

# Stourport Health Centre

## Quality Report

Worcester Street  
Stourport-on-Severn  
Worcestershire  
DY13 8EH

Tel: 01299 827141

Website: [www.stourporthealthcentremedicalpractice.com](http://www.stourporthealthcentremedicalpractice.com)

Date of inspection visit: 17 May 2017

Date of publication: 04/07/2017

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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13

### Detailed findings from this inspection

Our inspection team	14
Background to Stourport Health Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stourport Health Centre on 17 May 2017. Overall the practice is rated as good.

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

- The practice was one of six sites which formed the Wyre Forest Health Partnership (WFHP). Functions such as human resources and finance were undertaken by staff at the WFHP. Many of the governance functions were carried out in conjunction with the WFHP.
- There was an open and transparent approach to safety and a system for reporting and recording significant events, including positive events. Learning was routinely shared across six practices.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff had the skills, knowledge and experience to deliver effective care and treatment in line with current evidence based guidance.
- Results from the National GP Patient Survey published in July 2016 evidenced that patients felt that they were treated with kindness, dignity and courtesy and that clinical staff involved them in discussions about their care and treatment options.
- There were high levels of satisfaction regarding access to care and treatment. The appointment system ensured that patients could be triaged and receive a telephone call from a clinician the same day. Same day face to face consultations were always available.
- Information about services and how to complain was available both in the reception area and on the practice website. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients and from the Patient Participation Group (PPG). For example, the PPG had recommended that a patient information screen be installed in the reception area and this was actioned.

# Summary of findings

- Patients we spoke with said that it was easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were always 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 told us that they felt supported by the management team. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The area where the provider should make improvement is:

- Maintain a record of vaccination stock levels.

**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. Positive events were also recorded.
- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on thorough analysis and investigation and was routinely shared across the six local practices in the Wyre Forest Health Partnership (WFHP). The discussion of significant events was a standing agenda item at monthly meetings both at WFHP board and practice level.
- When things went wrong patients received support, information and a written apology. They were told about any actions to prevent a recurrence.
- 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 site manager prepared a monthly quality and risk report for the WFHP.
- There were systems for managing specific risks such as fire safety, infection control and medical emergencies.
- The practice had clearly defined arrangements to enable them to respond to emergencies and major incidents.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There were sufficient staff on duty to keep patients safe and the practice was visibly clean and tidy.

### 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 compared to the national average. Unpublished data from 2016/17 showed that the practice had achieved maximum points.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff. We saw that six month reviews were also carried out. GPs had internal as well as external appraisals (the clinical lead from another practice appraised the GP partners).
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said that they were treated with kindness, dignity and courtesy and that GPs and nurses involved them in decisions about their care and treatment options.
- The practice had a carers' champion and had identified 4% of their practice population as carers.
- Information for patients about the services available was accessible, both in the reception area and on the practice website.
- We observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Managers of three local care homes rated the level of care provided very highly.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients had rapid access to their nominated GP via the appointment triage system. We read a compliment from one patient who telephoned the practice at 8am, received a follow up telephone call at 8.10am and saw the GP at 9am.
- The practice understood its population profile and had used this understanding to meet the needs of its population. Meetings were regularly attended with the other WFHP practices and with practices in the locality, so that services could be monitored and improved as required.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Good



# Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent and routine appointments available the same day.
- Extended hours were available which provided flexibility for patients who could not attend during core opening hours. Telephone calls with clinical staff could be booked during lunchtimes and in the evenings.
- Every two months newsletters were written by the Patient Participation Group (PPG) for patients.
- The practice implemented suggestions for improvements and made changes to the way in which services were delivered in response to patient feedback through surveys and the PPG.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 13 examples reviewed showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy was regularly reviewed and discussed at board level.
- Partners' Away Days were held regularly to discuss strategy and business issues.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they were encouraged to make suggestions and recommendations for practice development.
- The provider was aware of the requirements of the duty of candour. We saw evidence that the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring that appropriate action was taken.

