

Drs Lavin, Findlay, Remedios and Thompson

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 Drs Lavin, Findlay, Remedios and Thompson on 16 March 2016. Overall the practice is rated as good.

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

- Patients in Malvern had voted Drs Lavin, Findlay, Remedios and Thompson the best practice in town, according to an article in the 19 February 2016 edition of The Malvern Gazette.
- Patients said that the GPs and nurses were very caring and respectful and that they were always involved in decisions about their treatment options.
- The practice team was experienced to deal with a variety of health conditions.
- The practice had clear systems in place to ensure the safety of the practice and monitor the level of care and treatment delivered to patients.
- Risks to patients were assessed and well managed.

- The practice was one of five local practices to take part in a pilot scheme whereby a local GP was available to review any patient in a care home from 10am to 2pm during the weekend.
- Information about services and how to complain was available and easy to understand. The practice replied to complaints in a timely manner.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

- A practice nurse had set up a Swim Inspiration scheme, in order to encourage patients to get fit and lose weight. Weekly sessions were held for patients

Summary of findings

with conditions such as obesity, arthritis, Hypertension, Parkinson's, Huntington's and Learning Disability. Instructors regularly had between 20 and 30 patients attending.

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.

- Staff knew how to raise concerns and report incidents and near misses. Significant events were thoroughly investigated and lessons shared to ensure that action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.
- The practice assessed risks to patients and had clear systems in place for managing risks such as medical emergencies, infection control and fire safety.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes were at or above average for the locality and compared to the national average. For example, the number of patients with poor mental health who had their care plan reviewed in the last 12 months was 92%, which was 12% above the Clinical Commissioning Group average and 12% above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out on a regular basis and results used to improve standards of care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They received training appropriate to their roles.

Good



Summary of findings

- Appraisals and personal development plans were carried out for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for almost all aspects of care. For example, 91% of patients said that GPs were good at involving them in decisions about their care, which was 6% higher than the local Clinical Commissioning Group (CCG) average and 9% above the national average.
- Patients told us that they were always treated with compassion, dignity and respect. Feedback from patients and comment cards confirmed that patients felt involved in decisions about their care and treatment options. Results from the Friends and Family Test showed that 100% of patients would recommend the practice to friends and family.
- We observed a strong patient-centred culture.
- Views of external stakeholders were very positive and aligned with our findings. For example, managers of local care homes all emphasised the excellent service provided by the practice and said that GPs went the extra mile to help patients.
- The practice kept a file of 'Happy Letters' from patients and relatives who praised the high level of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality. We noted that patients respected the privacy sign by the reception desk, and stood back until it was their turn. A radio also helped to preserve patients' confidentiality when they spoke with receptionists.

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 in planning how services were provided to ensure that they meet patients' needs. For example, diabetic clinics were held with the Diabetic Specialist Nurse six times a year.

