

Richmond House Surgery

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?

Outstanding



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 Richmond House Surgery on 7 July 2016. Overall the practice is rated as good.

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

- 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.
- The practice utilised the National Report and Learning System (NRLS) to report and share important significant events. For example, one significant event concerned a rare and serious complication related to a facial haemangioma, that few clinicians were aware of. The GP recorded this in extensive detail and informed colleagues locally and nationally of this complication. The practice took a proactive approach to ensure that awareness regarding this complication was raised nationally.
- The practice used innovative and proactive methods to improve patient outcomes. Clinical audits had been triggered by new guidance and from learning from significant events.
- Data showed that the practice was performing highly compared to the CCG and national averages.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements. Staff felt supported by management and staff throughout the practice worked well together as a team.

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



- There was an excellent system in place for reporting, recording and monitoring significant events. The level and detail of incident reporting provided a robust picture of safety. Staff were actively encouraged to report significant events, and there was a board behind reception (not visible to patients) where staff entered basic details of events they considered to be significant. The practice manager collated the information from these for discussion at the practice meetings. The significant event proforma contained detailed information and we saw evidence of clear learning from significant events.
- Information about safety was highly valued and was used to promote learning and improvement. The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- The practice utilised the National Report and Learning System (NRLS) to report and share important significant events. For example, one significant event concerned a rare and serious complication related to a facial haemangioma, that few clinicians were aware of. The GP recorded this in extensive detail and informed colleagues locally and nationally of this complication. The practice took a proactive approach to ensure that awareness regarding this complication was raised nationally.
- There was a comprehensive system in place to manage safety alerts. The practice manager disseminated alerts electronically. We were informed by all clinicians that alerts were acted on immediately and we saw evidence of this. The GPs had extensive knowledge of recent relevant alerts and discussed in detail action that had been taken..
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. For example, the practice had numerous environmental risk assessments for every area in the practice and for equipment such as oxygen.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Our findings at inspection showed that the GPs had detailed knowledge and systems were in place to ensure that all other clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improve practice and outcomes for patients. Clinical audits had been triggered by new guidance and from learning from significant events.
- There was evidence of inclusive appraisals for all staff, demonstrating two way feedback and discussions about personal development.
- Data showed that the practice was performing highly when compared to practices nationally.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice

Are services caring?

The practice is rated as outstanding for providing caring services

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%. 95% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%. 100% 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%. 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- Feedback from patients about their care and treatment was consistently positive.
- We observed a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care. We found positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, care plans were personalised and showed involvement of patients, carers and relatives.
- The GPs worked closely with the out of hours provider, the provider had access to all the GP partners mobile contact details to discuss patient needs if required, to ensure continuity of care.

Outstanding



Summary of findings

- The PPG held an annual event every September, 'Keeping Well in Whitchurch', where approximately 50 voluntary agencies and charities attend to promote health and disease management.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice served a local community hospital and had five designated beds. The GPs allocated approximately one hour a day for this work. There was no consultant led supervision and a variety of clinical problems were handled by the GPs.
- There were innovative approaches to providing integrated patient-centred care. Care plans were personalised and showed multidisciplinary involvement. The practice had approximately 40 residents in care homes and they used the Care Home Advanced Service (CHAC), assessment system. 86% of the residents had been reviewed in the last year, and all had detailed care plans. In addition to the annual review the practice completed a six monthly review and the GPs visit when required.
- Patients could access appointments and services in a way and at a time that suited them. Data from the national GP survey showed that: 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 86% and the national average of 73%. 100% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%. 85% of patients describe their experience of making appointment as good compared to the CCG average of 82% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had received numerous compliment cards, and information about how to complain was available and easy to understand. The practice responded quickly when issues were 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.