Good



# Summary of findings

- The practice gathered feedback from patients, and conducted surveys to determine patients' awareness of services. For example, the practice actively promoted that they had a pharmacist after a survey showed that 70% of respondents were unaware that a pharmacist worked at the practice.
- There was a strong focus on continuous learning and staff development for both clinical and non-clinical staff. For example, a receptionist had asked to have phlebotomy training and this request had been actioned.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- New technology was used, such as an internet based information storage system.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice had signed up to the admissions avoidance scheme, which identified patients who were at risk of inappropriate hospital admission.
- Older patients who were more frail were offered proactive, personalised care to meet their needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- A specialised visiting service, supported by an advanced nurse practitioner, had been implemented for housebound patients, including older people.
- Nominated GPs provided care and support for patients at local care homes with monthly visits and responded to urgent health care needs when required.
- The practice had a system to follow up on older patients who had been discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. For example, the nursing team carried out reviews for patients with asthma, diabetes and heart disease.
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 84%, which was the same as the CCG average and 6% above the national average.
- The practice routinely followed up on patients with long-term conditions who had been discharged from hospital and ensured that their care plans were updated to reflect any necessary changes.

Good





# Summary of findings

- All these patients had a named GP and there was a system to recall patients for 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.
- There was a section on the practice website which provided information for patients with long term conditions, such as asthma, heart disease and diabetes.
- Facilities were available for patients with hearing impairments. There was a hearing loop, and a member of staff had been trained to use British Sign Language. Type Talk (the telephone relay service which enabled people who were hard of hearing, deaf or speech impaired to communicate with hearing people using the telephone network) was provided for patients.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found that there were systems 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, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A play table and children's books were provided for children in the reception area.
- There were priority telephone triage calls for all children aged less than one year.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency procedures for acutely ill children and young people and for acute pregnancy complications.

Good



# Summary of findings

## 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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours every Monday evening and Saturday morning once a month.
- Flexible telephone call times could be arranged, for example, during lunchtimes and in the evenings.
- Patients could sign up to receive text messages for appointment reminders.
- NHS Health Checks were offered by the nursing team, who also gave advice on smoking cessation, diet, exercise and alcohol consumption.
- 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. Health promotion material was accessible at the practice and on its website.

## 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. The practice had carried out annual reviews for 42% of the patients on their register (31). The practice explained that historically they had reviewed the patients who were considered to have moderate or severe learning disabilities, but that they planned to review all patients on the learning disability register in the future.
- A learning disability nurse saw patients at the practice on an ad hoc basis.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

# Summary of findings

- Staff interviewed could explain how they would recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice carried out advance care planning for patients living with dementia.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 10% below the Clinical Commissioning Group (CCG) average and 9% below the national average. Unpublished results from 2016/17 data showed that this had risen to 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 92% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was comparable to the CCG average and 3% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment. The practice had a dementia champion.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The GPs and practice nurses understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005. There was a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had an understanding of how to support patients with mental health needs and dementia. A member of staff had attended Dementia Friendly training and was going to give a talk about the training at the next staff meeting, which was scheduled for the week after our inspection.

Good



# Summary of findings

- A section on the practice website gave details of how patients could self-refer to an anxiety and depression management course run by the Worcestershire Improving Access to Psychological Therapies service.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. 219 survey forms were distributed and 112 were returned. This represented a 51% return rate and 1% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 91% and the national average of 85%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 84% and the national average of 73%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We were told that the practice ran out of cards and had to reproduce more to meet demand. We received 46 comment cards which were all very complimentary about

the standard of care received. Patients wrote that they considered themselves fortunate to have such an excellent practice with a first class appointment system. Patients said that they valued the polite and friendly staff and appreciated that GPs never rushed them, but took the time to listen and clearly explain treatment options.

We spoke with eight patients during the inspection, who were also 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 the quality of care. All eight patients said that they were satisfied with the care they received and thought that staff were welcoming, committed and caring. They said that they appreciated the continuity of care and thought that GPs went the extra mile to ensure that patients received the best possible care. For example, GPs would ring patients after an episode of ill-health in order to check that they were recovering well.

Results from the April 2017 Friends and Families Test showed that 98% of respondents would be extremely likely or likely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The area where the provider should make improvement is:

- Maintain a record of vaccination stock levels.

# Stourport Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Stourport Health Centre

Stourport Health Centre is situated at the edge of Stourport-on-Severn in a County Council complex which includes the local fire and police stations, as well as the public library. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract agreed nationally between general practices and NHS England for primary care services to local communities. At the time of our inspection, Stourport Health Centre was providing medical care to approximately 9030 patients.

