

# Polesworth and Dordon Group Practice

## Quality Report

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Date of inspection visit: 11 July 2016  
Date of publication: 12/09/2016

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 Polesworth & Dordon Group Practice

on 11 July 2016. Overall the practice is rated as good.

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

- There were clear processes and procedures to ensure patients were safe and an effective system in place for reporting and recording significant events. They were fully reviewed at every staff meeting.
- Feedback from patients about their care was highly positive. We received 26 completed comment cards with entirely positive comments.
- Same day appointments All patients we spoke with and those who completed comment cards before our inspection said they were always able to obtain same day appointments.
- The practice reviewed the needs of the local population and made appropriate changes when

necessary. For example, changes to the staffing policy were made so staff could be interchangeable between locations to ensure adequate staffing was available in times of unexpected high demand.

- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they said they were treated with dignity, respect and compassion. Patients were involved decisions about their care and treatment.
- The practice had strong clinical and managerial leadership and governance. Following a period of difficulty and change 12 months ago, the practice had strengthened its management and redefined lead roles to provide greater clarity and effectiveness.
- Information about how to complain was available and easy to understand. The practice received very few complaints from patients and reviewed complaints to ensure lessons learned were not repeated.
- Risks to patients were assessed and well managed.

However there were areas of practice where the provider should make improvements:

# Summary of findings

- The practice should ensure they continue to adhere to the staff training and action plan.
- Review the procedure for patients collecting controlled drugs to ensure signatures are obtained when required.
- The practice should continue to closely monitor patient satisfaction results to ensure further improvements are made.

**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



- Appropriate systems were in place for reporting and recording significant events. They were regularly reviewed in practice meetings and analysed to ensure lessons learned were fully implemented.
- When there were unintended or unexpected safety incidents, the practice ensured that patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated.
- There were appropriate procedures in place to ensure patients were kept safe and safeguarded from abuse. All staff had received appropriate safeguarding training in line with the Warwickshire Multi-Agency Safeguarding Hub (MASH).
- Risks were assessed, well managed and regularly reviewed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff delivered patient care according to current evidence based guidance. This was regularly reviewed.
- We were satisfied that practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment.
- Data available from the Quality and Outcomes Framework (QOF) 2014/15 demonstrated that patient outcomes were either at or above average when compared with the national average.
- The practice used clinical audits to identify areas of improvement and acted upon their results.
- All staff received annual appraisals and had personal development plans.
- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.

# Summary of findings

- The practice actively identified carers and provided appropriate advice and support.
- Patients were treated with kindness and respect. Patient confidentiality was maintained.

Easy to understand and accessible information about services was available for patients.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice recognised the needs of its local population and tailored services appropriately. For example, it had started to research the need to introduce a dispensary delivery service for patients.
- The practice reviewed the needs of the local population and made appropriate changes when necessary. For example, changes to the staffing policy were made so staff could be interchangeable between locations to ensure adequate staffing was available in times of unexpected high demand.
- Patients told us they were always able to obtain a same day appointment when needed.
- The practice building had good facilities and was equipped to treat patients and meet their needs. At the time of our inspection the practice was considering future requirements of the practice facilities in the context of the growing local population.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clearly defined vision which explained how it delivered care and treatment to patients. Staff understood this vision and how it related to their work.
- The practice had strong clinical and managerial leadership and governance. A period of change 12 months ago affected the practice's patient survey results and local reputation. However the practice closely monitored this and had seen substantial improvement begin.
- The management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and procedures which outlined how it should operate and held regular governance meetings.

Good



# Summary of findings

- Processes were in place to monitor and improve quality and identify risk.
- The practice sought feedback from patients and staff. It carried out its own patient survey, which it acted on. The Patient Participation Group (PPG) was active. 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.
- The practice received a low number of complaints from patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Older patients were given personalised care which reflected their needs. The practice recognised the local population was increasing in average age.
- Elderly and frail patients were prioritised for same day appointments.
- Care plans were in place with the most vulnerable older patients and used with multi-disciplinary teams to reduce unplanned hospital admissions. These patients had an alert placed on their patient records to ensure clinical staff were aware.
- The practice closely monitored patients who received multiple medicines and those who lived in care homes. This included falls prevention advice in the latter.
- GPs visited care homes twice weekly.
- The practice had a dedicated telephone line used by the care homes it served.
- Home visits were offered to patients who could not reach the practice.
- Over the last 12 months all patients aged 75 and over had been invited for a health check. This included blood tests, fracture assessment, frailty assessment, and checks for depression and dementia. From those checks, the practice identified patients who needed further investigation and referred them appropriately.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

### People with long term conditions

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

Good



- Patients had a named GP and a review every six to 12 months to monitor their condition and ensure they received correct medicines. The frequency of the review depended on the severity of the patient's condition. The practice had developed its own system for managing these appointments.
- All patients with a long term condition had a condition management plan which was reviewed annually.

