

# Shawbury Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

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

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Feedback from patients about their care was consistently positive.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- 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 provision of a dispensary service and an in house counselling service.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

# Summary of findings

## **We saw an area of outstanding practice:**

- The practice had ensured they reviewed their looked after children and child protection register with the Health Visitor and School Nurse at regular multi-disciplinary team meetings to ensure it was up to date. The involvement of the school nurse had improved the level of information and intelligence within the multi-disciplinary team.

## **There was an area of practice where the provider should make improvement:**

- Consider improving the documentation of complaints to ensure that a final letter is forwarded to complainants that explains the next steps they may choose to take.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse. The practice had also audited their records on an ongoing basis to ensure their list was up to date and had held a staff educational training event attended by the Community Paediatrician regarding child protection pathways and the role of the school nurse.
- The practice had completed an audit on repeat medicines with a review date in 2014, a repeat cycle in 2015 and third cycle in January 2016. As a result of the audit, learning and changes were made to improve the safety of services for patients
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey date showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

Good



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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients, and it had a very active patient participation group which influenced practice development. For example it had surveyed patients opinions

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The lead GP 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 staff and the wider locality where appropriate to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement 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 held monthly multi-disciplinary meetings which included; District Nurses, Community Matron, Community Care Coordinator, Hospice at Home nurse and the GPs and nurses from the practice. During this meeting they discussed patients considered to be frail and vulnerable with the view to improving quality and consistent care to these patients.
- The practice had actively spent time with individual patients and their families, creating or reviewing care plans and discussing issues such as current medical concerns, 'just-in-case' or rescue medication, resuscitation orders and how to avoid admission to hospital in general. These patients had care plans in place with the involvement of the patient, their next of kin, carers and recorded the patients' end of life wishes, such as resuscitation and whether they would like to avoid hospital admission.
- The practice held a register of palliative care patients the majority of which were older patients. Each patient was discussed monthly at a dedicated multidisciplinary meeting with representatives from the district nurses, local hospice and all available GPs.
- The Community Care Coordinator was a valued affiliated member of the practice team. They made contact with appropriate agencies within the local community, offered support with form filling and signposting to other external agencies.
- The practice branch surgery in High Ercall opened twice a week between 12pm and 1pm for walk in appointments for patients who could not easily get transport to Shawbury. Patients could also collect medicines from the branch.
- The practice delivered monthly medicines to the homes of patients who would find it difficult to collect their medicines from the surgery.

# Summary of findings

- The lead GP provided a weekly 'ward round' at a local care home with 50 patients and offered telephone access to advice and support to the home from 7am Monday to Friday. These patients were seen as urgent appointments and were dealt with within the same half day.

## People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- One of the practice nurses had completed diabetic care training which provided patients with evidenced based best practice care and support. Performance for diabetes in three out of the five related indicators was better than the national average. For example; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.09% when compared to the national average of, 88.3%. The percentage of patients with diabetes, on the register, in whom the last blood test was within a specific therapeutic range was 83.76% when compared to the national average of, 77.54%.
- 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.
- Longer appointments and home visits were available when needed.
- The practice provided watch blood pressure monitors for patients under investigation for high blood pressure.
- On a monthly basis the diabetic podiatrist visited the practice and the practice took responsibility for inviting patients to receive their foot care.
- Patients with Chronic Obstructive Pulmonary Disease (COPD) which is an umbrella term used to describe a number of conditions including emphysema and chronic bronchitis had an annual review and spirometry completed at the practice. The assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94.03% when compared with the national average of, 89.9%.

# Summary of findings

- The practice recognised the value of patient care over and above their Quality and Outcome Framework (QOF) results. For example, they choose to maintain some former QOF requirements to ensure they captured all the quality aspects of the service they provided.

## Families, children and young people

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

Good



- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice held regular meetings with the Health Visitor and the School Nurse, to discuss vulnerable families, children who on the child protection list and looked after children. The practice had audited their records on an ongoing basis to ensure their list was up to date.
- The practice provided a full contraception service and family planning service.
- 78.87% of patients diagnosed with asthma, on the register, had had an asthma review in the last 12 months, which was slightly better than the national average of 75.35%.
- 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.
- The practice's uptake for the cervical screening programme was 82.23%, which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

Good



- 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.