The practice is one of six sites which form the Wyre Forest Health Partnership (WFHP). Functions such as human resources and finance are undertaken by staff at the WFHP. Policies are set at organisational level, but tailored to individual sites. Many of the governance functions are undertaken by the WFHP. For example, significant event analysis is routinely shared by all six sites.

Car parking is available on the lower level of the complex and disabled car parking spaces are provided at the front of the practice. The practice has facilities for disabled patients and a wheelchair is available for patients' use. There is a screen in the reception area, which displays general NHS

information as well as information that is personalised for the practice. Magazines are provided for patients and there are books for children and a play table in the reception area.

There are four GP partners (two male and two female) and three salaried GPs (one male and two female). They are supported by the site manager, two advanced nurse practitioners (plus a visiting advanced nurse practitioner), three nurses, two health care assistants, a pharmacist, two phlebotomists and reception and administrative teams. The site manager works across two sites, and is based at the Stourport Health Centre on Thursdays and Fridays. The other site is also part of the WFHP and is a few minutes' walk away.

Stourport Health Centre is an approved training practice. There is currently one foundation year two doctor working at the practice.

Core opening hours are between 8am and 6.30pm Monday to Friday. Appointments are available during these times. Extended hours appointments are offered on Monday evenings from 6.30pm until 8pm and on one Saturday morning each month from 8am until 10am. Out of hours cover is provided by the NHS 111 service.

## 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.

# Detailed findings

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

## How we carried out this inspection

Before our inspection of Stourport Health Centre we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed nationally published data from sources including the Wyre Forest Clinical Commissioning Group, NHS England and the National GP Patient Survey published in July 2016.

We reviewed policies, procedures and other information. We also supplied the practice with comment cards for patients to share their views and experiences of the level of services provided at the practice.

We carried out an announced inspection on 17 May 2017. During our inspection we spoke with a range of staff which

included GPs, a practice nurse, the site manager and members of the reception and administrative teams. We also spoke to the CEO of the Wyre Forest Health Partnership and to the managers of three local care homes.

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 living with dementia).

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us that they would tell the site manager about any incidents and that there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received appropriate support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- We reviewed safety records, incident reports, and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events, which were also shared with the other sites in the Wyre Forest Health Partnership (WFHP), thereby evidencing the practice's commitment to shared learning. We saw that positive events were recorded too.
- The practice also monitored trends in significant events and evaluated any action taken.
- There was a system to act on patient safety alerts. For example, from the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts were sent to the site manager, who then forwarded them to the pharmacist and appropriate GP lead for action. A hard copy was filed in the drug alerts folder with a note of action taken and an electronic copy was filed on the intranet. We saw an example of an alert received in April 2017 recommending the review and further consideration of risk minimisation measures for patients prescribed a medicine for epilepsy and bipolar disorder. A search was carried out, but there were no patients taking this medicine. The hard copy of the alert was annotated accordingly and the alert was discussed at an education meeting.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the nominated safeguarding lead for the practice and for the WFHP. We viewed minutes of multi-disciplinary meetings which had been attended by the safeguarding lead GP, health visitor, midwife and social worker. Reports were provided where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Staff were able to give us an example of a safeguarding incident, which had been appropriately managed. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or a risk assessment. (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 visibly clean and tidy. Nine comment cards referred specifically to the cleanliness of the practice. We viewed the comprehensive cleaning schedules and logs.
- The nurse manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, it was noted in the May 2017 audit that the shelves beneath sink 'u' bends should be free from items and notices were provided as a reminder.



## Are services safe?

- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. All instruments used for treatment were single use. There was suitable locked storage available for waste waiting for collection.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Uncollected prescriptions were checked on a monthly basis. Staff would attempt to contact patients by telephone if they had not collected their prescriptions. After three attempts, a letter would be sent. If the patient still did not collect their prescription, the relevant GP would be informed. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure that prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. Although vaccination stock levels were checked visually once a month, a log was not kept, so there was no record of stocks held.
- The practice held stocks of a controlled drug (a medicine that required extra checks and special storage because of its potential misuse) and had procedures to manage the drug safely. There were also arrangements for the destruction of controlled drugs.