Summary of findings

- 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.
- Patients emphasized that it was easy to make an appointment. Urgent appointments were always available on the same day. Patients who rang before 10am were guaranteed an appointment the same day.
- The practice operated an on call GP system, whereby a GP had no booked appointments that day, but was responsible for all home visits and tasks such as signing prescriptions, so home visits were carried out early in the day.
- Patients told us that they appreciated the continuity of care.
- The practice was located in purpose-built premises and had good facilities. It was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were accessible to staff.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a virtual Patient Participation Group (PPG), which contributed to patient surveys.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice operated an on call doctor system, whereby visits were carried out early in the day, thus preventing unnecessary hospital admissions and reducing the number of patients who might otherwise have presented at accident and emergency (A&E).
- GPs could refer patients to the Minor Injuries Unit at Malvern Community Hospital for X-rays to eliminate or confirm fractures, thus avoiding an A&E attendance.
- The usual GP would visit housebound patients on his or her visiting day if they needed a routine review.
- A GP visited patients in care homes once a week, providing continuity of care and helping to reduce duplicate investigations and inappropriate referrals.
- The practice was one of five local practices to take part in a pilot scheme whereby a local GP was available to review any patient in a care home from 10am to 2pm during the weekend. The practice took part in the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission. The practice's emergency admission rate for over 75 year old patients for 2014/15 was 269 per 1000 patients, and had fallen to 173 per 1000 in 2015/16, which was lower than the Clinical Commissioning Group (CCG) average of 246 per 1000 patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- Some patients had alerts on their records to remind receptionists that they needed a longer appointment.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The nursing team provided lifestyle advice (smoking cessation, weight loss) and the NHS Health Checks.
- Patients had access to the Swim Inspiration programme, which provided the opportunity to swim once a week, thus helping patients to keep fitter and healthier.
- Achievement data from the Quality and Outcome Framework (QOF) for 2014/15 showed that the percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 91%, which was 5% above the CCG average and 7% above the national average.
- Data showed that 78% of patients with asthma had their care reviewed in the last 12 months, which was in line with CCG and national averages.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. One comment card specifically mentioned that the clinical staff made children feel very relaxed when they attended for appointments and immunisations.
- There was a children's area and children's books available in reception.
- Children who were seen in the morning and were ill were offered an emergency appointment later on the same day with the on call doctor to ensure that they were improving.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Patients who rang or came to the practice before 10am wanting an

Good



Summary of findings

appointment would be offered an appointment that day. If patients contacted the practice after 10am, they would be seen in the afternoon emergency surgery if the issue could not wait until the next day.

- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Bookable telephone appointments were available to provide flexibility.
- NHS Health Checks were offered by the nursing team, who also gave advice on smoking cessation, weight loss and exercise.
- Cervical screening uptake was 79%, which was in line with CCG and national averages.
- A range of contraceptive services was available at the practice, including coils and implants.
- Patients could register with the online booking service to book routine GP appointments and order repeat prescriptions at a time that was convenient for them.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The manager of a local care home for patients with a learning disability told us that the GPs provided a very good service and showed great understanding of patients. A comment card referred specifically to the respect that GPs showed towards vulnerable patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- The practice maintained a register for patients who needed palliative care. Home visits and same day appointments were available for these patients, who often had complex conditions. Evidence of the high standard of palliative care was clearly demonstrated by the number of letters in the 'Happy Letters' file.
- GPs proactively booked follow up appointments with the usual GP for palliative care patients, patients with complex needs and the most frail patients, thus ensuring continuity of care.
- Regular multi-disciplinary meetings were held during which treatment for patients on the palliative care register were discussed.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Information about domestic abuse and sexual violence was displayed in the reception area.

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).

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was in line with the CCG and national averages.
- The practice had the highest dementia prevalence in South Worcestershire.
- Two managers of local care homes with whom we spoke told us that the GPs would carry out weekly ward rounds and that nothing was too much trouble for them.
- Patients with dementia and their carers could be referred to Age UK for wellness checks. The checks had helped to signpost carers to support services.
- Data from the Quality and Outcome Framework (QOF) 2014/15 showed that the practice achieved 99.8% for the mental health indicators, which was 5% above the CCG average and 7% above the national average. The exception reporting rates for the underlying indicators were either in line with or below CCG and

Good



Summary of findings

national averages. For example, the exception reporting rate for patients with poor mental health who had a comprehensive care plan review completed within the last 12 months was 10% below both the CCG average and national average.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published on 7 January 2016 showed that the practice was performing above local and national averages. 237 survey forms were distributed and 114 were returned. This represented a 48% completion rate.

- 87% of patients found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 97% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 95% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Comment cards highlighted the ease of access to appointments and said

that it was a fantastic practice. Reception staff were praised for being kind, compassionate; patients said that they were always treated with dignity and respect. GPs were said to be caring and always prepared to go out of their way to help.