# Summary of findings

- The GPs provided telephone consultations where appropriate. 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.
- The practice was a dispensing practice and patients seen by a doctor could collect their medicine ordinarily before leaving the practice.
- A phlebotomy service, joint injections, minor operative procedures, Help 2 Change clinics and a counselling service were provided to patients at the practice.
- The practice offered later appointments on a Tuesday evening and the dispensary was open until 6:30pm for the collection of medicines which included those for working age patients.

## People whose circumstances may make them vulnerable

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

Good



- 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.
- The practice provided medical care to a local children's home, and appointments for these children were prioritised.
- The practice maintained a carers' register.
- An example of co-ordinated care having a dramatic effect on patient outcomes included that of a palliative care patient who had attended the practice regularly but had not needed to be seen at home. Following multiple contacts the Community Care Coordinator was invited to their home only to find they had been without appropriate heating and hot water supply. The Community Care Coordinator with consent took the initiative and the patients' home environment was improved with access to appropriate grant funding.
- The practice held a register of patients living in vulnerable circumstances including 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

# 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).

- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed dementia awareness training and as part of the practices on-going awareness they arranged for a representative from the Alzheimer's Society to attend one of their training afternoons to help staff recognise and communicate better with patients living with dementia.
- 82.14% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Performance for mental health related indicators were better than the national average in two out of the four indicators and comparable in the remaining two indicators. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 100% when compared to the national average of, 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. This included meetings with the Community Mental Health Team. Of the 20 patients identified all had summaries available as to when they were last reviewed and on the care and support they received in the community and at the practice, one patient was no longer receiving active mental health treatment. Of the 19 remaining patients, two required action in respect of a review which the GP had action planned.
- 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.
- The practice provided an in house counselling service for its patients on a weekly basis.
- Close monitoring of medicines for patients at risk of overdose was supported by the dispensary service, for example with the use of three day prescriptions or dosset boxes if appropriate.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with or above local and national averages. Two hundred and forty eight survey forms were distributed 126 were returned with a response rate of 50.8%:

- 98% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 85% and a national average of 73.3%.
- 88.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.4% national average 85.2%).
- 86.3% described the overall experience of their GP surgery as fairly good or very good (CCG average 82.1%, national average 73.3%).

- 88.6% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average of 83.4% and national average of 77.5%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Most patients described the practice in exemplary terms as an excellent practice with a great understanding of their role within the local community.

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

# Shawbury Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Shawbury Medical Practice

Shawbury Medical Practice is located in Shawbury, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 3,711. The practice is a rural dispensing practice which moved to its current purpose built building in 1990. The provider extended the building in 2003 to create a second treatment room, extra consulting room, meeting room and multifunction room with rooms for the now visiting community teams, such as Health Visitors and District Nurses. The practice also has a branch surgery at High Ercall, Shropshire, open Tuesdays and Fridays from 12pm to 1pm each week. The branch surgery provides a walk in service with no booked appointments.

The staff team comprises a full time individual GP and two part-time salaried GPs, one of whom provides three days a week and the other two and a half days, plus extra sessions where required. The clinical practice team includes two practice nurses, a phlebotomist, a senior dispenser and five dispensary staff including a locum dispenser on a regular Thursday basis. The practice is managed and

supported by a practice manager, administration support staff, receptionists, a Community Care Coordinator and two cleaners. In total there are 21 full or part time staff employed.

The main practice and dispensary are open Monday, Thursday and Friday 8:30am to 6pm (excluding bank holidays) and 8:30am to 6:30pm on Tuesdays. The practice is open on a Wednesday from 8:30am to 12:30pm. On Wednesday afternoons the GP attends a local nursing home to provide a ward round and the practice answerphone is switched to a managed on call system. In addition the practice provides GP led telephone consultations to those who request the service. The practice offers a phlebotomy service every Friday morning but bloods are also taken when required by the practice nurses. The practice provides a counsellor service every Thursday morning. Pre-bookable appointments and urgent appointments are also available for patients that need them. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switch to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

The practice provides a number of clinics, for example long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations, minor surgery, and travel vaccinations. The practice offers health checks and smoking cessation advice and support. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example they offer a dispensing service, minor surgery, and the childhood vaccination and immunisation scheme.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

## 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 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)

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During our inspection we spoke with a range of staff which included the practice manager, nursing staff, dispensary staff, administrative and receptionist staff and GPs. We spoke with eight patients who used the service including a member of the patient participation group. We reviewed 21 comment cards where patients shared their views and experiences of the service.