We were unable to view personnel files, because they were held at the WFHP headquarters, which was based at

another site. We were told that staff at the WFHP dealt with all aspects of human resources. However, we did check that all clinical staff were registered with the appropriate professional body and had indemnity insurance.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy, dated October 2016, available. We saw that a health and safety risk assessment had been carried out in February 2017 and that action had been taken to mend some broken blinds.
- The practice had an up to date fire risk assessment (March 2017) and carried out annual fire drills. The most recent drill had been carried out a few days before our inspection. There were four designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated annually to ensure that it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure that enough staff were on duty to meet the needs of patients. We were told that there was a reciprocal arrangement between the six sites in the WFHP for clinical and non-clinical staff to provide cover when necessary for periods of leave or absence. This meant that locum GPs were rarely used.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in a secure area of the practice. Staff knew where to find the emergency medicines and all the medicines that we checked were in date.
- 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.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for utilities and staff. The plan was stored on an internet based storage system, which meant that it was accessible from any location, so that hard copies did not have to be stored offsite.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- 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).

Data from 2015/16 showed:

- The practice achieved 99.7% of the total points available. This was 1% above the Clinical Commissioning Group (CCG) and 4% above the national average. Unpublished results from 2016/17 showed that the practice had achieved 100%.
- Overall exception reporting was 7%, which was the same as the CCG average and 3% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 84%, which was the same as the CCG average and 6% above the national average.
- There was a high exception rate (48%) for patients newly diagnosed with diabetes being referred to a structured education programme within nine months of being

entered on the diabetic register. We were told that this was due to human error and that the system had been changed as a result, so that all such patients were now initiated.

- 92% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was the same as the CCG average and 3% above the national average. We were told that the high exception reporting for this indicator (26%) was due to historical read coding issues.

There was evidence of a systematic quality improvement programme, which included clinical audit:

- There had been 12 clinical and non-clinical audits commenced in the last two years, two of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, it became apparent that the system on the diary entry for recall for a blood test used to check for thyroid gland problems was not being used effectively by all clinical staff. An audit carried out in 2015 found that 30 patients on a thyroid medicine were overdue a blood test and that 10 had no reminder. A repeat cycle in 2016 showed that all 408 patients had a reminder and that a small number of patients (17) who were overdue had been appropriately managed, so the recall system had been tightened.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, reception and administrative staff were undertaking courses in customer services and team leading, sponsored by the practice.
- 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

# Are services effective?

## (for example, treatment is effective)

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, one-to-one meetings, 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. We saw that six month reviews were also carried out. GPs had internal as well as external appraisals (the clinical lead from another practice appraised the GP partners).
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and were encouraged to make use of e-learning training modules and in-house training.
- Members of staff had additional expertise, which benefitted patients. For example, a GP had trained as a registrar in general and breast surgery before becoming a GP and still worked one morning a week at the Kidderminster Breast Clinic. The same GP performed minor surgery regularly, and having had training in Orthopaedics and Rheumatology, maintained an interest in bone and joint problems and performed joint injections in the practice.

### 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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs 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.

Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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 patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

According to the QOF data, the practice's uptake for the cervical screening programme was 82%, which was slightly above the national average of 81% (no QOF data was available for the CCG, but public health data gave the CCG average as 76%). The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for breast cancer screening for women aged 50 to 70 years in the last 36 months was 77%, which was above the CCG and national averages of 75% and 73% respectively. The uptake for bowel cancer screening for patients aged 60 to 69 years in the last 30 months was 64%, which was above the CCG average of 62% and the national average of 58%.

## Are services effective? (for example, treatment is effective)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 97% to 100% and five year olds from 93% to 97%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured that a female sample taker was available. The practice also encouraged its patients to attend national screening

programmes for bowel and breast cancer. There were systems 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.

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. We were told that 36% of patients eligible for health checks had received a check since April 2016. 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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Music was played in the reception area, which preserved confidentiality.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 46 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. The practice ran out of the cards supplied by the CQC and had to produce more. Patients said they felt that the practice provided a first class service where they were valued as individuals. Fifteen patients referred specifically to the polite and friendly staff, who treated them with courtesy and respect.

We spoke with eight patients who were all members of the Patient Participation Group (PPG). They told us that they thought that the level of care provided by the practice was excellent and that their dignity and privacy was always respected. Patients said that receptionists were very welcoming and knew patients by name. GPs were praised for providing continuity of care and never rushing patients during appointments.

Results from the National GP Patient Survey published in July 2016 showed that patients felt they were treated with kindness, dignity and courtesy. The practice was above average for its satisfaction scores on consultations with GPs, although the scores for the nurses were below average. For example:

- 95% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%.

- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 83% of patients said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 93% and the national average of 87%.

The results for the nurses' questions were below average. We were told that this had been addressed with the nursing team and that they were confident that future surveys would show an improvement in this area.

The views of external stakeholders were positive and aligned with our findings. For example, the managers of the three local care homes where some of the practice's patients lived all praised the care provided by the practice. Each care home had a nominated GP who visited all the patients every month. These visits were an opportunity to update care plans as necessary and to carry out medicines reviews. Managers described the sympathetic and understanding manner of the GPs and said that they could not fault the level of service provided. We were told how a GP would contact care home staff on weekends and during annual leave in order to check whether patients were responding to treatment.

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

Patients told us that GPs and nurses ensured that they were involved in discussions about their care and

## Are services caring?

treatment. They also told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the treatment options available. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the National GP Patient Survey 2016 showed that 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:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

The practice said that they had been disappointed with the overall results for the nurses' questions, which they felt did not reflect the standard of service provided by the nursing team. However, we were told that the issue had been addressed and that the situation had improved since the survey results were published in July 2016. Remarks left on the comment cards were all positive about the nursing team.

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

- Staff told us that interpretation 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.
- A member of staff held a level two deaf blind communicator certificate, so could interpret for those patients who had hearing or sight impairments.
- The e-referral system (previously Choose and Book) service was used with patients as appropriate. (e-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 363 patients as carers, which represented 4% of the practice list. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Written information was available to direct carers to the avenues of support available to them. There were also sections for carers on the practice's website, which gave information about available support agencies as well as advice on how to register as a carer.

Staff told us that when families experienced bereavement, their usual GP contacted them and offered 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours. Extended hours were also offered on one Saturday morning each month from 8am until 10am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services were available.
- A member of staff held a deaf blind communicator certificate, so could interpret for patients with hearing or sight impairments. The same member of staff was trained in tactile British Sign Language.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

### Access to the service

Core opening hours were between 8am and 6.30pm Monday to Friday. Appointments were available during these times. Extended hours appointments were offered on Monday evenings from 6.30pm until 8pm and on one Saturday morning each month from 8am until 10am. Urgent appointments were also available for patients who needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 79% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and the national average of 73%.
- 91% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 85%.
- 99% of patients said their last appointment was convenient compared with the CCG average of 97% and the national average of 92%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 84% and the national average of 73%.
- 74% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

Patients told us on the day of the inspection that they thought that the appointment system was very effective and that they could get appointments when they needed them. Same day appointments were always available.

The practice had a system to assess:

- whether a home visit was clinically necessary and
- the urgency of the need for medical attention

An advanced nurse practitioner triaged all requests for home visits and assessed whether the patient could be visited by an advanced nurse practitioner or a GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a home visit, alternative emergency care arrangements were made. One of the other practices in the Wyre Forest Health Partnership had a duty visiting GP, who would do urgent GP visits when necessary. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.



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

- A GP was the lead for complaints, but the day to day responsibility for dealing with complaints was devolved to the site manager.
- Information about raising a complaint was available in the reception area and on the practice website.

We looked at 13 complaints received in the last 12 months and found that they were appropriately handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends. Complaints formed part of the monthly quality and risk data submission to the WFHP, so the learning was shared

across the six sites. We saw that action was taken as a result of concerns and complaints to improve the quality of care. For example, two additional disabled car parking spaces had been created at the front of the building in response to a complaint about the lack of car park spaces for disabled patients following the loss of two spaces outside the library for deliveries.

We noted that staff were encouraged to report compliments as well, which were read out at the monthly staff meetings.

# 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 adopted the following strapline of the Wyre Forest Health Partnership (WFHP) on all their documents: care, commitment, integrity. It was evident on the day of the inspection that all staff worked towards delivering high quality care and promoting good outcomes for their patients. There was a high level of commitment and loyalty across both clinical and non-clinical teams. Team working was promoted and working across sites in WFHP was encouraged. The team objectives were displayed in the staff kitchen.

Strategy was developed in conjunction with the WFHP. Business plans were discussed at regular WFHP partners' away days. The practice was keen to evolve and adapt to challenges.

The practice was proactive in finding new methods to counteract clinical capacity issues and had recruited a pharmacist and advanced nurse practitioners in order to free up GPs to see more complex cases.