Good



Summary of findings

- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, The GP had an extensive knowledge of recent NICE guidelines. We saw examples of action taken in accordance with a number of recent NICE guidance and evidence of reviews and audits related to guidance with evidence of improved practice
- We saw evidence that the practice reported significant events to the National Report and Learning System (NRLS). To ensure that lessons were learned nationally to improve patient safety.
- There was a comprehensive understanding of the performance of the practice maintained by all the clinical staff and the practice manager. One of the practice nurses proactively managed the exception reporting for QOF ensuring that patients who were exempt, for example due to illness, were reviewed and put back into the system as soon as possible.
- There was a robust programme of continuous clinical and internal audit that was used to monitor quality and to make improvements. Audits were triggered from significant events and alerts.
- The practice had a regular programme of practice meetings with detailed minutes and actions. There was an overarching governance framework which supported the delivery of the practices vision to deliver quality and safety as its top priority.
- 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.
- Throughout our inspection we noticed a strong theme of positive feedback from staff and patients. Staff we spoke to demonstrated a commitment to providing a high quality service to patients. There was a high level of constructive engagement with staff and a high level of staff satisfaction, and team working. Staff spoke highly of the practice and were proud to be part of the practice team.

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.

Good



- Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example the practice had obtained 100% of the QOF points available to them for providing care and treatment for patients with chronic obstructive pulmonary disease. This was above local and national averages.
- The practice was responsive to the needs of older people, including offering home visits. For example, regular reviews at home of patients frequently admitted to hospital with thorough assessment and involvement of other healthcare professionals including social services demonstrating diligent efforts to improve management and reduce unnecessary admission's.
- The practice served a local community hospital and had five designated beds to support complex elderly rehabilitation patients. The GPs allocated approximately one hour a day for this work. There was no consultant led supervision and a variety of clinical problems were handled by the GPs.
- The practice maintained a palliative care register and end of life care plans which revealed attention to detail and involvement of other members of the multidisciplinary team, and communication with relatives and carers.
- The GPs worked closely with the out of hours provider, the provider had access to all the GP partners mobile contact details to discuss patient needs if required, to ensure continuity of care.
- The PPG held an annual event every September, 'Keeping Well in Whitchurch', where approximately 50 voluntary agencies and charities attend to promote health and disease management.

People with long term conditions

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

Good



- Nationally reported Quality Outcomes Framework (QOF) data showed the practice had achieved good outcomes in relation to conditions commonly associated with this population group.

Summary of findings

Performance for diabetes related indicators was 100% compared to the CCG average of 93% and the national average of 89%. Exception rates were in line with CCG and national averages.

- We saw evidence of regular reviews of patients with long term conditions, in line with current guidance. Patients frequently admitted received regular reviews at home, and we saw details of thorough assessment and involvement of other healthcare professionals and social care to improve management.
- All these patients had a named GP and nursing staff had lead roles in chronic disease management and patients at risk of hospital admissions were identified as a priority.
- Care plans were extremely detailed and demonstrated a holistic approach to assessing and delivering care.

Families, children and young people

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

- The practice's uptake for the cervical screening programme was 100%, which was above the CCG average of 99% and the national average of 82%. The exception rate was 2% which was below the CCG average of 4% and the national average of 6%.
- Practice childhood immunisation rates for the vaccinations given to under two year olds was 100% compared to the CCG and national average of 98% and for five year olds ranged from 95% to 98% which was comparable to the CCG average of 92% to 97%.
- One of the female GPs specialised in women's health. The practice provided an intrauterine device (IUD) fitting service, and we saw evidence of pre-assessments and reviews and audits relating to this service.
- 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. The practice also provided services to a local home for looked after children.

Good



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



Summary of findings

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

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



- The practice worked with multidisciplinary care teams in the case management of vulnerable people, with comprehensive personalised care plans. Staff knew how to recognise signs of abuse and staff were aware of these responsibilities regarding sharing information and how to contact relevant agencies.
- One of the GPs was the lead for patients with learning disabilities and the practice maintained a register of patients. We saw that all patients on the register had received an annual review utilising a recognised template that had been modified by the practice to include more detail.
- Care plans were personalised, detailed and comprehensive with personalised goals identified.
- The practice had a carers' champion and new carers were identified by the new patient registration form and leaflets and posters displayed in the waiting room. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice offered annual and opportunistic health checks for carers. The carers' champion contacted carers to offer support and provide information for organisations such as People2People, Shropshire Carers support Services, Shropshire Young Carers.
- The practice provided services to a local home for looked after children.

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).

Good



- Nationally reported Quality Outcomes Framework (QOF) data showed the practice had achieved good outcomes for patients suffering poor mental health.

Summary of findings

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and carried out advance care planning for patients with dementia. The GPs used a neurological screening tool and patients with suspected dementia were referred to the memory clinic.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and staff had a good understanding of how to deal with patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We spoke with three patients on the day of our inspection. All of the patients we spoke with told us that they received excellent care from the practice. They told us staff were friendly, helpful and always supportive. They said they never had problems in obtaining appointments when they needed one.