We spoke with six patients during the inspection. All six patients said that they were very happy with the level of care they received and thought that staff were helpful, friendly and caring. In addition, we spoke with three members of the virtual 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. The PPG members all emphasized the ease of access to appointments and said that it was a very listening practice, where patients were involved in discussions about their care and treatment.

Results from the NHS Friends and Family Test showed that 100% of respondents would recommend the practice to friends and family.

We were shown an article in the 19 February 2016 edition of The Malvern Gazette in which patients in Malvern had voted Drs Lavin, Findlay, Remedios and Thompson as the best in the town. According to the article, it ranked 294th out of 7,708 practices nationwide.

Outstanding practice

We saw one area of outstanding practice:

- A practice nurse had set up a Swim Inspiration scheme, in order to encourage patients to get fit and lose weight. Weekly sessions were held for patients

with conditions such as obesity, arthritis, Hypertension, Parkinson's, Huntington's and Learning Disability. Instructors regularly had between 20 and 30 patients attending.

Drs Lavin, Findlay, Remedios and Thompson

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Lavin, Findlay, Remedios and Thompson

Drs Lavin, Findlay, Remedios and Thompson is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection, Drs Lavin, Findlay, Remedios and Thompson were providing care to approximately 8422 patients.

Drs Lavin, Findlay, Remedios and Thompson are located in purpose-built premises based in an industrial estate in Malvern. The practice is accessible to patients with disabilities and there is a large car park outside the practice, which has disabled car parking spaces.

The practice area is one of lower than average deprivation. The practice has the highest dementia prevalence in South Worcestershire and looks after 150 patients in 13 care homes in the area.

There are four GP partners (two male, two female). There are also two salaried GPs, both female. The GPs are supported by four practice nurses and three Health Care Assistants. Non-clinical staff includes a practice manager, reception and administrative staff.

It is a teaching practice and there are currently two trainee GPs working at the practice.

Minor surgery (cryotherapy and joint injections) is carried out at the practice.

The practice is open from 8.30am to 6.30pm Monday to Thursday and from 8.30am to 5pm on a Friday. GPs have varying appointments between 8.50am and 5.40pm; nurses have appointments between 8.30am and 6pm.

The practice does not provide an out of hours (OOH) service. When the practice is closed, patients are advised to contact the NHS 111 service.

Why we carried out this inspection

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

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

Detailed findings

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

How we carried out this inspection

Before our announced inspection of Drs Lavin, Findlay, Remedios and Thompson on 16 March 2016, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also reviewed nationally published data from sources including NHS South Worcestershire Clinical Commissioning Group (CCG), NHS England and the national GP Patient Survey published in January 2016.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice had recorded 13 significant events from February 2015 to January 2016. We saw that appropriate analysis and follow up action had been taken as a result of discussion at monthly meetings and that learning points were shared with team members at quarterly meetings. The monthly meetings started at 6.30pm, so that there were no interruptions. There was a clear system to review whether any further action was required. We viewed the significant event log, which included an outline of the event, outcomes or lessons learned, and an action plan.
- Staff were aware of the procedure for reporting incidents. They told us that they would inform the practice manager of any incidents and that there was a recording form available on the practice's computer system.

There was a robust system in place to act on safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager received all MHRA alerts and emailed staff as appropriate with any necessary action. This ensured that staff were kept up to date. Patient safety alerts were printed off and given to reception staff to sign.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to the appropriate higher children's safeguarding level.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Seven comment cards referred specifically to the cleanliness and tidiness of the practice. Two patients said how much they appreciated the spacious, light reception area, which was always immaculate. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw evidence that an external infection control audit had been carried out in September 2015 and that an internal infection control audit had been carried out in January 2016. Action was taken to address any improvements identified as a result. Staff attended a presentation on infection control in January 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There was a robust system in place for monitoring patients on high risk medicines. Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a GP or a nurse was on the premises.
- A comprehensive suite of policies was in place for the benefit of staff. However, we noted that the standard template style needed to be reviewed in order to ensure that all policies were correctly dated and reflected current procedures at the practice.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- There were effective systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. A health and safety risk assessment had been carried out in March 2016. We saw the log for recording weekly fire alarm tests. The practice had up to date fire risk assessments and a fire evacuation drill was carried out in September 2015. Three staff were trained as Fire Marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and

infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the water temperature was checked on a regular basis.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times.

