

Much Wenlock Medical Practice

Quality Report

Much Wenlock
Kingsway Lodge
King Street
Much Wenlock
TF13 6BL

Tel: 01952 726011

Website: www.muchwenlockandcressagemp.co.uk

Date of inspection visit: 16 November 2015

Date of publication: 24/12/2015

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

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Much Wenlock Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Much Wenlock and Cressage Medical Centre on 16 November 2015. 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure all staff complete regular staff fire safety awareness training.

Summary of findings

- Consider individual risk assessments for staff who provide a chaperone service without a Disclosure and Barring Service (DBS) check rather than a group risk assessment.
- Consider surveying staff opinion on their views on the group appraisal system in place for non-clinical staff on a biennial basis.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and 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 people 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 showed patient outcomes were comparable to other practices in the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff and personal development plans for clinical staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients found the practice comparable to others in the locality for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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. For example, in medicines management and in monitoring accident and emergency attendances where these may have been avoided. The practice had lower attendance rates at 9.94 per 1,000 population when compared to the national average of 14.4.
- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular team, management, clinical staff and multi-disciplinary team meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice had 2669 patients aged 60 plus with 507 over the age of 80 years. The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One of the practice GPs provided a weekly ward round at a residential home for older people with a dementia care unit and one nursing care home. They were looking to increase this service to a twice weekly to improve patient care and timeliness of response.
- They provided a domiciliary flu vaccination programme to patients assessed as unable to visit the practice and to the local nursing and residential homes.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had a named GP and a structured annual review to check that 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 practice participated in the Care Homes Advance Scheme (CHAS) and also some Directed Enhanced Services (DES) such as avoiding unplanned admissions to support patients with long term condition management.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Twenty-two point seven five percent of the practice patients were aged 0 to 19.

Good



Summary of findings

- 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's uptake for the cervical screening programme was 80.76%, which was comparable to the national average of 81.88%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice offered a specific child immunisation clinic at both practice locations once a week in an afternoon to allow parents to work around school collection times.
- The practice offered a full family planning service.
- There was a term time weekly nurse led drop in clinic at the local secondary school, where the practice nurse deals with both registered patients of the practice and students from outside the practice area. They provided medical services to an independent private co-educational international day/boarding school with approximately 404 pupils.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online and telephone services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice ran flu clinics on Saturday mornings and during the extended opening hours sessions on a Monday evening.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The Practice actively identifies patients who are considered to be “Frail and Vulnerable” and held monthly multi-disciplinary team meetings to discuss their care.
- It offered longer appointments for patients with a learning disability and sign posted vulnerable patients in how to access various support groups and voluntary organisations.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

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

Good



Summary of findings

What people who use the service say

The national GP patient survey results published July 2015. The results showed the practice was performing in line with or slightly lower than the local Clinical Commissioning Group (CCG) averages and national averages. Two hundred and fifty-five survey forms were distributed and 128 were returned. This gave a response rate of 50.2%.

- 79.3% found it easy to get through to this surgery by phone compared to a CCG average of 85% and a national average of 73.3%.
- 86.9% found the receptionists at this surgery helpful (CCG average 90.1%, national average 86.8%).
- 80.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.4%, national average 85.2%).
- 87.3% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).

- 69.8% described their experience of making an appointment as good (CCG average 82.1% national average 73.3%).
- 60.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.9%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were positive about the standard of care received. Comments were positive about the professional approach and support provided by the clinical staff and about finding all practice staff to be, caring, polite and friendly. Two patients commented negatively on the practice's appointments system. We spoke with nine patients during the inspection. All said that they were happy with the care they received and thought that the practice staff were kind, approachable and caring.

Much Wenlock 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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Much Wenlock Medical Practice

Much Wenlock and Cressage Medical Practice is located in Much Wenlock with a branch location in Cressage, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group (CCG). They are a dispensing practice situated in a rural locality. The two sites are the base for all members of staff of the Much Wenlock & Cressage Medical Practice.

The total practice patient population is 7,906. The practice has a higher proportion of patients aged 65 years and above (37.9%) which is higher than the practice average across England (26.5%). They have a lower than average number of patients aged 0-4 years (3.7%) when compared to the practice average across England (6%).

