

The Beeches Medical Practice

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 The Beeches Medical practice on 6 October 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The majority of feedback from patients about their care was positive.
- The provider was aware of and complied with the requirements of the Duty of Candour.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet people's needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision, which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

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

Summary of findings

- Reduce the possibility of accidental interruption of electricity supply to the vaccine refrigerator, by installing a switchless socket or clearly labelling the plug with a cautionary notice.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information and a 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.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were numerous clinical audits, which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice worked closely with their local Care and Community Coordinator who signposted patients to supportive organisations when appropriate to do so.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with the local Clinical Commissioning Group (CCG) and above the national average in others for several aspects of care.

Good



Summary of findings

- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified frail and vulnerable patients. These patients were referred to the Care and Community Coordinator staff member who offered signposting and supportive information where required.
- The practice held a carers' register and had systems in place, which highlighted to staff patients who also acted as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of patients said they found it easy to make an appointment with a named GP and 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. 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 clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had contacted NHS England's Supporting Change In General Practice team in September 2015. This team engaged with the practice in assisting them in the identification of area for future improvements, interviewed all available staff and devised a report with recommendations on their findings including the development of the practices strategy.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Good



Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk.
- There was a high level of constructive engagement with staff together with a high level of staff satisfaction and enthusiasm.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted upon. The patient participation group was active and an integral part of the practice.
- There was a strong focus on continuous learning and improvement at all levels, including teaching and training.

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 had a higher than average older demographic when compared to national averages, and 2.11% of the patients registered resided in care homes.
- 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 held regular routine weekly visits to two care homes. This involved dedicated time to provide proactive healthcare to this group of patients. In addition, the practice provided 'step up' beds for the Clinical Commissioning Group (CCG) via a local care home to help reduce admissions to the local hospital.
- The practice Community and Care Co-ordinator had a specific remit to engage with older people and set up a Tuesday coffee morning which was very well attended.
- The practice held a frail and vulnerable register of patients and these were discussed at regular multi-disciplinary meetings with other health and social care professionals.

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.
- Specific asthma, Chronic Obstructive Airways Disease (a respiratory condition) and diabetic clinics were run by nurses with GP support.
- Longer appointments and home visits were available when needed.
- 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 frailest 2% of practice patients had an admission avoidance care plan in place, which included many patients with

Good



Summary of findings

long-term conditions. The practice had systems in place to “flag” patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.

- The practice held a list of patients who required palliative care and their GP acted as the lead. The gold standards framework was used for the coordination of end of life care.
- Physiotherapy assessment appointments were available for patients to access at the practice at the time of the inspection.

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, and we saw evidence to confirm this.
- The practice held regular clinical meetings where children at risk, child welfare concerns and safeguarding issues were discussed to ensure awareness and vigilance.
- The practice had a family planning service, which included contraception, and sexual health service.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with two ‘Youth Champions’ to consider ways in which they could engage with young people, including family planning, healthy living/ health responsibility messages. The Youth Champions were working with the patient participation group (PPG) to develop a young person friendly practice website. As a consequence, the practice redesigned the notice boards to ensure there were notices dedicated, and specifically relevant, to young people with the application of ideas from www.mefirst.org.uk a young person’s website.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Same day appointments were available for patients with urgent need.
- Extended pre bookable appointments were available every Tuesday from 7am to 8am with a GP or nurse.
- The practice participated in the Prime Minister's Challenge Fund initiative whereby patients could visit a designated practice in the Shrewsbury area in the evening up to 8pm or on a Saturday morning.
- The practice had set up a Men's Health Awareness event, in conjunction with the patient participation group (PPG) to outline the health conditions specifically for men.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Appointments and prescriptions could be booked online.
- The practice provided NHS health checks to those in the over 40 to 74 age groups.