We reviewed 37 CQC comment card completed by patients prior to our inspection. All the cards completed were overwhelmingly positive. Patients described the practice as exemplary in providing quality care, excellent service at all times and staff are very friendly, helpful and polite. Patients particularly commented on the ease with which they could obtain same day appointments. All comment cards indicated concerns regarding the potential closure of the practice and the hope that a solution would be found to prevent this.

The national GP patient survey results were published in January 2016 showed the practice was performing above local and national averages. 238 survey forms were distributed and 121 were returned. This represented a 51% response rate..

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

Richmond House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Richmond House Surgery

Richmond House Surgery was established in 1987. Approximately six years ago, the two establishing partners retired and the current three GPs formed the new partnership. Richmond House Surgery provides primary medical services to approximately 4,000 patients living in the Whitchurch area of Shropshire. The practice also provides GP services to the local community hospital, where they have five community care beds, and for a Safe house where there are five residents.

The surgery is currently in a converted residential house. The building is set over two floors with patient services provided on the ground floor. The practice were given notice to vacate the premises approximately four years ago and the GPs have proactively attempted to locate suitable alternative premises without success. Unless a solution is found the practice is due to close at the end of October 2016.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contractual obligations to provide enhanced services to patients. An enhanced service is above the contractual requirements of the practice and is commissioned to improve the range of services available to patients.

The practice team included three GP partners, one male and two female, two practice nurses, a practice manger, deputy practice manager and administrative staff.

The practice is open between 8.30am and 6pm Mondays to Fridays. Appointments are available between 8.45 and 5.30pm Mondays to Fridays. The arrangements to ensure patients receive medical assistance when the practice is closed during the out of hours period is provided by Shropdoc. Shropdoc have access to all the GP partners mobile contact details to discuss patient needs if required.

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 July 2016. During our visit we, spoke with a range of staff, two GP partners, the practice nurse, practice manager and administration staff and spoke with patients who used the service. We observed how patients were being cared for.

Detailed findings

We reviewed an anonymised sample of the personal care or treatment records of patients and we reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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 excellent system in place for reporting, recording and monitoring significant events. The level and detail of incident reporting provided a robust picture of safety. Staff were actively encouraged to report significant events, and there was a board behind reception (not visible to patients) where staff entered basic details of events they considered to be significant. The practice manager collated the information from these for discussion at the practice meetings. The significant event proforma contained detailed information and we saw evidence of clear learning from significant events.

Significant events were reviewed on a regular basis at the practice meetings, that were attended by the GPs, practice manager, practice nurses and representative from the administration staff. The minutes of these meetings were circulated and signed by all staff, they demonstrated that the practice learnt from significant events to improve the patient experience.

There had been 12 significant events recorded in the last year and we saw evidence that the practice carried out a thorough analysis of all significant events. We saw evidence that two of the significance events had led to full cycle audits with evidence of improvement in the practice.

The practice utilised the National Report and Learning System (NRLS) to report and share important significant events. For example, one significant event concerned a rare and serious complication related to a facial haemangioma, that few clinicians were aware of. The GP recorded this in extensive detail and informed colleagues locally and nationally of this complication. The practice took a proactive approach to ensure that awareness regarding this complication was raised nationally.

There was a comprehensive system in place to manage safety alerts. The practice manager disseminated alerts electronically. We were informed by all clinicians that alerts were acted on immediately and we saw evidence of this. The GPs had extensive knowledge of recent relevant alerts and discussed in detail action that had been taken..

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 partner was the lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff had received safeguarding training and staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role and provided examples of safeguarding referrals that had been initiated. GPs and practice nurses were trained to child protection or child safeguarding level 3.
- 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. (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 high standards of cleanliness and hygiene and patients commented positively on the cleanliness of the practice. We observed the premises to be very clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment. We saw calibration records to ensure clinical equipment was checked and working properly.
- Staff had access to personal protective equipment. There was a policy for needle stick injuries and staff were aware of the procedure to follow.
- One of the practice nurses 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 staff had received up to date training.

Are services safe?