The staff team comprises seven GPs, five female and two male. Four GPs are partners in the practice and three are salaried GPs. The nursing team includes a Nurse Manager, two practice nurses and a healthcare assistant. The practice management team includes a practice manager, office manager, data manager and dispensary manager. The practice is supported by two dispensary assistants, a

personal assistant, nine receptionists and two medical secretaries. There are a total of 29 staff employed working full or part time hours with two part time staff vacancies recently advertised.

The practice is a training practice for medical students from Keele University who visit the practice at various stages of their medical education. The practice also provides one year placements for GP Registrars (qualified doctors who wish to specialise in general practice), prior to commencement of their career in that field. Qualified nurses are also received on placement to gain experience in practice nursing prior to joining primary care.

The practice is open at Much Wenlock from Monday to Friday between 8.30am to 6pm, with appointments also available 6.30pm to 8.30pm on Monday evenings. The practice at Cressage is open between 8.30am to 12.30pm and 2pm to 6.00pm, but closes on Fridays at 12.30pm. The GPs work on a rota system across both locations and details of which days they are on duty are shown on the website and within the practice brochure. 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 telephones switch to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

The practice provides a number of clinics, for example long-term condition management including asthma, diabetes, and high blood pressure. There is a thriving walking/exercise group in Much Wenlock. The practice offers health checks and smoking cessation advice and support. The practice also provides a nurse led osteoarthritis clinic and a nurse led telephone service for

Detailed findings

general health promotion advice and explanation of test results. The practice provides an in-house counselling service, phlebotomy service (blood taking), family planning clinic and a dispensary service for Cressage registered patients.

One of the practice staff vacancies is for one of the community care coordinators, a local CCG initiative, where staff sign post patients or their families/carers to various local organisations to promote and enable independent living.

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 are a dispensing practice, offer minor surgery and the childhood vaccination and immunisation scheme for their patients.

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 16 November 2015. During our visit we spoke with a range of staff which included the practice manager, dispensary staff, nursing staff, data management staff, receptionists and GPs. We spoke with nine patients who used the service and members of the patient voice group. We reviewed 21 comment cards where patients, members of the public and staff shared their views and experiences of the service.

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 all staff reported directly to the practice manager who recorded and collated these on the practice's electronic system. This data was entered onto a spreadsheet which enabled the practice to share events with others, analyse data and monitor for any trends.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. There had been 28 significant events reported in the past 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, on one occasion when the practice was closed for training, the Health Visitor (HV) had not been informed and patients appointments to see the HV were booked when the practice was closed. This was discussed at a staff meeting. The outcome was that staff ensured planned practice closures were entered onto their electronic systems so clinic appointments could not be inappropriately entered.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the waiting room advised patients of the chaperone service. All staff who acted as chaperones were trained for the role, and non-clinical staff who provided this service had a group risk assessment completed were they had not been in receipt of a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last audit took place in July 2015. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were robust systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice dispensary dispensed to over 40% of the practice population due to its rural location. This was managed with a dispensary manager and two dispensary staff. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. There were arrangements in place for the destruction of controlled drugs.

Are services safe?

- The local CCG medicines management team visited the practice and supported them to implement changes to prescribing and assist with the overall medicines spend as well as completing polypharmacy reviews (reviews of patients on multiple medicines). The practice demonstrated that all patients on repeat medicines had been in receipt of at least an annual medicine review.
- There was a system in place for the management of high risk medicines such as disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.
- We reviewed five personnel files and found that 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. The practice had up to date fire risk assessments. The practice manager and staff were all able to describe what they would do in the event of fire. Some staff had not had regular staff fire safety awareness training, the practice manager gave assurances that all staff would be in receipt of this training. The practices' health and safety policy was last updated in January 2015. The last health and safety audit took place in January 2014 and the practice manager was aware that a further audit was overdue and said a further audit would be undertaken.
- 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

also 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. The legionella risk assessment did not contain specific information as to why the practice considered the risk to be low.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff in general worked regular set days with arrangements in place to cover each other in the event of staff holidays or sickness. Staff we spoke with felt there were sufficient staff available to meet patients' needs.