People whose circumstances may make them vulnerable

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

- We found that the practice enabled all patients to access their GP services.
- 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 and with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations. The practice held routine lunchtime meetings with community nurse colleagues to discuss frail and vulnerable patients.
- The practice Community and Care Co-ordinator contacted vulnerable patients discharged from hospital to ensure they were supported in their own environment.
- The practice completed routine reviews at GP management team meetings of patients discharged from hospital to ensure appropriateness of admission.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities, such as, information sharing, the documentation of safeguarding concerns and in how to contact relevant agencies both in and out of normal working hours.
- All patients on the practice palliative care register were reviewed at least on a monthly basis at their multidisciplinary meetings.

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).

- Clinical staff had received training in the Mental Capacity Act and used this when assessing appropriate patients and the practice carried out advance care planning with their carers for patients with dementia.
- The practice completed dementia assessments and treatment for dementia patients at a local care home.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighteen survey forms were distributed and 125 were returned, a response rate of 57%.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, nine of the 11 were extremely positive about the standard of care received. Two of the completed comment cards were related and the parent had found difficulty in obtaining an appointment for their child and stated they had attended the local hospital and that the parent had had difficulty in obtaining an appointment. The majority of patients had chosen to write a significant amount about how much they valued the practice, the professional approach of the staff, GPs, nurses and all staff inclusively. Their comments included words such as; excellent service, caring, listening and efficient and that the practice took action to get their concerns sorted out quickly.

We spoke with seven patients during the inspection and a member of the practice participation group. All patients said they received excellent care and treatment and found staff to be professional, diligent, approachable, committed and caring.

The Beeches Medical 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 adviser and an Expert by Experience.

Background to The Beeches Medical Practice

The Beeches Medical Practice main practice is located in Bayston Hill, on the south side of Shrewsbury; its branch surgery is a dispensing practice located at Dorrington Village Hall. The main and branch practice are based in purpose built buildings. All patient areas are on the ground floor.

It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 6,132. The practice has a higher proportion of patients aged 65 years and above (24.5%) compared with the practice average across England (17%) and has slightly more patients aged under 18 years (19.4%) than the local CCG (18.6%). The practice provides GP services in an area of least deprivation within its locality. The average life expectancy at the practice for males is 81 years and females 85 years both of which are higher than the local averages of 80 and 83 and national life expectancy averages of 79 and 83.

The practice is open at Bayston Hill, Monday to Friday from 8.30am to 6pm (excluding bank holidays) and every Tuesday provides extended hours between 7am and 8am with pre-booked appointments with the GP or nurse. The Dorrington dispensing branch practice is open from 9am to 1pm Monday, Tuesday, Thursday and Friday and 3pm to 6pm on Wednesdays. In addition, the practice offers

pre-bookable appointments that can be booked in advance. Urgent appointments are also available for patients that need them. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice is a teaching and training practice and often has GPs in training or medical students.

The staff team comprises 29 staff in total, working a mixture of full and part times hours. Staff at the practice include:

- Four GP partners (three male and one female).
- One salaried female GP providing 0.5 whole time equivalent (WTE) hours per week.
- Two GP Registrars.
- Two managerial staff including: practice manager and deputy practice manager.
- Four practice nurses, providing 2 WTE hours.
- Four dispensary staff.
- Four reception staff.
- A Care and Community Co-ordinator.
- Six administration staff two of which are also cleaning staff members.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they offer minor surgery, phlebotomy (taking blood samples) and extended opening hours on Tuesdays from 7am to 8am to offer patients better access.

Detailed findings

The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

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

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2016. During our inspection, we spoke with a range of staff, which included the practice management, nursing staff, administrative and receptionist staff and GPs. We spoke with seven patients who used the service and a member of the patient participation group. We reviewed 11 comment cards where patients shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, during 2015 there were 28 significant events recorded, in 2016 to date there had been 19 significant events recorded. The practice had analysed and segmented the significant events into groups. These included:

- Communication errors / Data Protection/procedural
- Medicine /incorrect dispensing error
- Administration/procedural/software error
- Clinical/prescribing/specimens/patient recall/diagnosis error
- Third party communication error/ referrals/referral procedural/breach of Data Protection errors
- Equipment failures

We found that these were investigated, discussed with the patient's involvement, appropriate measures were taken and the learning from the event shared within the practice to prevent the risk of reoccurrence.

