

Ledbury Market 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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ledbury Market Surgery on 24 November 2016. The overall rating for this service is good.

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

- The practice was aware of and provided services according to the needs of their patient population.
- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- There were processes and procedures to keep patients safe. This included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.

- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure that patients received the best care and treatment in a coordinated way.
- There was a clear leadership structure and staff told us they felt supported by management.
- The practice was aware of the requirements of the duty of candour and systems were ensured compliance with this.
- There was a culture of openness and accountability.
- The practice had an active Patient Participation Group (PPG). The PPG was proactive in representing patients and assisting the practice in making improvements to the services provided.
- Information about services and how to complain was available and easy to understand. Patients told us that they knew how to complain if they needed to.

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 effective system for reporting and recording significant events.
- Lessons learned were shared throughout the practice at meetings so that improvements were made and monitored.
- When there were unintended or unexpected safety incidents, patients were given an explanation and were told about any actions taken to improve processes to prevent the same thing happening again. The practice was aware of the requirements of the duty of candour and systems ensured they complied with this.
- The practice had systems, processes and practices to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- The practice assessed risks to patients and had systems for managing specific risks such as health and safety, infection control and medical emergencies.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to or above average for the locality and the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care teams and there were systems to ensure appropriate information was shared.
- The practice had improved the quality of care and treatment it provided through clinical audit and ongoing monitoring.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans in place.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Results from the National GP Patient Survey published on 7 July 2016 showed that the practice was rated as above average for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.
- Patients rated the practice above local and national averages for the care and support provided.
- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Information to help patients understand and access the local services was available. Information was also available in easy to read formats where needed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Ledbury Market Surgery reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for those patients at the end of their life.
- Patients said they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- 86% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 80% and the national average of 73%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 91% and the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.

Are services well-led?

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

Good



Summary of findings

- There was a clear vision and strategy to provide high quality care for all their patients. Staff were clear about the strategy and their role to achieve this.
- There was a clear leadership structure and staff understood their roles and responsibilities. Governance systems ensured that services were monitored and reviewed to drive improvement within the practice.
- The practice had systems for responding to notifiable safety incidents and shared this information with staff to ensure appropriate action was taken.
- Formal clinical meetings and full team meetings were held to share best practice or lessons learnt.
- Staff felt supported by management. Should they have any concerns they felt comfortable raising these as everyone at the practice was easy to talk to and approachable.
- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients and from the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.

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 patients.

Good



- The practice offered personalised care to meet the needs of the older people in its population. It was responsive to the needs of older patients.
- Home visits and rapid access appointments were offered for those patients with enhanced needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Nationally reported data showed that outcomes for patients were above local and national standards for conditions commonly found in older patients.

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, such as asthma and diabetes.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date care.
- NHS health checks were offered for early identification of chronic disease and there was proactive monitoring.
- The practice patient leaflet provided information about other organisations and websites patients could access.

Families, children and young people

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

Good



- Same day appointments were offered to all children under the age of five.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were considered to be at risk of harm. For example, children and young people who had a high number of accident and emergency attendances.
- The practice worked with midwives and health visitors to coordinate care.
- Performance for cervical screening indicators was in line with Clinical Commissioning Group (CCG) and national averages. For example, the percentage of women aged 25-64 who attended for a cervical screening test in the last five years was 80% compared with CCG and national averages of 81% and 82%.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- The practice offered a number of online services including requesting repeat medicines and booking appointments.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering a full range of health promotion and screening services that reflected the needs of this age group.
- Health promotion advice was offered such as smoking cessation and nutrition.
- The practice offered online appointment booking and the facility to request repeat prescriptions online.

Good



People whose circumstances may make them vulnerable

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

- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had

Good



Summary of findings

concerns. There was a lead GP for safeguarding adults and children. GPs were trained to an appropriate level in safeguarding adults and children. All safeguarding concerns were discussed at the weekly GP meetings.

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for all 16 of the patients on their register for 2015/2016.
- Vulnerable patients were informed how to access various support groups and voluntary organisations.
- Sign language interpreters could be booked for face-to-face consultations for patients with hearing impairments.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were added to patients records for staff awareness so that longer appointments could be allocated.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Advanced care planning and annual health checks were carried out for patients with dementia and poor mental health.
- Nationally reported data showed that outcomes for patients were above national average for conditions commonly found for patients with poor mental health.
- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 12% above the Clinical Commissioning Group (CCG) average and 13% above the national average.
- Patients experiencing poor mental health were advised how to access various support groups and voluntary organisations. There was a system to follow up patients who had attended accident and emergency departments where they may have been experiencing poor mental health.
- Clinical staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing well above local and national averages. There were 122 responses to 216 surveys sent to patients which represented a response rate of 56% (compared with the national rate of 38%). This represented 3% of the practice's patient list.