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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, for patients prescribed a blood thinning medicine the practice policy was to have an appropriate coding of this medicine use on their electronic systems with a clear indication of the reason and therapeutic length for the medicines use. The practice reviewed its' records and found 10 patients did not have these in place. The GP reviewed the records and found all had a clear indication of the reason for the medicine. The GP raised this as a significant event which was discussed at a practice meeting; the practice policy was reiterated to all GPs. They reviewed all the patients who had appropriate coding but to check that there was a clear indication and length of treatment of the medicines use and repeated the audit. Their findings from the repeat audit revealed that all had a valid clear indication for the medicine use, coding and length of treatment.

The practice demonstrated a whole practice approach to significant event reporting. Events were risk rated to identify those with more serious implications for patient safety to prioritise them for action. Positive events were also recorded to ensure these could be celebrated and shared as good practice with the team

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 the risk of 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 safeguarding level three. The practice held regular meetings with the Health Visitor and the School Nurse, to discuss vulnerable families, children who were on the child protection list and looked after children. The practice had audited their records on an ongoing basis to ensure their list was up to date and had held a staff educational training event attended by the Community Paediatrician regarding child protection pathways and the role of the school nurse. The practice reviewed their looked after children and child protection register with the Health Visitor and School Nurse at regular multi-disciplinary team meetings to ensure it was up to date. The involvement of the school nurse had improved the level of information and intelligence within the multi-disciplinary team.
- 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 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. There was an infection control protocol in place and

## Are services safe?

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken or planned to address any improvements identified.

- The arrangements for managing medicines, including emergency drugs and vaccinations, 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) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The GP was a member of the North Shropshire Locality Clinical Commissioning Group board member and the Formulary Group member (for best practice prescribing). Prescription pads 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 provided a dispensary service. This was managed by a senior dispenser with five qualified dispensary staff. The practice held controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. There were arrangements in place for the destruction of controlled drugs. The dispensary support by the pharmacist at the CCG had completed a satisfactory control drug audit in 2016.
- There was a system in place for the management of high risk medicines such as disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. Medicine reviews took place on at least an annual basis.
- The practice had completed an audit on repeat medicines with a review date in 2014, a repeat cycle in 2015 and third cycle in January 2016. The findings from these audits were shared widely within the CCG and with other practices as well as to the electronic software companies. The GP was concerned that medicines could be added onto the patient's repeat prescription list on the electronic system without a valid review date as the electronic system in place did not prompt staff to provide this information. The GP reported this to the provider of the electronic systems software for a system improvement. It was also raised at their practice meeting and they produced a Standard Operating Procedure (SOP) for the dispensary for how to deal with repeat medicine requests where there was no valid review date. The systems search was also repeated monthly until the situation was resolved. The GP also informed the Clinical Governance department of the CCG by entering their audit on the shared 'Datix' system to share their experience and learning with other practices. The practices' second cycle audit revealed further actions were required, such as a review of the GP2GP policy. This was to see how a patient could join the practice list but have no review date entered on their GP2GP medical record. (GP2GP is a project which enables the Electronic Health Record (EHR) of a patient to be transferred securely and directly to a new practice when the patient registers at that practice). The third cycle audit showed significant improvement. The actions by the practice were that of continued vigilance by all with a plan to repeat the audit in three months.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. They also contained competency assessments on staff's clinical duties.
- There were failsafe 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

## Are services safe?

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 the staff received annual basic life support training and there were emergency medicines available in the

treatment room. The practice staff were able to give examples of how a recent emergency event was dealt with. Following this emergency staff discussed any learning from the event which was found to have been completed in line with best practice.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.4% of the total number of points available, with 9.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes in three out of the five related indicators was better than the national average. For example; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.09% when compared to the national average of, 88.3%. The percentage of patients with diabetes, on the register, in whom the last blood test was within a specific therapeutic range was 83.76% when compared to the national average of, 77.54%.
- The percentage of patients with hypertension having regular blood pressure tests was 85.99% was similar to the national average 83.65%.
- Performance for mental health related indicators were better than the national average in two out of the four

indicators and comparable in the remaining two indicators. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 100% when compared to the national average of, 88.47%.

Clinical audits demonstrated quality improvement.