- Annual infection control audits were undertaken, the most recent completed in March 2016 with a score of 98% and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The vaccination fridges were well ventilated and secure. Vaccines were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The practice nurses administered vaccines using Patient Group Directions (PGDs) that had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. We saw up to date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use
- The repeat prescribing system was largely electronic on a six monthly cycle with reviews done opportunistically and via electronic alerts.
- There was a robust system for prescribing high risk medicines. For example, prescribing was in accordance with the British National Formulary (BNF) guidance with regular and up to date monitoring. The practice provided patients with information on the importance of the need for regular monitoring.
- We reviewed five 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were comprehensive procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular

fire drills. 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 extensive risk assessments for all aspects of the premises to monitor safety of the premises, such as control of substances hazardous to health, infection control, environmental assessments, equipment and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had annual legionella assessments by an external contractor and a member of staff was nominated to undertake monthly checks in accordance with the directions following the assessment.
- We saw evidence that there were robust arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Many of the staff were part time and they informed us that they all covered any shifts as required. The staff informed us they were a very close team and supported each other. The staff shared responsibilities and duties and were knowledgeable about their roles.

Arrangements to deal with emergencies and major incidents

The practice had 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 and all staff were aware of this.
- All staff received annual basic life support (BLS) training. We discussed a recent incident when a patient had a cardiac arrest in the waiting room. Staff were able to describe the event which involved BLS and defibrillation prior to the arrival of the ambulance. We saw evidence that the practice had reflected and analysed the event to ensure processes were robust, and the conclusion was that the emergency response was robust.
- There was a comprehensive list of emergency medicines that were easily accessible and available for staff in a secure area and all staff were aware of the location.
- The practice had a nebuliser and defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

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 GP had an extensive knowledge of recent NICE guidelines. We saw examples of action taken in accordance with a number of recent NICE guidance and evidence of reviews and audits related to guidance with evidence of improved practice. We discussed in detail NICE guidelines for atrial fibrillation and saw evidence of detailed risk assessments in complex cases and extensive discussion with patients regarding their medication, indicating a high level of personalised care.

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 100% of the total number of points available. The clinical exception rate was 11% which was 2% above local and national averages. 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, Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% compared to the CCG average of 93% and the national average of 89%. Exception rates were in line with CCG and national averages.
- Performance for mental health related indicators was 100% compared to the CCG average of 94% and the national average of 93%. Exception rates for the practice was 2% compared to the CCG rate of 10% and national rate of 11%.

One of the practice nurses was responsible for managing the QOF data. There was a robust system for managing exception reporting, the practice nurse

regularly reviewed all patients that were exempt for the various indicators. The practice could demonstrate that they knew most of the patients that were exempt and why. For example if a patient was exempt because of illness they would be reviewed by the nurse and the exemption removed once they had recovered.

Clinical audits were carried out to demonstrate quality improvements in the practice and all relevant staff were involved to improve care and treatment and peoples outcomes. We saw evidence of four full cycle audits, two prompted by significant events. The Prostatic Specific Antigen (PSA) monitoring, data collected in June 2015 showed that 14 out of 17 patients had a PSA check within the last 12 month (82%). After the process had been changed the re audit in January 2016 showed that 14 out of 15 patients had a PSA check (93%). The one patient not receiving the check was one from the previous audit, they were contacted again and had since received the check.

The first audit for documentation and entry on the computerised patient record of antibiotic prescribing on home visits included 20 home visits. This showed that nine prescriptions were issued but only four were recorded (44%). The re audit of 20 home visits showed that 11 prescriptions were issued and 10 were entered on the computerised patient record (91%). The one prescription not entered was for a topical cream.

We also saw recent audits for coding, anticoagulation monitoring, documentation of implant insertions and use of aspirin in high risk patients.

The practice had carried out reviews of accident and emergency attendances, two week wait referrals, frequent admission in vulnerable patients and high cost cardiology outpatient appointments. There was evidence of detailed analysis in all of the reviews with actions taken and improvements made. For example, there were regular reviews at home of patients frequently admitted to hospital with thorough assessments and involvement of other healthcare professionals including social services.

The nurse had undertaken face to face reviews of all patients diagnosed with COPD to discuss their medicines. This had resulted in amendments to some of the medicines that led to improved outcomes for the patients.

Are services effective?