In most areas the practice was rated above the Clinical Commissioning Group (CCG) and national averages. Results showed:

- 86% of patients found it easy to get through to this practice by telephone compared to the CCG average of 80% and 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 CCG average of 89% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 91% and the national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all extremely positive about the services provided by the practice. Patients commented that the practice was very good in every respect; receptionists were always friendly, caring and helpful; they were always able to get an appointment when they needed; GPs and nurses provided excellent care at all times; and that GPs and nurses always gave patients the time they needed.

We spoke with two members of the Patient Participation Group (PPG) during the inspection. 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. They were very positive about the service they received. They told us this was an excellent practice and that all the staff went out of their way to be helpful and supportive.

Ledbury Market Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Ledbury Market Surgery

Ledbury Market Surgery is a small single storey, purpose built, building in the market town of Ledbury. At the time of the inspection the practice served a population of 4,797 patients in the town. The practice is an active member of the Herefordshire Clinical Commissioning Group (CCG) and the GP federation. A federation is formed of a group of practices who work together to share best practice and maximize opportunities to improve patient outcomes. The practice patient group is one of lower than average deprivation with a larger population of older people compared with the county average.

There are three male GP partners and two female salaried GPs at the practice. The GPs are supported by a practice manager, two practice nurses, two healthcare assistants, administration staff, reception staff and a cleaner.

Opening hours are from 8am to 6pm on Monday to Friday each week with appointments between these times. A contract is held with Herefordshire CCG to provide cover from 6pm to 6.30pm daily. The practice is closed at weekends.

The practice is part of the local Prime Minister's GP Challenge Fund service for extended opening hours to improve access for patients. These are available late evening and at weekends at nearby practice hubs in Hereford, Ross on Wye and Leominster.

The practice does not provide an out-of-hours service but has alternative arrangements for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) is available in the patient practice leaflet. The practice does not have a website but ensures that information on NHS Choices web pages is kept up to date.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and to view medical records.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice also provides minor surgery.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and lung diseases. Other appointments are available for health checks, childhood vaccinations and contraception advice.

Trainee nurses currently on placement at the practice are mentored by the practice nurses.

Detailed findings

Why we carried out this inspection

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) 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 Ledbury Market Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 24 November 2016. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.
- Spoke with a range of staff that included two GPs, the practice manager, a practice nurse, a healthcare assistant, and reception and administration staff.

- Looked at procedures and systems used by the practice.
- Spoke with two 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.
- Observed how staff interacted with patients who visited the practice. We observed how patients were being cared for.
- 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 are provided for specific groups of patients' and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record and learning

Ledbury Market Surgery used an effective system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- All incidents were reported to the practice manager in the first instance.
- Staff told us they were encouraged to report any incident and there was a no blame culture to support this. They knew how to access the appropriate form which was available on the practice intranet. The 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).
- Guidance was available for staff to follow and this included escalating incidents locally and nationally.
- We looked at the record of significant events that had been recorded since May 2014 which demonstrated a track record in responding to incidents. There were 40 incidents recorded with actions taken following investigation to ensure there was no recurrence of the incidents. We saw where changes to practise had been made as a result of investigations into reported events. For example, two separate incidents of scanning letters to wrong patient records had occurred. As a result changes were made and scanning was done as a separate activity so that staff scanning were not disturbed.
- Learning outcomes had been clearly identified and dates of meetings where learning had been shared were detailed on the summary event spreadsheet. We saw minutes of meetings to confirm this.
- When things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.
- Patients we spoke with confirmed they could speak with the practice manager if they had concerns they wanted to share.

Patient safety alerts were well managed.

- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- These were coordinated by the practice manager who ensured actions taken had been recorded.
- All actioned alerts were discussed in weekly clinical meetings.
- GPs and nurses described examples of alerts where appropriate changes had been made as a result. For example, a recent alert for a medicine prescribed for patients diagnosed with diabetes had been acted upon, with medicine reviews completed for those patients affected.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse which reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding adults and children and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs had completed training in safeguarding adults and children to level three.
- Safeguarding was a standing agenda item for weekly clinical meetings. Minutes of meetings showed that discussions had taken place about children who were considered to be at risk of harm. The GP safeguarding leads told us they also had meetings every eight weeks with the health visitor and shared information accordingly. GPs gave examples where concerns had been shared with social services.
- Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse.
- A notice was displayed in the waiting room and in all consultation rooms advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Training records confirmed this. Disclosure and barring checks (DBS) had been completed for staff members who undertook the role of chaperone within their duties. (DBS checks

Are services safe?

identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy. The practice nurse was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were carried out annually and we saw that action was taken to address any improvements identified as a result. The audit completed in May 2015 identified a practice achievement score of 94%. Areas where improvement was needed included lead staff to carry out checks on the cleaning of equipment. This had been completed.