# Summary of findings

- Nursing staff had received appropriate training in chronic disease management, for example asthma and diabetes.
- The practice provided education events about asthma and COPD.
- Longer appointments and home visits were available when needed.
- Health checks for patients with long term conditions were available during extended hours appointments.

## Families, children and young people

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

Good



- Systems were in place to identify children and young people who might be at risk, for example, those who had a high number of A&E attendances.
- The practice worked closely with the local health visitor team.
- The community matron had a base within the practice building and was regarded as part of the practice team.
- A total of 82% of eligible patients had received cervical screening in the last 12 months. This was comparable with the national average of 81%.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Well baby clinics were available.
- Outcomes for areas such as child vaccinations were mostly above average for the Clinical Commissioning Group (CCG).
- A full range of family planning services were available.
- All practice staff had received training in how to recognise and deal with domestic abuse.

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

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

Good



- The practice ensured it provided services to meet the needs of the working age population, For example, telephone consultations were available for patients who were unable to reach the practice during the day.
- Following feedback from patients, the practice introduced dedicated early and late appointment slots with priority given to the working age population.
- A full range of services appropriate to this age group was offered, including family planning, smoking cessation and travel vaccinations.



# Summary of findings

- Health checks for patients within this population group were actively promoted.

## People whose circumstances may make them vulnerable

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

Good



- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice closely monitored patients who received multiple medicines and those who lived in local learning disability homes.
- The practice had a dedicated telephone line used by the learning disability homes it served.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- There was a register of vulnerable patients including those with a learning disability.
- Longer appointments were available for patients with a learning disability.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team.

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

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

Good



- Staff demonstrated a good working knowledge of how to support patients with mental health needs and dementia.
- A carer support protocol was in place to offer carers both physical and psychological support.
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients who were diagnosed with depression received a follow up from a GP within eight weeks of diagnosis.
- Patients were signposted to appropriate local and national support groups.
- All patients aged over 65 received a cognitive test as part of their routine health check.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results were mixed and we saw how the practice was working to improve these. 233 survey forms were distributed and 126 were returned. This represented a 54% completion rate.

- 39% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 64% and the national average of 73%.
- 86% 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 85% and the national average of 85%.
- 55% of patients described the overall experience of this GP practice as good compared to the CCG average of 71% and the national average of 73%.
- 59% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, all of which were positive about the standard of care received. Patients said they could always obtain an appointment for the same day when needed, appointments were always on time and GPs and nursing staff always gave them enough time.

We spoke with ten patients during the inspection. One patient was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. All the patients we spoke with said they were satisfied with the care they received and thought staff were excellent, always treated them with respect and gave them the time they needed.

Some patients we spoke with and some who completed comment cards said the practice had considerably improved in recent months following a difficult period of time last year.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice should ensure they continue to adhere to the staff training and action plan.
- Review the procedure for patients collecting controlled drugs to ensure signatures are obtained when required.

- The practice should continue to closely monitor patient satisfaction results to ensure further improvements are made.

# Polesworth and Dordon Group Practice

## 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 and a practice manager specialist advisor.

## Background to Polesworth and Dordon Group Practice

Polesworth & Dordon Group Practice is located in the village of Dordon, near Tamworth. It is a group practice which provides primary medical services to patients in a semi-rural area. It is a former coal mining area, with a large prevalence of older patients with long term medical conditions.

The practice has a dispensary for use by patients and there is a branch surgery in the nearby village of Polesworth. This also has its own dispensary.

The practice is located in a converted facility and had 2,656 patients registered at the time of our inspection. Most patients speak English as a first language. It 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 is a member of a local GP federation, a group of practices that work together and share ideas to improve patient care.