Arrangements to deal with emergencies and major incidents

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

- There was an instant alert system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator on the premises and oxygen with adult and children's masks. A first-aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and securely stored.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Four hard copies of the plan were kept off site. Appointments for the next day were printed off the day before as a matter of routine.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

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

- The practice achieved 98.6% of the total number of points available. This was in line with the Clinical Commissioning Group (CCG) and the national averages.
- Clinical exception rate reporting was 9.8%. This was 1.5% above the CCG average and 0.6% above the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- Performance for diabetes related indicators was better than the CCG average and national average. For example, 86% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest acceptable level. This was 5% above the CCG average and 9% above the national average.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 91%, which was 5% above the CCG average and 7% above the national average.

- 92% of patients with poor mental health had a comprehensive care plan review completed within the last 12 months. This was 4% above both the CCG and national average.

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

- We were shown a summary of six clinical audits which had been completed in the last year, one of these was a completed audit where the improvements made had been implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent safeguarding audit led to an action plan to improve safeguarding policies and procedures. The actions included developing a specific 'Did Not Attend' policy for children and vulnerable adults to follow up those who did not attend appointments.
- A cold chain audit carried out in March 2016 identified several potential risks regarding the storage of vaccines. Processes had been revised and a policy had been implemented for the ordering, storing and handling of vaccines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice participated in the Improving Quality Supporting Practices scheme, which was co-ordinated by the South Worcestershire CCG. As a result of work undertaken as part of the scheme, 2014/15 referral figures showed that dermatology and orthopaedic referrals fell by 20% and 14% respectively.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering 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.

Are services effective?

(for example, treatment is effective)

- Staff learning needs were identified through a system of appraisals, meetings and reviews of practice development requirements. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and were encouraged to complete e-learning training modules.

Coordinating patient care and information sharing

The practice's clinical computer system gave staff access to the information which they needed to plan and deliver care and treatment in a timely way.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

Clinical staff we spoke with understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. Staff had access to a policy on the MCA. Written consent for minor surgery was recorded.

Supporting patients to live healthier lives

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

A practice nurse had set up a Swim Inspiration programme in 2012 to encourage patients to get fit and lose weight. Originally intended to help those who did not feel comfortable going to a public swimming pool to exercise regularly, the programme had been extended to include patients with conditions such as multiple sclerosis, motor neurone disease, diabetes, Parkinson's disease and Learning Disability. Instructors regularly had between 20 and 30 patients at each session. Many of the patients had long term conditions and the sessions eased pain, increased strength, flexibility and independence. A GP had successfully obtained funding from the CCG for two years, but now the patients had to pay for the sessions.

The practice's uptake for the cervical screening programme was 79% which was in line with CCG and national averages. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake for bowel and breast screening (65% and 79% respectively) was high in comparison to local and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 97% and five year olds from 86% to 94%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 29 patient Care Quality Commission comment cards we received were very positive about the level of service experienced. Patients said that they considered that the practice offered a superb service overall. Staff were said to be kind, compassionate and efficient. Four comment cards specifically stated that nothing was too much trouble for the GPs.

We spoke with three members of the Patient Participation Group. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that they liked the fact that receptionists knew and recognised them.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses, which reflected the comments received during the inspection. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 95% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).

- 93% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 92% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards also made reference to the fact that GPs always took time to listen to them and to explain treatment options.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than 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 national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 124 patients as carers, which represented 1.5% of the practice list. Written information was available to direct carers to the various

Are services caring?

avenues of support available to them. Clinical staff would phone carers if they thought that they needed extra support. The carer support worker would visit carers in their own home or at the practice, whichever was most convenient. A member of the reception team had dedicated time to oversee the carers' register and to liaise with Age UK or signpost the carer to another support service.