- There had been more than eight clinical audits completed in the last two years, we reviewed three of these which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example; in a response to The Medicines and Healthcare Products Regulatory Agency (MHRA) report on an agent to assist patients to quit smoking and the risk of ulcer complications on 21 January 2016. They reviewed patients' medical records, discussed the alert and took advice from the cardiology and gastroenterology specialists where required and had planned to review their findings at their next practice meeting.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of the practices safeguarding children's register. The practice contacted a local care home, the health visitors, and school nurses to ensure that their register fully reflected the patients registered and accurately represented their current status. The audit was presented at the clinical staff meeting and a process for three monthly reviews of their child protection and vulnerable children list was agreed. The health visitors were invited to attend the clinical meetings on a regular basis for this review.

Information about patients' outcomes was used to make improvements, such as the practice's audit on their minor operations and consent process in place at the practice. The findings showed that 20 patients had a recorded procedure in a six month period, that the standards were met and all patients had appropriate consent recorded in the notes. All of the patients, with the exception of one, were joint injections and none were for minor cutting operations. The practice decided to review its provision of

# Are services effective?

## (for example, treatment is effective)

cutting minor operative procedures and seek an alternative arrangement for these procedures as the low numbers suggested that the practice would not maintain its skill base.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All the staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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 care plans were routinely reviewed and updated. These included more recently the attendance of the school nurses and when able a staff member from the Community Mental Health Trust.

The practice maintained several patient registers including: a frail and vulnerable register, a palliative care register, a child protection/safeguarding register, a register of significant events, carers register, recorded patients with long term conditions, learning disability register, register of complaints, records of any patients subject to Deprivation of Liberty Safeguards (DoLS) and of patients who had recently died and of their families/carers.

### 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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.
- Help to Quit and Help to Slim advice via the Help to Change programme was available at the practice every Friday from 9am to 4pm and patients could also be signposted to local support groups.

The practice's uptake for the cervical screening programme was 82.23%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability

and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 87.9% to 100% and five year olds from 92.1% to 97.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 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:

- 93.8% said the GP was good at listening to them compared to the CCG average of 92.9% and national average of 88.6%.
- 90.8% said the GP gave them enough time (CCG average 92%, national average 86.6%).
- 99.3% said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 95.2%).
- 91.4% said the last GP they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 85.1%).

- 95.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 95.7% said they found the receptionists at the practice helpful (CCG average 90.1% national average 86.8%).

### 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.

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

- 93.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.6% and national average of 86.0%.
- 85.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.8%, national average 81.4%).
- 96.3% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89.5%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language.

### 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's computer system alerted GPs if a patient was also a carer. The practice had identified all the carers on their practice list. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice's branch surgery at High Ercall provided a twice weekly walk in service between 12pm and 1pm.

The practice provided a 'GP ward round' every Wednesday afternoon to the local care home as well as open access for advice or visits from the principal GP including being able to call the GP at 7am before surgery. This was not provided as a local enhanced service and the GP did not receive funding for nor had they requested funding for the service they provided. This assisted in the reduction of unplanned hospital admissions

- This provided continuity of care to patients.
- Fostered a close working relationship between staff at the home and the practice.
- Assisted in the management of consideration of avoidance of unplanned admissions to hospital.
- Gave clear information on patients who gave a preference or were assessed as do not attempt cardiopulmonary resuscitation (DNACPR).
- The practice worked with staff at the home to provide additional pharmacy and dispensing support. For example clear information on dressing formulary, nutrition supplements/fluids, reducing medicine wastage and clear monitoring of patients with polypharmacy (four or more medicines).
- This was not provided as a local enhanced service and the GP did not receive funding for nor had they requested funding for the service they provided.

The practice worked with the Community Care Coordinator who attended the practice multidisciplinary team meetings and had developed a clear rapport developing a professional working relationship which was fully integrated. This enabled them to assist patients and carers to be signposted to additional support in the community or local services to support them.

- There were longer appointments available for patients with a learning disability.

- The practice provided a dispensing service to all but a handful of patients registered at the practice. This included a medicines delivery service for some patients.
- Home visits were available for older patients and patients who benefited from these.
- Same day appointments were available for children and those with serious medical conditions.
- GP telephone appointments were available for patients unable to attend the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately other than the Yellow Fever vaccination.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a counselling service and access to cognitive behaviour therapy psychological support.
- Minor surgical procedures took place at the practice which included joint injections.
- A blood thinning medicine monitoring service was provided at the practice.
- A podiatrist service was hosted by the practice.
- The practice hosted additional services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as the retinal screening service and abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).