There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high risk medicines within the correct timescales. These records showed that appropriate monitoring was maintained.
- 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. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.
- Systems confirmed that staff were protected against Hepatitis B. All instruments used for treatment were single use. The collection of clinical waste was contracted to an external company and there was suitable locked storage available for waste awaiting collection.

The practice had appropriate recruitment policies and procedures.

- We looked at files for different staff roles including two receptionists and a practice nurse and found that recruitment checks had been carried out in line with legal requirements. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. Although the practice rarely employed locum staff, processes were followed should locum GPs be required.
- There was a system to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly on sick leave.

Monitoring risks to patients

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

- All electrical and clinical equipment was checked by an external agency to ensure it was safe to use and that it was working properly. The latest electrical and equipment checks had been done in June 2016. These included equipment such as blood pressure monitoring machines and weighing scales.
- The practice also had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment had been reviewed in November 2015.
- There was a health and safety policy available with a poster in the reception office which listed the contact details for local health and safety representatives.
- An up to date fire risk assessment was available and staff had completed fire training during 2015/2016.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on all the practice's computers which alerted staff to any emergency.

Are services safe?

- All staff had received annual basic life support training.
- A first aid kit and an accident book were available.
- Emergency medicines and equipment were easily accessible and all staff knew of their location. Medicines were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate pads and masks for adults and children.
- There was a system of checks to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- There was a business continuity plan to deal with a range of emergencies that may affect the daily operation of the practice which included procedures to guide staff should the need for alternative premises become necessary. Copies of the plan were kept within the practice and offsite by key members of the practice (GPs and practice manager). Contact details for all staff were included.

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.

- There were systems to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet 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 patients

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.
- The most recent published results for 2015/2016 showed the practice had achieved 99.7% of the total number of points available, compared with the local average of 98% and the national average of 95%.

Data showed the practice performed mainly above local and national levels:

- Performance for diabetes related indicators was above average. For example, patients who had received an annual review including a foot examination was 97%, which was above the local average of 91% and the national average of 89%. The practice exception rate of 5% was in line with the Clinical Commissioning Group (CCG) and the national averages of 5%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other

psychoses with agreed care plans was 96% which was above the CCG average of 90% and national averages of 89%. The practice exception rate was 10% which was 2% below the CCG and the national averages.

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 95% which was higher than the local and national averages of 83% and 82% respectively. The practice exception rate was 7% which was 2% above the CCG average and in line with the national average of 7%.
- The practice had a system for completing clinical audits where they considered improvements to practise could be made.
- We saw six audits which had been completed during the last year. Audits demonstrated that where improvements had been identified they had been implemented and monitored. For example, a two cycle audit had been carried out on patient satisfaction following dermatology treatment (treatment of skin conditions). Issues identified had related to the overall referral process (dictation/typing and processing of referrals) and the length of time this had taken in some instances. Procedures had been changed to ensure referrals were made within three working days, with urgent referrals processed by 6pm on the day of dictation. We saw that improvements had been made over the two audits.
- Findings from audits were used by the practice to improve services. For example, we saw that a laminated sheet with details of recommended antibiotic prescribing was available in each consulting room as a result of the work on the antibiotic prescribing baseline audit.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice GPs regularly attended quarterly locality meetings where information was exchanged with other care professionals.

Effective staffing

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

- There was an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and complaints.

Are services effective?

(for example, treatment is effective)

- There was a comprehensive, well-structured training programme for all staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice nurses attended annual updates for cervical screening. Staff who administered vaccines kept up to date with changes to the immunisation programmes through access to online resources and discussion at practice meetings.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.
- Student nurses on placement at the practice were mentored by the practice nurses.
- Staff told us that training opportunities were provided for them as they become available. For example, one of the nurses had recently completed a degree level course in diabetes management at a local university supported by the practice.

Coordinating patient care and information sharing

The practice had systems to provide staff with the information they needed through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

There were systems to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.

