered an excellent service and that staff were helpful, friendly and caring. Patients said that they were treated as individuals, with dignity and respect. GPs were praised for their good listening skills. Negative comments were made about access to appointments and the fact that it was difficult to get through to the practice by telephone in the mornings.

We spoke with five members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% 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 the GP gave them enough time (CCG average 90%, national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients commented that they were given helpful answers to any questions during consultations and that GPs were very patient.

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

- 88% 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%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had identified 125 carers, which represented 1.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them. There was a comprehensive range of information

Good

Are services caring?

about sources of support for carers on the practice website, together with a video clip about Carers' Forums. Alerts for carers were recorded on the practice's clinical computer system.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was often followed by a visit at a flexible time and location to meet the family's needs. The family would also be offered advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. We saw that a patient information leaflet on antibiotics had been translated into Polish and there was a poster on medicines wastage in Polish in the reception area.
- The new patient questionnaire included a question about whether the patient would need help with English. If the patient said that they would need help, an alert was put on the patient's record to prompt receptionists to book an interpreter.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Routine GP appointments were from 8.10am to 11.10am and from 2pm or 3pm to 5.30pm daily. Extended surgery hours were offered at Evesham Community Hospital from 6.30pm to 9pm on Mondays, Wednesdays and Fridays and from 9am to 1pm on Saturdays. Outside of these hours, patients were referred to the NHS 111 service. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 76% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 77% of patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. An easy read version of the complaints leaflet with pictures and large print was also available.

We looked at 12 complaints received in 2015 and found that they were dealt with in a satisfactory and timely manner. We did not see any evidence that lessons learnt were shared amongst the team in a consistent way. We saw evidence of verbal sharing and verbal apology to a patient recorded in the patient's record, but written evidence was not available. However, it was noted that a more robust system for recording and tracking complaints was going to be introduced with effect from 1 April 2016.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to drive improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but the underpinning systems needed to be more robust to lessen the risk of anything being missed. The Health and Safety policies, including risk assessments, were in the process of being updated with the help of an external consultant.

Leadership and culture

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

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

The practice had systems in place for knowing about notifiable safety incidents. When unexpected or unintended safety incidents happened, the practice contacted patients to explain the incident and apologised. They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular departmental team meetings.
- Staff told us there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and felt confident in doing so and felt they would be supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had designed a patient comment form and bought the box for the completed forms. The PPG ran a book stall in reception and bought equipment for the practice with the proceeds from the sale of books, for example, a portable hearing loop. At the inspection, we were told that the practice intended to start a news blog to encourage a wider range of patient participation and to keep patients up to date with practice news. The blog had since been introduced.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they were encouraged to put forward suggestions for improvement at the regular meetings.

Are services well-led?

Good

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

Continuous improvement

Learning and improvement at all levels were encouraged within the practice. The practice had signed up to a local extended hours pilot scheme, the Evesham Community Hub, to improve access for patients in the area outside of core practice hours.

Staff told us that they were encouraged to broaden their skills. For example, Health Care Assistants had received training in wound dressings and reception staff were trained to be multi-skilled.