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 at both practice locations.
- The practice had a defibrillator available on the premises at both locations as well as oxygen with adult and children's masks. There were also first aid kits and an accident book available at both locations.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' 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 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 94.5% of the total number of points available. We found the practice clinical exception reporting to be slightly better than the Clinical Commissioning Group (CCG) and the England averages. (The QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a side-effect).

The practice performance for diabetes in the six related indicators was similar to the CCG and national averages. The diabetic foot screening service offered clinics at the practice and patients received information and an offer to attend these clinics. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2013 to 31/03/2014) was comparable to other local practices at 91.8% and better than the national average of 88.35%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2013 to 31/03/2014 showed;

- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national averages.
- Performance for mental health related indicators was comparable to the national averages.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 75% when compared with the national average of 83.82%.

Clinical audits demonstrated quality improvement. For example:

- We saw examples of a number of clinical audits completed in the last two years, as well as numerous monthly clinical audit review searches completed. We saw examples of completed audit cycles where improvements had been implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, they assessed the numbers of female patients who remained on hormone replacement therapy (HRT) over the age of 54 years, or for longer than five years, regardless of age. In 2013 they found that there were five patients and in the repeat audit in 2015 two patients were found, demonstrating a reduction in number following the implementation of changes and raising awareness following the audit. Following the 2015 re-audit the practice altered the medicine electronic template which the practice nurses used to trigger a review of the type of medicine for HRT the patient took and patients were seen for a medicine review.
- There had also been recent action taken as a result of an interim audit of written consent between 1st April 2015 and 31st October 2015. In three cases there was no record of consent. The three cases without consent were performed by locum GPs and in two implied consent could reasonably be assumed. The actions following the audit included; encouragement for all clinical staff to use their minor surgery template and to record consent; encouragement of the use of written

Are services effective?

(for example, treatment is effective)

consent as the default for all cutting procedures, ensure all staff were aware of the consent policy and relevant forms, and to complete a further audit of minor surgery procedures at end of March 2016.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- An example of an audit on the effectiveness of training included an audit of reception and administrative staff's awareness and ability to recognise and refer patients with stroke systems. The audit in August 2015 demonstrated that staff had a good awareness of stroke symptoms, and were also able to identify incorrect stroke symptoms. The outcome the practice wanted to achieve was improved staff knowledge of patients presenting with stroke symptoms that could be admitted and treated promptly, reducing morbidity and improving their long term health as an outcome. An education programme was put in place to improve any knowledge gaps and highlight any further areas to consider for future teaching. A reaudit is planned to reassess staff progress and awareness.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months. Non clinical staff had annual appraisals, group and individual appraisal formats had been used. Staff we spoke with did not comment on the group appraisal system. We discussed group appraisal with the practice manager in terms of their ability to determine the development needs of individuals in respect of performance and staffs individual opportunities to share concerns. The record of the group appraisal was presented in minuted format which

included headings such as; 'Practice and team objectives', the team was asked to identify two things that would improve their work as an individual, a team or as a practice, amongst other questions. In 10 of the 13 evaluation forms returned staff suggested the availability of more appointments.

- 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.

Coordinating patient care and information sharing

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. Information such as NHS patient information leaflets were also available.
- The practice participated in the Care Homes Advance Scheme (CHAS) which aimed to reduce admissions to main hospitals and reduce the need for emergency (A&E or ambulance) care and also Avoiding Unplanned Admissions and Dementia Directed Enhanced Services. The Directed Enhanced Services are schemes that commissioners are required to establish or to offer contractors the opportunity to provide, linked to national priorities and agreements.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

There were a number of associated professionals providing a service to patients at the practice which included: counselling, memory clinics, diabetic foot screening, health

Are services effective?

(for example, treatment is effective)

visitor service, midwifery clinics, 'help to change' clinical staff offering Help2Slim, Help2Quit and NHS Healthchecks. The practice was supported by a community based pharmacist, community matron, district nursing service and clinical nurse specialist in palliative Care. GPs also referred patients when assessed as appropriate into a Falls Prevention Clinic

They provided a domiciliary flu vaccination programme to patients who due to mobility, fragility and over health concerns were assessed as to unable to attend the practice and to the local nursing and residential homes. As not all of their older population had access to the internet they provided a telephone repeat prescription request service.