The practice has six GP partners and one salaried GP (a mix of male and female). In addition, there is a nurse

practitioner (able to issue prescriptions), four practice nurses and two healthcare assistants. They are supported by a practice manager and administrative and reception staff. The practice dispensary has its own dedicated staff. The practice made major changes to its GP partnerships and management 12 months ago following a challenging period.

The practice is open from 8am to 1pm and from 2pm until 6pm during the week. Appointments are available throughout these times. Phone lines are open until 6.30pm and there is a duty GP available throughout the day from 8am to 6.30pm. The practice does not offer extended hours opening having found in the past there was little patient demand for it. When the practice is closed, patients can access out of hours care provided by Care UK through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice. Telephone appointments are available for patients who are unable to reach the practice during normal working hours.

Management of the local care homes, learning disability homes, and funeral provider have a direct access telephone number to use to contact the practice. The youth worker at the local high school also has access to this line.

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart

# Detailed findings

disease. Other appointments are available for minor surgery, blood tests, insulin initiation, family planning, post-natal follow up and smoking cessation amongst others.

The practice also provides services to two local care homes and some homes occupied by patients with learning disabilities.

## Why we carried out this inspection

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

## How we carried out this inspection

Before our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 11 July 2016. During our inspection we:

- Spoke with a range of staff (GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed policies, procedures and other information the practice provided before the inspection.
- Spoke with the management of one of the care homes served by the practice.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

Polesworth and Dordon Group Practice used suitable systems for reporting and recording significant events.

- The practice carried out a thorough audit and analysis of significant events. We saw six had occurred within the last 12 months. All had been recorded, investigated and discussed fully with staff in the next available staff meeting. Lessons to be learnt had been identified and implemented. For example, when patients with hypertension (high blood pressure) were audited in 2014-2015 it was discovered one member of the clinical team had not arranged follow-up appointments for all relevant patients. The practice took appropriate measures to deal with this which included contacting and reviewing the patients concerned. For 2015-2016, all patients received the appropriate review.
- Staff we spoke with clearly described the incident reporting procedure and we were shown the incident reporting form the practice used. This supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw how when things went wrong during care and treatment, patients were informed of the incident, were given an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

During our inspection we reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We were satisfied that lessons were shared and action was taken to improve safety in the practice. For example, when a medicine error was made, we saw how the practice correctly dealt with the error and ensured there had been no risk to the patient concerned.

### Overview of safety systems and processes

During our inspection we saw the practice had appropriate systems, processes and procedures in place to keep patients safe and safeguarded from abuse, which included:

- Systems were in place to safeguard children and vulnerable adults from abuse. These were based on relevant legislation and local requirements issued by

The Warwickshire Multi-Agency Safeguarding Hub (MASH). Staff told us how they could access these policies and we saw evidence of them. They 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 who had been trained to the required level 3. All clinical staff had also been trained to this level. GPs, nursing and administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- We saw there were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who had received appropriate training and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the latest had been carried out in May 2016. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.
- There were suitable arrangements in place for managing medicines within the practice. This included emergency medicines and vaccines which were kept in the practice. Processes were in place for the handling of repeat prescriptions, this included high risk medicines such as warfarin (A medicine to reduce the time blood takes to clot). The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. This included forms used in computer printers.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

## Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Most patients who received controlled drugs were well known to the dispensary staff. These patients were not asked to sign for their medicines, although it would be good practice for signatures to be obtained..
- We checked medicines stored in the dispensary, medicine and vaccines refrigerators and found they were stored securely. There was a clear policy for ensuring that refrigerated medicines were kept at the required temperatures and described the action to take in the event of a potential failure. The practice staff followed the policy.
- Dispensary staff told us that they were appraised annually by the practice manager and that this appraisal assessed their competency to work in the dispensary. Records showed that all members of staff had received training appropriate to their role.
- We noted that the practice has a robust and clear process for the management of information about changes to a patient's medicines received from other services. All such changes were reviewed and authorised by a GP and communicated to dispensary staff as necessary.
- We observed systems were in place to ensure that repeat prescriptions were monitored effectively and that patients were able to request repeats by a number of means including on-line. We noted that all repeat prescriptions had been signed by a GP before being given to patients. Acute prescriptions were authorised to be dispensed by GPs using the practice's computer system. Prescriptions for controlled drugs were always signed by the GP before being dispensed and given to patients.
- We were told by dispensary staff that they monitored prescriptions that have not been collected and informed GPs of this. Dispensary staff also informed GPs if they observed any deteriorating health problems which may prevent patients from taking their medicines safely. We also observed that dispensary staff advised patients on possible side effects of medicine they received and on whether medicines should be taken with or after food. The practice had recently introduced a revised system for monitoring the use of prescriptions and should continue to monitor this to ensure the improvements are sustained.
- We observed that the dispensing process was safe and made use of a second person check and a bar-code check. We noted that the dispensary provided medicines in multiple dose systems (dosettes) and that there were robust systems in place to prepare and second person check these items.
- There were Patient Group Directions (PGDs) in place to allow nurses and healthcare assistants to administer medicines in line with legislation.
- There was a notice in the waiting room to inform patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. These checks were renewed every five years.
- We saw processes were in place to carry out recruitment checks prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. This was detailed in the recruitment protocol.