- Multi-disciplinary meetings were held six weekly to discuss patients with palliative care needs and were attended by GPs and palliative care nurses.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- Staff had access to guidance on obtaining consent for treatment, immunisation or investigation.
- We saw evidence that showed informed consent was documented. Completed forms were scanned to patient records.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.
- The GPs and the practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability (16 patients were registered) and ensured that longer appointments were available for them when required.
- Staff told us that being a small practice they got to know their patients well and would be able to use this knowledge and their contact with patients to help

Are services effective?

(for example, treatment is effective)

maintain or improve mental, physical health and wellbeing. For example, they would carry out opportunistic medicine reviews and encourage patients to attend for screening or immunisations.

Cervical screening and child immunisation results (available for 2014/2015 at the time of the inspection) showed the practice was comparable to local and national averages.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 97% and five year olds from 84% to 100%. This compared with local averages of 85% to 97% and 88% to 96% respectively.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the local average of 81% and the national average of 82%. The practice exception rate of 5% was in line with the local rate of 5% and the national rate of 6%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were in line with local and national averages.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 73% which was in line with the local and the national averages of 73% and 72% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months at 63% was in line with the local average of 62% and the national average of 58%.

It was practice policy to offer a health check to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The practice had completed 48% of the 2328 patients eligible for health checks for the year 2015/2016. Despite reminders to patients 677 had been invited but had not attended. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

There were processes for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. GPs described the processes they would follow to schedule further investigations if needed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were treated with dignity and respect.

- We spent time in the waiting area observing how staff engaged with patients. We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and we observed that 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 received 38 comment cards which were very positive about the standard of care received by patients. Patients were very complimentary about the practice and felt that they offered an excellent service, and that staff were helpful, caring, considerate and treated them with dignity, compassion and respect.

We spoke with two members of the Patient Participation Group (PPG) who also spoke highly of the practice and told us they were satisfied with the care and the treatment they received. They said they were always seen by their GP when they needed and that the GPs were professional and always approachable. Patients were appreciative of the caring and friendly approach from the receptionists, who they felt were always prepared to help them, listen to them and treat them as individuals.

Results from the National GP Patient Survey published in July 2016 showed that the practice scored above average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 91% 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 98% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 99% 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 to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they were fully involved in their treatment including making decisions about their care and treatment options.

- They commented that they were given time during their consultations with the clinical staff to help them make an informed decision about treatment options available to them.
- Care plans were completed for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns.
- Interpreter and translation services were provided should patients need these. This included access to sign language interpreters for patients with a hearing impairment.
- The practice leaflet was available in easy read format.

Results from the National GP Patient Survey published in July 2016 showed that patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the waiting area which explained to patients how to access a number of support groups and organisations.

The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. The register showed that at the time of the inspection 97 carers were registered with the practice (2% of the practice population). A member of staff was a designated carers lead. Written information was available to direct carers to the various avenues of support available to them. Health checks were offered to carers and there was a question about carers on the new patient registration form.

A designated dementia care worker was based at the practice and visited patients in their home as well as at clinics held at the practice. The practice kept a register of patients with dementia and carried out annual reviews of their care.

GPs told us that contact with families was routinely made by telephone, followed by visits or appointments with a GP when families experienced bereavement. Information about sources of help and advice was also offered. Leaflets about bereavement support were available in the patients waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.

- The practice understood the needs of the patient population and had arrangements in place to identify and address these.
- The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease.
- Specialist services available at the practice included primary care mental health services, a dementia health care nurse who saw patients at home and at the practice, and midwifery services.
- Same day appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Appointments were tailored to the needs of patients and type of appointment, such as 30 minutes for health checks and 10 minutes for blood tests.
- Home visits were available for patients who were too ill to attend the practice for appointments.
- Although telephone consultations were not routinely offered, patients were able to consult with GPs by telephone after morning surgeries had finished.
- There was an online service which allowed patients to order repeat prescriptions and book appointments.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this.
- There were facilities for patients with disabilities and translation services available. Baby changing and breast feeding facilities were available.

- There was suitable access for patients who used wheelchairs.

Access to the service

Opening hours were from 8am to 6pm on Monday to Friday each week with appointments between those times. There was a contract with Herefordshire CCG to provide cover from 6pm to 6.30pm daily. The practice was closed at weekends. Appointments were available for booking up to four weeks in advance.

The practice was part of the local Prime Minister's GP Challenge Fund service for extended opening hours to improve access for patients. These were available late evening and at weekends at nearby practice hubs in Hereford, Ross on Wye and Leominster.