### Access to the service

The main practice and dispensary were open Monday, Thursday and Friday 8:30am to 6pm (excluding bank holidays) and 8:30am to 6:30pm on Tuesdays. The practice was open on a Wednesday from 8:30am to 12:30pm. On Wednesday afternoons the GP attended a local care home to provide a ward round and the practice answerphone was switched to a managed on call system. In addition the practice provided GP led telephone consultations to those who requested the service. The practice offered a phlebotomy service every Friday morning but bloods were also taken when required by the practice nurses. The practice provided a counsellor service every Thursday morning. Pre-bookable appointments and urgent appointments were also available for patients that needed them. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through

# Are services responsive to people's needs?

(for example, to feedback?)

Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages:

- 98% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73.3%).
- 74.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 74.9%.
- 70.3% patients said they always or almost always see or speak to the GP they prefer (CCG average 62.9% national average 60.0%).

The practice had a low 'did not attend' rate. Patients told us on the day of the inspection and in the Care Quality Commission comment cards received 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 including posters displayed and information on the practice website and brochure.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. The practice manager assured us they acted on any patient comments whether positive to inform good practice, or negative, but these had not all been documented. The practice manager assured us that these would be documented and analysed to identify any trends in the future. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care, however this was not always clearly documented. For example, a GP had responded to one complaint by inviting the family to attend the practice, but the family chose not to respond to the request. This was not then followed up in writing to conclude the complaint.

# 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 and staff knew and understood the values. The practice's aim was to achieve their vision by developing and maintaining a happy practice responsive to patients' needs and expectations.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and were regularly monitored.
- The practice understood and met the needs of its registered population. The provider informed us that the local population had been incredibly supportive of the practice when it was potentially under threat of closure a few years earlier.
- The lead GP provided a weekly 'ward round' at the local care home with 50 patients and offered telephone access to advice and support to the home from 7am Monday to Friday.

### 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 which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice staff maintained a good relationship and worked closely with the Clinical Commissioning Group (CCG).

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

The practice was actively engaged with the local community which included fund raising for local charities a recent example included a bicycle fund raiser.

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

- Staff told us and we saw that the practice held regular team meetings. Minutes reviewed verified that staff meetings were held approximately every six weeks. Clinical meetings took place every two weeks chaired by the lead GP, with time allocated for multi-disciplinary team meetings at alternative meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff were supported in their training and development. For example, apprentices were encouraged to apply for positions when the apprenticeship ended and staff were promoted within the practice to other roles once qualified and competent.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff described each other as a strong supportive team fostering a family atmosphere within the practice. The practice manager verified that there was hardly any staff sick leave and very low staff turnover. The practice nurses for example had worked at the practice for over

# Are services well-led?

Good 

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

20 years. Staff were described by the provider as loyal, without a 'clocking off' mentality who all 'go the extra mile' to ensure that reasonable patient expectations were met.

## 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.

The latest PPG survey asked patients three questions. Are you happy with the standard of care you receive at the surgery? Are there any improvements you can suggest with access? Do you have any other comments? The results were for example:

- To stay open late one evening, this was actioned and the practice opened each Tuesday to 6:30pm.
- For better lighting in the car park. The practice put brighter lights in the car park and staff made sure the entrance light was switched on in the evenings. The practice manager also requested the electrician put more lighting around the outside of the car park which was to be reviewed when the car park was next resurfaced.

- For text messaging to remind patients of their appointments. This was discussed with clinical staff who raised concerns over confidentiality, especially when some patients shared a mobile, or change their number regularly. This was still being discussed.
- The practice had gathered feedback from staff through staff social days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had held an educational session with the Community Paediatrician to review child protection pathways and the role of the school nurse. Following this the school nurse was invited to attend their regular multi-disciplinary team meetings to ensure where appropriate, information was shared in a confidentially framework and in the best interests of the patients.

The GPs attended practice learning events every three months to share best practice within the CCG locality. The practice utilised the Referral Assessment Service (RAS) in place for all referrals made and they had access to advice about these referrals via RAS to ensure appropriateness and timeliness of the referrals made.

The practice had awareness of patents with illiteracy and the Community Care Coordinator could provide support to these patients and act as a signposting service.