The Practice had in the recent past employed a Community Care Co-Ordinator able to assist and signpost patients to obtain appropriate support as their needs change. This post was vacant at the time of the inspection and the practice was in the process of recruiting to fill this position.

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.
- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice staff told us that communication and knowledge of their patients within the local community was the key to effective health promotion and prevention. The practice had regular updates of health topics on their website and notice boards.

- We found that the practice offered a practice nurse led osteoarthritis clinic which the practice nurses had completed additional education and training to provide for their patients. We saw that the percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent (01/04/2013 to 31/03/2014) was 83.33% which was comparable to the national average of 81.27%. The practice had been recently nominated for an award by a well-known journal for this service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. This included a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice's uptake for the cervical screening programme was 80.76%, which was comparable to the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 92% to 100% and five year olds from 89.2% to 93.8%. Flu vaccination rates for the over 65s were 70.17%, and at risk groups 53%. These were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with nine patients and four members of the patient voice group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected at both locations. Comment cards highlighted that patients were treated 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. The practice results were similar when compared with other practices in its satisfaction scores on consultations with doctors and nurses. For example:

- 91.1% said the GP was good at listening to them compared to the CCG average of 95% 92.9% and national average of 88.6%.
- 90% said the GP gave them enough time (CCG average 92%, national average 86.6%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 95.2%).
- 82.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 85.1%).

- 89.4% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 86.9% said they found the receptionists at the practice helpful (CCG average 90.1% national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

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

- 87.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.6% and national average of 86.0%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.8% and national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language.

The practice completed an audit of patients' place of death preference over a 12 month period between 2012 and 2013. In summary 16 of the 19 patients with a cancer diagnosis died in the place of their choosing, this equated to 84%. Of the 36 patients who died of causes other than cancer, 19 of the 36 died at a place of their choosing which equated to 52%. In summary 63% of the patients overall died at home and 33% died in hospital. There were plans to repeat this audit.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19.9% of the practice list as carers. 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. The practice also sent a bereavement card. Following a phone call the GP either set up a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on supportive services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice GPs had attended a public meeting at the local Town Hall to discuss the challenges within primary care and enable feedback on the services provided.
- There were longer appointments available for patients with a learning disability. Most of the practice staff lived within the local community and so were aware of vulnerable patients and were able to highlight issues that might not otherwise have come to light.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for all patients including children and those with serious medical conditions.
- The practice had 47 patients on the practice Mental Health Register and completed annual reviews and completed care plans for these patients. Patients identified as in crisis or at risk have an alert added to their record to ensure practice staff are aware of the need for them to be seen quickly should they contact the practice. These patients were considered as frail and vulnerable and discussed when appropriate in the practice frail and vulnerable multi-disciplinary team (MDT) meetings.
- The Practice actively identified patients who are considered to be "Frail and Vulnerable" and held monthly multi-disciplinary team (MDT) meetings to discuss their care, as well as monthly palliative care MDT meetings for patients with terminal disease and those approaching end-of-life.
- The practice offered a 'one-stop shop' for multiple conditions to minimise the inconvenience of multiple practice visits in such a rural location.
- GPs conducted telephone consultations for patients assessed by the GP and agreed by the patient as not requiring a physical examination or requiring interim advice. The GPs also completed telephone triage calls (determining the priority of patients' treatments based on the severity of their condition).
- The practice provided minor surgery for joint injections and in the treatment for example of infected cysts.
- One GP had Ear Nose and Throat specialist skills and knowledge and provided an in-house nasal cautery and Epley manoeuvre procedures for its patients. (The Epley manoeuvre involves performing four separate head movements to move the fragments that cause vertigo to a place where they no longer cause symptoms).
- The practice offered family planning services including the insertion of contraceptive devices.
- There were disabled facilities and translation services available.
- The practice provided a phlebotomy (blood taking) service for its patients with the healthcare assistant and practice nurses.
- The practice provided a dispensary service for its registered population.
- The practice funded an in-house counsellor for its patients who provided weekly sessions at the practice.
- Medical services were provided to Concord College, an independent private co-educational international day/boarding school with approximately 404 pupils, many of whom are far from their home and family support.
- Over two years ago the Practice, in conjunction with the Severn Hospice, set up a Compassionate Communities (CoCo) group, run by volunteers who are patients of the practice. The group works with vulnerable patients, offering them help and support to integrate them back into the community with the further support of the practice and lead GP.
- To assist working age patients with accessing services the practice offered extended opening hour appointments on a Monday evening from 6.30pm to 8.30 pm at their Much Wenlock main practice location.
- There was a traveller's site opposite the Cressage branch location. The practice actively encouraged travellers to register with the practice to gain access to primary care services, such as long term condition monitoring.