Ledbury Market Surgery does not provide an out-of-hours service but had alternative arrangements for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) was available in the practice patient information leaflet.

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

- 86% of patients said they could get through easily to the practice by telephone which was above the CCG average of 80% and the national average of 73%.
- 83% of patients described their experience of making an appointment as good which was above the CCG average of 80% and the national average of 73%.
- 70% of patients said they usually waited 15 minutes or less after their appointment time which was below the CCG average of 68% and the national average of 65%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.

Patients we spoke with told us they were happy with the appointments system and were able to make appointments without any difficulty. They told us they could always see a GP if the appointment was urgent. We received 38 comment cards which were all positive about the appointment system and availability at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess requests for a home visit. This included deciding whether a home visit was clinically necessary and the urgency of the need for medical attention. All visit requests were assessed by GPs as they were received. Appropriate arrangements were made according to the assessment. There were protocols in reception for staff to follow and staff were clear about their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person for responding to all complaints.

- Accessible information was provided to help patients understand the complaints system in the complaints form made available at the practice.
- We found that there was an open and transparent approach towards complaints.
- We looked at 27 complaints that had been recorded since April 2014, which demonstrated a consistent approach to complaints received. Complaints had been responded to in an open and transparent way. They had been fully investigated in accordance with the practice's complaints policy and procedure.
- The procedures for handling complaints ensured that where lessons were learned these were recorded and shared accordingly. Where trends had been identified from complaints changes to procedures had been made. For example, processing repeat prescription requests was designated as a separate, allocated job to reduce the likelihood of mistakes.

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

Ledbury Market Surgery aimed to provide high quality medical care to all their patients while maintaining a more personal approach.

The practice recognised the need to develop a succession plan and told us they had started discussions, especially as there were three GP partners due to retire over the next seven years. They recognised the impact this would have on the practice, as they were likely to be retiring within a short time of each other.

The practice had undergone significant changes in the last 18 months which included the appointment of a new practice manager. They had identified the need for consolidation following changes and improvements had been made to the running of the practice. This had included reviews of staff skills and upskilling additional staff in the administration and reception teams.

Weekly meetings with occasional wider practice clinical meetings were held to discuss the strategy and monitor progress made. Information from these meetings were shared with staff accordingly.

Governance arrangements

The practice had a governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 their content and where to access them.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly above or in line with local and national standards. We saw that QOF data was regularly discussed at monthly meetings and action taken to maintain or improve outcomes. Following the resignation of the lead nurse for diabetes care the practice had developed an action plan to ensure

patients with diabetes received adequate and appropriate treatment. This had included upskilling two healthcare assistants to undertake monitoring checks such as weight, blood pressure and blood testing; completion of diabetes diploma training by a practice nurse; and attendance at clinics with a diabetic specialist nurse to enhance learning and skill development by the practice nurse.

- Appropriate arrangements were made for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

During the inspection the GPs and the management team demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- They prioritised safe, high quality and compassionate care. GPs told us they worked together to make sure each days tasks were completed on the day and not carried over to another day. This enabled them to manage their workloads effectively.
- There were 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).
- The practice encouraged a culture of openness and honesty.
- Staff told us they felt valued by the practice and were able to contribute to the progress and development of services.

The GPs and the practice manager were visible in the practice:

- Staff told us that they were approachable and always took the time to listen to all members of staff.
- Staff told us that they worked together and supported each other to provide the best care for patients.
- The practice manager spent time working with reception staff to keep in touch with staff and patients and provide additional support when needed.
- Staff confirmed that there was an open culture within the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG). PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care.
- The PPG met monthly with the practice manager. Arrangements were made for the reception supervisor to attend the meetings when the practice manager was unavailable.
- Minutes of PPG meetings were made available to patients in the practice waiting area.
- In addition to the PPG there was a Friends of Market Surgery group who held events and raised funds to provide equipment for the practice. For example, the group had raised funds for the purchase of a touchscreen for patients to check-in on arrival for their appointments to aid privacy at the reception desk.

- GP patient surveys were carried out and the results were made available to patients. For example, survey results for the period August 2015 to August 2016 showed positive results and feedback from patients. Patients commented they were happy to see any GP at the practice and trusted their judgement in the treatment they provided.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- They felt involved and engaged to improve how the practice provided services for patients.
- Staff provided recent examples where they had identified areas for improvements. As a result the practice had recruited health care assistants in order to increase the number of health checks offered and completed.
- Staff told us they were confident they would be supported if they needed to raise any issues or concerns.