(for example, treatment is effective)

One of the female GPs specialised in women's health and learning disabilities. The practice provided an intrauterine device (IUD) fitting service, we saw evidence of pre-assessments and reviews and audits relating to this service.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New employees were also allocated a 'buddy' to provide support and learning. There was also a detailed locum pack.
- A training matrix was maintained which held records of training for staff which included for example, safeguarding adults and children, mental capacity act, information governance, basic life support, equality and diversity, complaints handling and conflict resolution. The
- 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. For example, diabetes and COPD.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, the documentation for appraisals was detailed and demonstrated a two way discussion.

Coordinating patient care and information sharing

The practice had effective and well established systems to plan and deliver care and treatment. This was available to all relevant staff in a timely and accessible way through the

practices patient record system. This included care and risk assessments, care plans, medical records and investigation and test results. All information was shared 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. We saw evidence that formal weekly multi-disciplinary meetings took place and that care plans were routinely reviewed and updated.

The practice had a robust referral system for two week waits, staff contact patients to confirm they have been seen. We saw documented evidence of detailed instructions given to patients on the action to take if appointments are not forthcoming within the expected time period. We saw evidence of an urgent paediatric referral backed up with a telephone conference with the paediatric consultant and detailed clinical records with comprehensive 'safety netting'.

The practice had an established process for managing information received from other agencies. Information is scanned on receipt and forwarded to the GPs and we saw evidence of prompt attention and action taken with regards to reports and investigation results.

Consent to care and treatment

The GPs had a comprehensive knowledge of the Mental Capacity Act 2005 and the assessment of capacity and demonstrated understanding of all the issues. Other clinical 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.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients receiving

Are services effective?

(for example, treatment is effective)

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. Patients were then signposted to the relevant services.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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. Bowel cancer screening results for a six month period 2015/16 were 58%. Breast cancer screening results for the same period were 82%.

Practice childhood immunisation rates for the vaccinations given to under two year olds was 100% compared to the CCG and national average of 98% and for five year olds ranged from 95% to 98% which was comparable to the CCG average of 92% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Flu vaccinations were also offer to patients, the uptake rates for patients aged 65 and over were 76% compared to the CCG average of 72% and the rates for at risk patients under 65 years of age were 56% compared to the CCG average of 50%.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout the inspection we observed that members of staff were courteous and very helpful to patients, both when attending at the reception and on the telephone. All the staff were very knowledgeable about the patients in the practice. 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.

We reviewed 37 CQC comment cards completed by patients prior to the inspection. All the cards completed were overwhelmingly positive about the way patients were treated with care and compassion by all the practice staff.

We spoke with a member of the patient participation group (PPG). They also told us that the practice provided an excellent service, and all the staff were caring and compassionate.

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:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 100% 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%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

We also saw that clinical records revealed attention to detail. The care plans reviewed provided evidence of personalised, holistic, compassionate care with involvement of other members of the multi-disciplinary and communication with relatives and carers.

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:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 87% 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 GPs worked closely with the out of hours provider, the provider had access to all the GP partners mobile contact details to discuss patient needs if required, to ensure continuity of care.



Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

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 has a carers champion and new carers are identified by the new patient registration form and leaflets and posters displayed in the waiting room. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers (2% of the

practice list). Written information was available to direct carers to the various avenues of support available to them. The practice offer annual and opportunistic health checks for carers. The carers champion contacts carers to offer support and provide information about organisations that offer support to carers.

The PPG held an annual event every September, 'Keeping Well in Whitchurch', where approximately 50 voluntary agencies and charities attend to promote health and disease management.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 understood the different needs of the population and acted on these needs in the planning and delivery of its services. The practice had close links with the local community through the different multidisciplinary meetings and groups the practice attended. The practice worked with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. For example, the practice liaised closely with the out of hours service not only for palliative care patients but for other vulnerable groups. The practice had approximately 40 residents in care homes and they use the Care Home Advanced Service (CHAC), assessment system. Eighty-six percent of the residents had been reviewed in the last year, and all had detailed care plans. In addition to the annual review, the practice completed a six monthly review and the GPs visit when required.

There were nine patients on the practice learning disabilities register and all had received a review. The documentation of the views was detailed and comprehensive. The practice had 62 patients diagnosed with dementia and 60% had been reviewed in the last year, we saw evidence of comprehensive documentation demonstrating a personalised, holistic approach to care. The practice used a recognised screening tool and patients with suspected dementia were referred to the memory clinic.