Are services responsive to people's needs?

(for example, to feedback?)

- Domiciliary visits were completed by one of the GPs at the practice on a regular weekly basis with a view to extend this to twice weekly to the two local residential care homes and a nursing home.

Access to the service

The practice was open at Much Wenlock; Monday to Friday between 8.30am to 6pm, with appointments also available 6.30pm to 8.30pm on Monday evenings. The practice at Cressage was open between 8.30am to 12.30pm and 2pm to 6.00pm, and closed on Fridays at 12.30pm. The GPs worked on a rota system across both locations and details of which days they were on duty were on the practice website and within the practice brochure. The practice monitored the appointments to ensure they responded to patients' needs and meet demand. Should the demand for appointments increase the practice added extra appointments onto the existing clinics or in rare circumstances consider a locum GP to cover additional sessions. Urgent appointments were available for patients that needed them. 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. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was worse than local and national averages. Patients told us on the day of the inspection they were able to get appointments when they needed them.

- 55.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 74.9%.
- 79.3% of patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73.3%).
- 69.8% patients described their experience of making an appointment as good (CCG average 82.1%, national average 73.3%).
- 60.9% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.9%, national average 64.8%).

The practice had conducted its own survey in 2013/2014 on their appointments system and 158 patients completed some or all of the survey. Their results showed that:

- 77.85% contacted the practice by phone to make their appointment
- 3.16% booked their appointment via the on-line booking system
- 54.55% got through to the practice with one call
- 27.27% got through after several attempts
- 0.76% were unable to get through to the practice
- 94% of patients who responded found the staff who dealt with their enquiry to be either helpful or very helpful
- 92% of patients who responded felt they were treated as an individual and listened to by the reception staff.
- 84% of patients who responded were satisfied with the appointment system
- Of the patients who requested a same day appointment 71.25% received an appointment that day. Of those unable to obtain a same day appointment 84.62% were offered a phone call from the duty doctor and 15.38% were offered the nurse triage service.
- Of the patients who did not require an appointment that day, 78.31% were offered an appointment within a suitable time period. The longest wait for a routine, non-urgent appointment was 4 weeks.
- 84% of patients who requested to see a specific doctor were given an appointment with the doctor of their choice. Of those who were unable to see a specific doctor; 74.19% were offered an alternative that was acceptable to them.
- 95.52% of patients who responded were satisfied with the treatment/advice received
- 95.16% of patients who responded felt they were treated as an individual and listened to.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice waiting room and at reception in the form of complaints summary leaflets.

The complaints received in 2014/2015 numbered 16 and nine were upheld. In 2015/2016 to date there had been seven complaints received. We found these were satisfactorily handled, dealt with in a timely way with openness and transparency when dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 staff were aware that the practice had a written mission statement which underpinned staff knowledge and awareness of the practice ethos and values. The practice strategy was to continue to provide a safe, quality service to their patients and local community. The practice business plan and priorities were discussed and the practice held regular meetings as partners, management and staff meetings to monitor, learn and where necessary improve service provision to their patients. The practice outlined their leadership priorities for the year and these included the improvement to patient's appointment experiences, maintenance of financial viability, and consideration of staff succession planning.

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.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff training and development was individually led and organisationally supportive including that of medical students.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. (This where the provider is open and transparent with people who use the practice in relation to their care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong).

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 that the practice held regular meetings and they received copies of the minutes of the meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident supported in doing so should the need arise.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through patient's comments, surveys, complaints and suggestions and had a patient participation group (PPG), entitled, Much Wenlock and Cressage Patients' Voice.

Are services well-led?

Good 

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.