Staff told us that if families had suffered bereavement, their usual GP would phone or visit. Advice on how to find a support service or access bereavement counselling was also offered.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, and all doors had signs in Braille. There was no hearing loop; Deaf Direct was used when necessary. Translation services were available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Thursday and from 8.30am to 5pm on Friday. GPs had varying consultation times between 8.50am and 5.40pm; nurses saw patients between 8.30am and 6pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients who needed them. Patients could also book routine GP appointments online.

The practice operated an on call doctor system, which meant that the on call doctor had no scheduled appointments, but dealt with all visit requests and queries on that day, thus freeing up other GPs' time. As a result, visits could be made very quickly, often early in the day.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 87% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 69% of patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

Patients told us on the day of the inspection that they were very impressed with access to appointments. Patients could also go to the Minor Injuries Unit at Malvern Community Hospital.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the noticeboard in the reception area and on the practice website.

We looked at nine complaints received between April 2015 and January 2016 and found that they were dealt with in a satisfactory and timely manner. Outcomes and learning points from complaints were recorded, as well as actions taken and a brief outline of the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

There was a strong commitment across the team to providing a high standard of service delivery and team members were very supportive towards each other. The practice was planning to diversify the clinical team by employing a pharmacist.

Governance arrangements

Policies and procedures had been uploaded to the practice intranet, which staff were able to access. Staff we spoke with told us that they understood their roles and responsibilities.

Regular meetings were held to discuss updates and share learning points from significant events and complaints. We saw minutes of meetings and noted that action points were recorded and shared with staff as appropriate. The practice was proactive in identifying and mitigating against potential risks. A robust system was in place to track and monitor any further action, if required.

The GP partners and nurses had lead roles and specific areas of interest and expertise. These roles included diabetes, safeguarding, women's health and contraception, paediatrics and child health, palliative care and dementia.

We saw that the practice was aware of the legal requirements about protecting patients' confidential information. Staff induction training included confidentiality and information governance. Medical records were kept securely in lockable cabinets.

Leadership and culture

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

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

The practice had systems in place for knowing about notifiable safety incidents. When unexpected or unintended safety incidents happened, the practice contacted the patients involved, explained the sequence of events and gave an apology.

There was a clear leadership structure in place and staff said that they were supported by the management team. Staff told us there was a no blame culture within the practice. They had the opportunity to raise any issues with colleagues, the practice manager or at team meetings and felt confident in doing so and felt that they would be supported if they did. Staff told us that they enjoyed the social events for example, theatre trips and a picnic, which helped to consolidate the team spirit.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was a virtual PPG which had 80 members. The practice felt that a large virtual PPG was more representative of the patient population than a smaller group. The PPG took part in patient surveys and submitted proposals for improvements to the practice management team. For example, a survey had been carried out to determine whether patients wanted to have access to a pilot scheme, which would have provided additional access outside of practice core hours. Patients voted overwhelmingly to keep to the current system at the practice, because they thought that the access to appointments was so good.
- The practice had 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 the partners. Staff told us they felt involved and were encouraged to make suggestions for improvements as to how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had introduced the on call doctor system, which meant that home visits could begin from 8.30am, but other practices within the CCG area decided not to adopt the scheme, despite the success. One of the practice nurses had set up a Swim Inspiration scheme to encourage patients to get fit and lose weight.

The practice had decided to diversify the clinical team by employing a pharmacist to manage their prescribing in order to drive further improvements in quality and effective prescribing. The pharmacist was due to start work on 1 April 2016.

Every partner who had been appointed since 1986 had been a trainee at the practice. This showed how much the trainees enjoyed working at the practice, which evidenced the practice's successful and supportive ethos towards trainee GPs.

Staff were encouraged to submit requests for training as opportunities arose, rather than wait until their appraisals.