The practice served a local community hospital and had five designated beds to support complex elderly rehabilitation patients. The GPs allocated approximately one hour a day for this work. There was no consultant led supervision and a variety of clinical problems were handled by the GPs. The practice also provided services to a local home for looked after children.

- 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 require same day consultation. Patients commented on the ease with which they could get same day appointments and patients who completed the CQC comment cards said they could always get an appointment when they needed one.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

The practice had an active patient participation group (PPG) with 12 members that attended regular quarterly meetings. The PPG held an annual event every September, 'Keeping Well in Whitchurch', where approximately 50 voluntary agencies and charities attend to promote health and disease management.

Access to the service

The practice was open between 8.30am and 6pm Mondays to Fridays. Appointments were available between 8.45 and 5.30pm Mondays to Fridays. Medical assistance when the practice was closed during the out of hours period was provided by Shropdoc. Shropdoc had access to all the GP partners mobile contact details to discuss patient needs if required.

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.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 86% and the national average of 73%.
- 100% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.
- 85% of patients describe their experience of making appointment as good compared to the CCG average of 82% and the national average of 73%.

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

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. The staff gathered information and communicated with the GPs to allow an informed decision to be made according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. There were prominently displayed triage logarithms for emergencies in the practice, for alerting personnel and calling for an ambulance. 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 an effective system in place for handling complaints and concerns. The practice's complaints policy

and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system, there were posters and leaflets displayed in the waiting area.

We saw the practice had received numerous compliment cards and four complaints in the last 12 months. These had been investigated in line with the complaints procedure. The practice had handled the complaints in a timely way and had provided a full explanation to patients and explained what action was taken to ensure they were not repeated. All staff had been trained in complaint handling and we saw evidence that complaints were discussed at the practice meetings, so that learning was shared.

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's focus for the last 4 years had been to source alternative accommodation to enable them to continue to provide primary medical services to their patients. They had proactively worked with the CCG and NHS England to resolve the issue. The practice had effectively communicated with patients and staff to keep them informed.

Governance arrangements

The practice had an overarching governance framework 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. Staff were aware of the location of all the policies.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, The GP had an extensive knowledge of recent NICE guidelines. We saw examples of action taken in accordance with a number of recent NICE guidance and evidence of reviews and audits related to guidance with evidence of improved practice
- We saw evidence that the practice reported significant events to the National Report and Learning System (NRLS). To ensure that lessons were learned nationally to improve patient safety.
- There was a comprehensive understanding of the performance of the practice maintained by all the clinical staff and the practice manager. One of the practice nurses proactively managed the exception reporting for QOF ensuring that patients who were exempt, for example due to illness, were reviewed and put back into the system as soon as possible.
- There was a robust programme of continuous clinical and internal audit that was used to monitor quality and to make improvements. Audits were triggered from significant events and alerts.

- The GP partners were strongly involved in the day to day running of the practice. For example one GP was the lead for safety and safeguarding. The GPs had a comprehensive knowledge of recent safety alerts, NICE guidance and the Mental Capacity Act and assessment.
- There were clinical leads for, sexual health, learning disabilities, diabetes and COPD.

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 partners were visible in the practice and staff told us that they were always approachable and took time to listen. There was strong team working in the practice and we were told by everyone we spoke to patients and staff that they were like a 'big family'. We saw evidence that the GPs and staff knew their patients which supported the ethos of the practice to provide personalised, compassionate, holistic care.

The provider was aware of and had systems in place 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.

We saw evidence that two of the significant events had led to full cycle audits with evidence of improvement in the practice.

The practice utilised the National Report and Learning System (NRLS) to report and share important significant events. For example, one significant event concerned a rare and serious complication related to a facial haemangioma, that few clinicians were aware of. The GP recorded this in extensive detail and informed colleagues locally and nationally of this complication.

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

Are services well-led?

Good 

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

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

- Staff told us the practice held regular team 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 and supported in doing so. We noted that the practice had regular staff social events.
- 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. The GPs kept all staff informed of the potential closure.
- We saw that annual staff appraisals were robust and demonstrated two way feedback, opportunities for individual training was identified during appraisals.

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. The PPG met regularly, carried out patient surveys. More recently the PPG had been active in supporting the practice source a solution to the pending practice closure.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they felt involved and engaged to improve how the practice was run.