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:

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs this was level three in safeguarding children. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. The practice had electronic systems in place, which flagged patients and families at risk appropriately and removed those who were no longer on the risk register.
- Chaperones were available when needed. Staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and understood their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. An IPC audit of the whole service was completed in 2016. Staff had their handwashing technique assessed and feedback was given to staff when appropriate. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff. We were assured that actions on such areas as one of the clinical couches were planned and following the inspection received confirmation of the actions taken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

Are services safe?

prescriptions, which included the review of high-risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. One of the fridges was located in a double socket with another appliance and there was a potential risk that this could be disconnected and provide an efficacy risk to the medicines stored. The practice assured us that this would be addressed.

- The practice held controlled drugs (medicines that require extra checks and special storage because of their potential misuse) for use in the event of an emergency and had procedures in place to manage them safely. There were arrangements in place for the destruction of controlled drugs.
- 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).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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).

- 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 enough staff were on duty.

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 messaging 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 and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available to staff.
- 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 stored securely. The layout of the building had been considered when siting emergency medicines, for example, where immunisations took place, emergency allergy medicines were to hand.

The practice had a business continuity plan in place for major incidents such as power failure or building damage and a copy was held off site.

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.
- Changes to guidelines were shared and discussed at clinical meetings.

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 showed that the practice had achieved 98% of the total number of points available. The clinical domain QOF exception rate was 6%, which was lower than the CCG and national average of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance rates for all of the diabetes related indicators were in line with local and national averages. For example, 81% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 80% and national average of 78%.
- Performance rates the mental health related indicators were slightly lower than the local and national averages. For example, 81% of patients with severe poor mental health had a recent comprehensive care plan in place

compared with the CCG average of 89% and national average of 88%. Clinical exception reporting was higher at 16%, compared with the CCG average of 12% and national average, 13%.

- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 70%, which was lower than the local CCG average of 85% and national average, 84%. Clinical exception reporting was lower at 4%, compared with the CCG average of 6% and national average, 8%.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months was 72%, which was lower than the CCG average and national average of 75%. Clinical exception reporting however was also lower at 1%, compared with the CCG average of 6% and national average, 7.5%.

The frailest 2% of practice patients had an admission avoidance care plan in place, which included many patients with long-term conditions. The practice had systems in place to “flag” patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.

There had been a wide range of clinical audits completed in the last two years. There was evidence of quality improvement including clinical audit. The practice had an appointed GP Lead for clinical audits and we saw summaries of 14 completed within the last two years. We reviewed two of three completed second cycle audits. We found that where improvements were needed these were implemented and monitored. Findings were used by the practice to improve services and information about patients' outcomes was used to make improvements, for example:

- Recent action was taken in response to an audit on whether long acting reversible contraception advice was being provided during general contraceptive consultations in line with National Guidance). The practice produced an action plan, which included use of a template to document pill checks, presenting their findings to the practice audit meeting, the introduction of a template, and a further audit, which showed improvements from 37% to 60%. A repeat audit was planned for within 12 months.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff had undertaken additional training such as a diploma in managing asthma in primary care.
- 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 learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs. The staff had a regular annual appraisal and planned dates were in place for staff who had yet to receive an appraisal. All said that their training and development needs had been met and that they had been able to approach the senior management team if they had had any concerns.
- There was adequate clinical capacity within the practice to meet anticipated demand, including internal cover for holiday leave and other planned absences.

Working with colleagues and other services

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

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

- This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice identified patients approaching the end of their life and there were processes in place to monitor and appropriately discuss the care of patients with end of life care needs.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed.