### Monitoring risks to patients

We were satisfied that risks to patients were assessed and well managed by the practice.

- Monthly meetings were held with Warwickshire North Clinical Commissioning Group (CCG) to examine medicines management and prescribing trends. This was to ensure patients received the correct medicines. group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.
- Potential risks to patient and staff safety were monitored appropriately. The practice had up to date fire risk assessments (last carried out in June 2016). All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This had all last been checked in October 2015.

## Are services safe?

- 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). A Legionella risk assessment had been carried out in May 2016, following a full legionella test in August 2015.
  - Regular child at risk meetings were held with health visitors.
  - There were systems in place to ensure the practice was safely staffed to enable patient needs to be met. This was detailed in the staffing level policy. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover for each other when absent and staff were interchangeable with staff at the branch surgery. This enabled the practice to effectively manage unexpected increased patient demand and unplanned staff absence.
  - Training records demonstrated all staff received annual basic life support training and there were emergency medicines available, securely stored and staff knew how to access these.
  - The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. This equipment was regularly checked. There was also a first aid kit and accident book available.
  - There were emergency medicines securely kept on the premises which were easily accessible to staff. Checks were regularly made on these medicines to ensure they were within date.
  - The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Arrangements were in place to use the branch surgery if the practice building was unavailable. The plan included emergency contact numbers for staff. Copies were kept by key staff at home so they could access them if the practice building became unusable.
- Arrangements to deal with emergencies and major incidents**
- The practice had adequate arrangements in place to respond to emergencies and major incidents.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Polesworth and Dordon Group Practice assessed the needs of patients 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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- NICE guidelines were regularly reviewed at clinical staff meetings. We saw evidence of meeting minutes to confirm this.
- There were 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. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (2014-2015) showed that the practice achieved 99% of the total number of points available with 11% exception reporting. This total was above the Warwickshire North Clinical Commissioning Group (CCG) average of 97% with 8% exception reporting.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. This practice was not an outlier for any QOF (or other national) clinical targets. For example:

- Hypertension (high blood pressure). The practice achieved 100% with an exception rate of 5%. This was above to the CCG average of 99% with an exception rate of 3%.
- Chronic Kidney Disease. The practice achieved 100% with an exception rate of 8%. This was above the CCG average of 95% with an exception rate of 5%.
- Dementia. The practice achieved 100% with an exception rate of 4%. This was above the CCG average of 97% with an exception rate of 6%.

The clinical team provided evidence that they had identified areas to improve exception reporting. For example, more rigorous coding of patients' conditions and areas to improve patient follow-up. We saw exception reporting had started to improve following changes made to the clinical staff team 12 months ago and the practice had kept this under close review.

There was evidence of quality improvement including clinical audit:

- A programme of clinical audit was in place. We examined three of these where the improvements identified were implemented and monitored. For example, the practice audited patients who received a range of blood thinning medicine and identified nine patients who no longer needed this treatment. The practice liaised with secondary healthcare to discuss those patients prescribed the medicines by them.
- The practice participated in local audits, national benchmarking, accreditation and peer review. This included the audit and examination of minor surgical procedures, patient consent for those procedures and post-operative infection rates.
- Findings were used by the practice to improve services. For example, the practice had negotiated with the CCG for the return of midwife appointments to the practice which had increased the take up of post-natal appointments.