### Governance arrangements

The practice had a systematic approach to governance which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, dermatology, minor operations and women's health.
- Practice policies were implemented by the WFHP, but were tailored to the practice. All policies were available to download from an internet-based information storage system and staff knew how to access them via a logo on their desktop. The policies were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice's performance was regularly monitored by the WFHP in conjunction with the practice management team and compared to the performance of other practices in the WFHP.
- A range of meetings was held on a regular basis

- There was a well-embedded quality improvement programme, which included clinical and administrative audits. Results were used to make and monitor improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meeting that allowed for lessons to be learned and shared following significant events and complaints. Significant events were a standing agenda item at the GP meetings and at the staff meetings. In addition, significant events were recorded on the monthly Quality and Risk report, which was submitted to the WFHP for analysis and discussion amongst the six sites.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us that they prioritised safe, high quality and compassionate care. All staff we spoke with said that the partners and management team were approachable and were always prepared to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of 13 documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

# Are services well-led?

Good 

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

- Educational meetings for clinical staff were held every fortnight and covered such topics as dermatology, chronic lung disease and basic life support.
- Clinical meetings were held weekly, which provided the opportunity to discuss referrals, deaths and safeguarding concerns. These weekly meetings were rotated, so that all GPs had the chance to attend, although minutes were circulated. All GPs had a coffee break at the same time each morning to allow for discussion of any patients or telephone calls.
- In addition, GPs met every two weeks to discuss matters such as significant events, complaints, feedback from meetings and quality and risk issues.
- Staff told us that team meetings were held every month and that a newsletter was produced after every meeting, so that all staff were aware of developments.
- Staff told us that there was an open culture within the practice and that they had the opportunity to raise any issues at team meetings and felt confident and supported when they did so. Minutes were comprehensive and were available for practice staff to view.
- A monthly staff newsletter was produced by the WFHP. The April 2017 issue included the caption: **T**ogether **E**veryone **A**chieves **M**ore, which illustrated the ethos of the WFHP and was evident at Stourport Health Centre.
- Staff said they felt respected, valued and supported by the management team 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 told us that they appreciated the social events, which enabled the team to get together outside of the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met every two months, and submitted proposals for improvements to the practice management team. For example, the PPG had recommended that a patient information screen be installed in the reception area and this was actioned. The PPG also raised funds for medical equipment, such as a dermatoscope (a device

used to examine skin lesions) and additional foetal monitors, so that there would be one in each GP's consulting room. At the time of our inspection, the PPG was raising funds for a 24-hour Ambulatory Blood Pressure Monitor. The PPG was also active in communicating changes to patients. For example, members of the PPG had helped patients to use the automated check-in screen and to register for online access.

- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.
- patients through surveys to determine awareness of services available. For example, the practice actively promoted that they had a pharmacist after a survey showed that 70% of respondents were unaware that a pharmacist worked at the practice. Methods to promote the pharmacist included setting up a display in the reception area.

## Continuous improvement

There was a strong focus on continuous learning and improvement to drive through improvement at all levels within the practice. The practice team was forward thinking and keen to explore new initiatives in general practice in order to improve the standards of service delivery. For example, the practice had introduced a new appointment system, which meant that all requests for appointments were triaged and could often be dealt with over the telephone. We were told that only approximately 42% of telephone calls were converted into face to face appointments.

A GP was the vice chair and IT lead of the WFHP, working to improve the use of technology across the six WFHP sites by sharing good practice and improving quality of both IT use by clinicians, and availability of new technology for patients. For example, all six sites had access to the same internet based information storage system.

The same GP represented the practice as chair of the local GP Association, working with GPs locally in the development and management of local healthcare.

# Are services well-led?

Good 

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

The partnership had a partnership development programme whereby any GPs who were interested in becoming a partner could receive appropriate mentoring.

One of the practice's salaried GPs had been a registrar, which evidenced the support of the practice towards developing staff beyond their own employees. Staff told us that they were encouraged and supported to undertake further training in order to develop their skill base. It was clear that the practice recognised the whole team's

contribution to and impact on patient care and acknowledged the need to invest in their staff. For example, one of the receptionists, who had previously been an apprentice, had been trained to provide phlebotomy services (taking blood samples from patients). Reception and administrative staff were undertaking courses in customer services and team leading, sponsored by the practice.