The practice provided support and regular visits to local care homes and over 2% of the practice's registered patients resided in care homes one of the highest in the county. All care home patients were supported through a Care Home Advanced Scheme (CHAS) plan and the clinical staff analysed admissions and any deaths in these groups in order to maintain high standards of care.

Are services effective?

(for example, treatment is effective)

The practice had a strong liaison relationship with the voluntary sector and third parties (such as the local Housing Associations) and the practice's Care and Community Coordinator strengthened this. A good recent example of joint support working was the local coffee morning on Tuesdays, which had become a social event and meeting place, which was supported by the practice.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had completed training on consent and the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Appointments with a physiotherapist were available for patients with musculoskeletal conditions at the time of the inspection.
- Help2Change (a local health initiative) support and advice was available at the practice such as, smoking cessation advice and help to slim advice.
- The practice held a register of patients living in vulnerable circumstances including 60 patients living with a learning disability. All patients with a learning disability had received an annual health assessment.

- The practice had developed youth champions to provide teenage support to those under 18 years old targeting family planning, healthy living/ health responsibility messages.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was higher than the national averages. The practice encouraged its patients to attend national screening programmes:

- 79% of eligible females aged 50-70 had attended screening to detect breast cancer. This was slightly higher than the CCG average of 76% but higher than the national average of 72%.
- 66% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was slightly higher than the CCG average of 62% and national average of 58%.

The practice was aware of the percentage uptake for the cervical screening programme of 82%, which was in line with the CCG average of 83% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results. The practice informed us that the yet unpublished results from 2015/16 had shown improvement.

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 96.5% to 100% and five year olds from 91% to 93%.

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. The practice were considering the appointment of a healthcare assistant to further support this work.

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 consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The majority of patients had chosen to write a significant amount about how much they valued the practice, the GPs, nurses and all staff inclusively. We spoke with seven patients during the inspection and a member of the practice participation group. All patients said they received excellent care and treatment and found staff to be professional, diligent, approachable, committed and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the compared to the CCG average of 94% and national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 107 patients as carers (1.7% of the practice list). The Care and Community Co-ordinator provided signposting information for carers at

the practice. Carers could contact her directly or visit the practice to meet with her. Patients could self-refer or be referred by the GPs and nurses. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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.

- The practice provided extended hours appointments every Tuesday from 7am to 8am.
- Patients could directly access physiotherapy and self-refer without GP authorisation.
- The practice had the largest percentage of dementia patients in the Shrewsbury locality. In response to this they provided a dedicated weekly GP service at local nursing homes.
- Specific asthma and respiratory conditions, Chronic Obstructive Airways Disease (COPD) and diabetic clinics were provided for patients, which were nurse led with GP support.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, translation services available, and a hearing loop.
- There were longer appointments available for patients with a learning disability.
- Home visits were prioritised in line with NHS England's guidelines. Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- Patient Access was available to all patients aged 16 and over. Patient Access allowed patients to book appointments, order repeat prescriptions, update address details and view all aspects of their medical record online 24 hours a day.
- The practice was responsive to the needs of older people, and offered yearly health checks to all those aged 75 and over. The practice held regular routine weekly visits to two care homes. This involved dedicated time to provide proactive healthcare to this group of patients. In addition, the practice provided 'step up' beds for the Clinical Commissioning Group (CCG) via a local care home to help reduce admissions to the local hospital.
- Emergency admissions to hospital were reviewed and patients contacted on discharge to review their care needs if required.

- The practice set up a 'Men's Health Awareness Event' in conjunction with the PPG, to outline the health conditions specifically for men.
- The practice worked with two 'Youth Champions' to consider ways they could engage with young people. As a consequence the practice redesigned the notice boards to ensure there were notices dedicated, and specifically relevant, to young people with the application of ideas from www.mefirst.org.uk a young person's website.