### Effective staffing

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

- There was a system of appraisals, meetings and reviews of developmental needs in place. Staff received training



# Are services effective?

## (for example, treatment is effective)

to meet their learning needs and to cover the scope of their work. We saw evidence of ongoing support and coaching. All staff had received an appraisal within the last 12 months. Staff we spoke with confirmed this.

- An induction programme was in place for newly appointed staff. This covered such topics as safeguarding, infection prevention and confidentiality. Staff we spoke with said the induction training had been very comprehensive and was followed with on-going support and mentoring.
- Although locum GPs were rarely used, a locum induction plan was in place.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.

Practice staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Training was regularly updated, although the practice had identified some gaps in the training programme. An action plan had been put in place to rectify this.

### Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- Information was shared with other services appropriately, for example when referring patients to other services, such as for secondary health care appointments.
- Information included care plans, medical records and investigation and test results. Patients at risk of unplanned hospital admissions (2% of the patient list) had care plans in place.
- The community matron had an office base at the practice and was regarded as part of the integral staff team.

We saw how practice staff worked with other health and social care professionals to meet patients' needs and to assess and plan ongoing care and treatment. This resulted in a 'joined up' package of care with other providers. For example, there was a good working relationship with the

local health visitor team and midwife team. Regular multi-disciplinary meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- We saw that staff understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.
- When care and treatment was provided for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The practice obtained appropriate patient consent for minor surgery and performed regular audits of patient consent to ensure this was maintained.

### Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

- Smoking cessation advice was available from the practice. Over the last 12 months, 72% of patients who smoked had been given advice and 20% were currently attending a smoking cessation clinic.
- Patients with asthma were encouraged to attend regular reviews with a practice nurse.
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Patients who needed additional support, such as dietary advice.
- Patients were also referred to a local exercise programme.
- An Integrated Access to Psychological Therapies (IAPT) counsellor held weekly sessions at the practice and branch surgery. Patients could be either referred by staff or self-refer.

## Are services effective?

(for example, treatment is effective)

The practice's data for the cervical screening programme was similar to that for the CCG - 82%. This was also similar to the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Systems were in place to ensure results were received and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were mostly above the CCG and national averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds were 98% and five year olds ranged from 95% to 100%. This compared with the CCG average of 96% to 99% and 94% to 99% respectively.

The practice carried out NHS health checks for patients aged 40–74 and a range of appropriate health assessments when required. 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

When we inspected the practice, we saw staff treated patients with kindness and respect at all times.

- The 26 Care Quality Commission comment cards we received were completely positive about the service experienced. Patients said they felt the practice staff were excellent and provided a caring service.
- Staff we spoke with told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We spoke with one member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. They also told us the practice provided an excellent standard of care and had dramatically improved following a difficult time 12 months ago. They said patients were now realising how much things had changed for the better after a time when the reputation of the practice had been damaged. It was also apparent patient perception would take time to catch up with the reality of the changes that had been made to improve the service offered by the practice.

Results from the National GP Patient Survey published in July 2016 showed below average results for whether patients felt they were treated with compassion, dignity and respect. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We discussed these results with GP partners and practice management as they differed from comments we received from patients on the day of our inspection and in the comment cards completed before we inspected. It was clear the patient perception of the practice had been adversely affected by challenges faced by the practice 12 months ago. The practice had put an action plan in place to monitor these and appropriate staff training had also been carried out. The practice also regularly carried out its own patient surveys which varied from the National GP Patient Survey. In the last survey 345 patients responded.

For example:

- Helpfulness of the receptionist – 96% said good.
- On your last visit did you feel you were treated with dignity and respect – 99% said good.

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

When we spoke with patients, they told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them. Every patient we spoke with told us they were given enough time by GPs. Comments made by patients on the comment cards completed before our inspection supported this.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. We discussed these results as outlined in the previous section. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

## Are services caring?

- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- The practice involved carers in decisions about patients' care and a procedure was in place to obtain patient consent for this. This was supported with a carer's identification protocol.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- There was a translation service available for patients who did not have English as a first language. Notices were displayed in the reception area about this. Most patients registered at the practice spoke English as a first language.
- Information leaflets could be made available in other languages on request.
- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.

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

Literature was available in the waiting room to publicise local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. This included a local support group and networking. The practice identified patients who were carers by placing a note within their electronic patient record.