Access to the service

The practice was open at Bayston Hill, Monday to Friday from 8.30am to 6pm (excluding bank holidays). Every Tuesday the practice provided extended hours between 7am and 8am with pre-bookable appointments with the GP or nurse. The Dorrington dispensing branch practice was open from 9am to 1pm Monday, Tuesday, Thursday and Friday and 3pm to 6pm on Wednesdays. In addition to pre-bookable appointments, GP telephone consultations and urgent appointments were also available for people that needed them. The practice participated in the Prime Minister's Challenge Fund initiative whereby patients can access a designated practice in the Shrewsbury locality of an evening up to 8pm or on Saturday mornings. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider.

Results from the national GP patient survey, July 2016, showed patient's satisfaction with how they could access care and treatment when compared to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Two patient comment cards reported they had had difficulty accessing appointments, nine were positive on appointment access and the seven patients we spoke with and the PPG member were positive about access to the service.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- 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 in various formats to help patients understand the complaints system.

There had been 11 complaints received in the last 12 months. We reviewed three and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency when dealing with the complaint, which included the complainants' involvement. Lessons were learnt from individual concerns and complaints. There was an analysis of trends, action was taken as a result, to improve the quality of care, and this was shared with all practice staff. Complaint records reviewed demonstrated that complaints were recorded and well documented.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement, which was staff knew and they understood the practice values. Staff members told us that they put patients at the heart of everything they do.
- The practice took the opportunities available to them to provide patients with more services, for example, the provision of in-house physiotherapy.
- The practice had a clear strategy and supporting business plan, which reflected the vision and values and this was regularly monitored.
- The practice also met with other practices in the Clinical Commissioning Group (CCG) locality to consider and develop local robust health strategies and discuss supportive business plans to meet the needs of the local population.
- The practice was actively involved in wider engagement such as with the CCG Federation, Local Medical Committee locality board and patient groups. They attended strategic meetings and were involved in developing new ways of working.
- The practice had contacted NHS England's Supporting Change In General Practice team in September 2015. This team engaged with the practice in assisting them in the identification of area for future improvements, interviewed all available staff and devised a report with recommendations on their findings including the development of the practice's strategy.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had produced a practice organisation chart with defined roles and responsibilities and could refer to these outlines.

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular meetings. There was a clearly dated meeting planner in place for staff to refer to.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff told us the partners were approachable and always took the time to listen to all members of staff. All staff

Are services well-led?

Good 

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

were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Staff at the practice were enthusiastic, driven toward patient health improvement and demonstrated patient focussed objectives such as:

- Nursing staff were autonomous in ensuring that patients with long term conditions had their condition management needs met and that performance in relationship to this was achieved. The GPs were involved in support and in respect of any clinical change.
- GPs each had lead responsibilities and these were actively monitored.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met monthly and the minutes of their meetings were displayed, they carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG advised that there was a GP present at most meetings.

The PPG had with the practice improved areas such as:

- GP locum provision and continuity for patients was a concern the PPG discussed with the practice and they now have a GP locum bank staff to improve continuity.
- Waiting times to be seen had been discussed and a salaried GP was recruited to the practice to improve GP access.

- Young Health Champions were invited to attend the PPG meetings and to assist with the practice website layout to be young people friendly and raise awareness of the services available to them.
- The practice had gathered feedback from staff through staff meetings, appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said they could add to the practice meeting agenda and in meetings discuss their thoughts and ideas; they felt involved and engaged in how the practice was run.

Continuous improvement

The practice was a teaching and training practice for GP registrars and medical students. There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice engaged the NHS England's Supporting Change In General Practice team to receive an independent opinion to identify areas for further improvement. Their strategy and aims for the next few years included for example:

- To develop the partnership following recent staff changes and succession plan.
- To develop an integrated clinical team by evaluating the skillset of the nursing team and based on these findings restructuring and exploring the potential for a healthcare assistant.
- To benchmark the practice and implement improvement were possible.
- To make the practice robust in the face of likely and unforeseen challenges, and 'futureproof' from potential changes in the nature of primary care.