# 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 the Warwickshire North Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Same day appointments were available for all patients when required. These were prioritised for children, the frail and elderly.
- The practice offered telephone consultations for patients who could not attend the practice during normal working hours. Extended hours appointments had previously been trialled, but there was found to be little patient demand. The practice kept this under review.
- There were longer appointments available for patients with a learning disability and those with long term conditions.
- Clinical staff made home visits to patients who were unable to reach the practice.
- Travel vaccinations and family planning appointments were available.

### Access to the service

The practice was open from 8am to 1pm and from 2pm until 6pm during the week. Appointments were available throughout these times. Phone lines were open until 6.30pm and there was a duty GP available throughout the day from 8am to 6.30pm. When the practice was closed, patients could access out of hours care provided by Care UK through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website.

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

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 39% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.

- 86% 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 85% and the national average of 85%.

We discussed these results with the GP partners and practice management. Patient access had been a concern due to increased patient numbers. To address this, the practice had made changes to its telephone and appointment system and increased use was made of telephone consultations where appropriate. An electronic self-service machine had been introduced to enable patients to check in for their own appointments rather than wait for a receptionist. This had freed up some receptionist time to handle incoming telephone calls. We were shown an action plan for how the practice would continue to monitor this.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, could usually get through on the telephone, but might have to wait longer at peak times and could always get an appointment on the same day if it was needed.

### Listening and learning from concerns and complaints

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

- The complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Then practice had designated the practice manager to handle all complaints received.
- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.

The practice had received ten complaints in the last 12 months. We examined these and found they were handled in accordance with their complaints procedure and dealt with in a timely way. Patients received an appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated. It was evident the frequency of complaints had reduced within the last eight months. The practice acted on concerns raised by patient complaints, for example, by ensuring the duty GP gave patients enough time without appearing to be abrupt.

# 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

Polesworth and Dordon Group Practice had a clear mission statement, purpose and vision. This included the aim to provide a high standard of medical care and treat all patients with dignity and respect. The practice mission statement stated the practice aimed to provide 'top quality primary care to patients in a prompt, courteous and professional way'. Staff we spoke with referred to these aims and they were clearly displayed throughout the practice and in literature produced for patients.

### Governance arrangements

The practice had a governance framework in place which facilitated the delivery of care and reflected the practice values. This ensured that:

- The GP partnership team had been strengthened and re-focussed over the last 12 months following a difficult period. GPs, staff and patients we spoke with told this had made a positive improvement to the practice and the service provided to patients. GP partners told us this had also enabled their lead roles to be redefined to bring them into line with their own specialist training, experience and interest.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. This had recently been re-assessed to ensure there was a focus on reducing exception reporting.
- A knowledgeable understanding of the performance of the practice was maintained and changes were made when concerns were identified. For example, with concerns raised in the past about difficulty accessing appointments which had now been resolved.
- Within the last 12 months, two new GP partners had joined the practice. GP partners and practice management told us this had given new energy to the practice team and had enabled all lead roles to be re-assessed and redefined.
- The staff structure was clearly defined and staff were aware of their own roles and responsibilities and who they reported to. The practice provided additional support and training to ensure staff were developed within those roles.

- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.

### Leadership and culture

We saw how the practice GPs and its management had the necessary experience and skills to run the practice and provide appropriate high quality care to patients. Staff we spoke with told us the partners were very approachable and listened to staff ideas and concerns.

There were systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness, approachability and honesty. Staff we spoke with confirmed this. There were appropriate systems in place at the practice to ensure that when things went wrong with care and treatment:

- Patients affected were supported, given an explanation and a verbal and written apology.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.
- Staff we spoke with told us felt valued and supported. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered by the practice.

### 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 a Patient Participation Group (PPG). A 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 four times a year, carried

# Are services well-led?

Good 

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

out patient surveys and made proposals for improvements to the practice management team. For example, improving the patient appointment system. Surveys of patients who used the dispensary were also carried out.

- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- The results from the NHS Friends and Family Test for 2015-2016 showed that 92% of patients who responded were either likely or highly likely to recommend the practice to friends and family.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. For example, we saw evidence of diploma and degree level training being carried out by the nursing team with support from the practice. The practice was also part of a local GP federation, a group of practices that worked together to share best practice and improve outcomes for patients.