

Tenbury Surgery

Quality Report

34 Teme Street
Tenbury Wells
WR15 8AA
Tel: 01584 810343
Website: www.tenburysurgery.co.uk

Date of inspection visit: 11 February 2016
Date of publication: 27/05/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Tenbury Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tenbury Surgery and their dispensing branch at Clee Hill Surgery on 11 February 2016. The overall rating for this service is good.

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

- Information was provided to help patients understand the care available to them.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients' needs were assessed and care was provided to meet those needs in line with current guidance. Staff had the skills and expertise to deliver effective care and treatment to patients, and this was maintained through a programme of continuous development to ensure their skills remained current and up-to-date.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an open and transparent approach to reporting and recording these and learning was shared with staff at meetings relevant to their roles and responsibilities.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a structured framework for quality and governance to maintain the quality and safety of the service for patients.
- 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.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and encouraged to report incidents and near misses. Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well-managed with enough staff employed to keep patients safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence that annual appraisals were carried out routinely and staff were supported with their continuing professional development.
- Clinical audits had been carried out in order to demonstrate quality improvement to services provided.
- Regular multidisciplinary team meetings were held to understand and meet the range and complexity of patients' needs. District nurses and palliative care nurses attended these meetings.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were involved in decisions about their care and treatment, and were treated with compassion, dignity and respect. We also saw that staff treated patients with kindness and a patient centred culture was prevalent at the practice.
- Results from the National GP Patient Survey published in January 2016 showed that patients rated the practice higher than others for several aspects of care including being treated with care and concern.

Summary of findings

- We received 77 comment cards which were almost all extremely positive about the standard of care received by patients at the practice. Patients commented that they found all staff very helpful and professional; that nothing was too much trouble and staff always went the extra mile.
- The practice supported patients who were carers and offered referrals for social services support and to the Worcester Association of Carers. An information board was provided in the waiting room that was dedicated entirely to carers.
- Patients told us that patients received excellent care from the GPs and the nurses and that practice staff were very caring.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice GPs cared for palliative care patients in the community and in the community hospital where there was a palliative care suite. This was felt to be an invaluable service as the nearest hospice was over 20 miles away.
- Patients could access appointments and services in a way and at a time that suited them and the system in place met their needs.
- The practice building was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.

Good



Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active Patient Participation Group (PPG) which was positive about their role in working with the practice to respond to patients feedback and make improvements where needed.
- Staff morale was high with a high level of staff satisfaction. The practice encouraged a culture of openness and honesty. High standards were promoted and owned by all practice staff and teams worked together across all roles.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held regular multidisciplinary integrated care meetings where all patients on the palliative care register were discussed.
- The practice had been influential in setting up a new Pro Active Care Team which looked after the frail elderly and care home patients at the practice. The Practice Manager was the Strategic Lead for this project who contributed to the operating model.
- The practice was engaged with a locality project working with Age UK which allowed patients a home visit from Age UK to assess their needs and assist them with social and environmental issues, and to help patients to maintain good health.

People with long term conditions

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

Good



- There were systems in place to monitor patients with chronic diseases. The practice nurses had lead roles and closely monitored patients at risk of hospital admission. Longer appointments and home visits were available when needed.
- The quality monitoring data (QOF) for 2014/2015 showed that the percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 81% which was in line with the CCG and the national averages.
- Patients had a named GP and a structured annual review to check that their health and medicine needs were being met. Where patients had more than one health condition patients were encouraged to attend for holistic reviews to reduce the number of visits they needed to make to monitor their conditions.
- For those patients with the most complex needs, the GPs and practice nurses worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances.
- Childhood immunisation rates for the vaccinations given were in line with the local Clinical Commissioning Group (CCG) averages.
- 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 worked regularly with other partners such as health visitors and shared any concerns they had.
- Appointments were available outside of school hours and the practice also offered online services which included booking appointments and requesting repeat medicines.

Working age people (including those recently retired and students)

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

Good



- The 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 offers extended hours for appointments from 8am to 6.30pm Monday to Friday and on a Saturday morning from 8am to 12.30pm to accommodate those patients who had work commitments.
- The online service allowed patients to order repeat prescriptions and book appointments.
- The practice offered a full range of health promotion and screening services that reflected the needs of this age group. The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Practice nurses offered travel vaccination clinics, immunisations, smoking cessation advice, cervical cytology and NHS Health checks

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability. Annual health checks were carried out and longer appointments were offered to patients in this population group. There were 45 patients on the practice register and reviews of their care had been carried out with 30 patients (67%).
- Easy read leaflets were given to patients with a learning disability which contained photographs and pictures to aid their understanding of the information provided.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients and patients receiving palliative care. Patients were provided with information about how to access various support groups and voluntary organisations.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients living in vulnerable circumstances including those patients with dementia and severe mental disorders.
- Clinical staff understood the requirements of the Mental Capacity Act 2005. Staff had received training on how to care for patients with mental health needs and dementia.
- The percentage of patients diagnosed with dementia whose care has been reviewed for 2014/2015 was 74% which was comparable to other practices within the Clinical Commissioning Group.
- The practice had given patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. The National GP Patient Survey results published in January 2016 showed varied results for the practice when compared with local and national averages. Of the 246 surveys sent to patients, 108 responses were received which represented a response rate of 44%.

The following results showed that the practice scored above local and national averages in relation to the following:

- 95% of patients found it easy to get through to this practice by telephone which was above the Clinical Commissioning Group (CCG) average of 76% and the national average of 73%.
- 90% of patients found the receptionists at this practice helpful which was above the CCG average of 89% and the national average of 87%.
- 97% of patients said the last appointment they got was convenient which was above the CCG and the national averages of 92%.
- 87% of patients described their experience of making an appointment as good which was above the CCG average of 78% and the national average of 73%.

The following results showed below average scores when compared with local and national averages:

- 46% of patients said they usually waited 15 minutes or less after their appointment time to be seen which was below the CCG average of 64% and the national average of 65%.

- 52% of patients felt they did not normally have to wait too long to be seen which was below the CCG average of 60% and the national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 77 comment cards which were almost all extremely positive about the standard of care received. Patients commented that they found all staff very helpful and professional; that nothing was too much trouble and staff went the extra mile to help and support them; that they had always received an excellent service; the practice staff were very caring and always treated them with dignity and respect; that the GPs and nurses gave them first class treatment and they could not wish for a better service. Four patients commented that the standard of care they received was very good but they often waited some time for their appointment. Another patient stated that it took too long to get an appointment and two patients had not liked being asked by receptionists whether their request for an appointment was an emergency.

During the inspection we spoke with ten patients, three of whom were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurses and all but one patient said they could always get an appointment when they needed one.

Tenbury Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP and Practice Manager specialist advisors, and an expert by experience. An expert by experience is a person who has experience of using this particular type of service, or caring for somebody who has.

Background to Tenbury Surgery

Tenbury Surgery provides primary medical services for patients in the market town of Tenbury Wells which is situated in the north west of Worcestershire. It also has a branch surgery, Clee Hill Surgery from which a dispensary is operated. Tenbury Surgery is a GP training practice. The GPs train both medical students and qualified doctors (trainee GPs) in their specialist training placements, and nurses train student nurses.

There are four GP partners, one salaried GP, one trainee GP and one medical student at the practice. The GPs are supported by a practice manager, an independent nurse prescriber, two practice nurses, a health care assistant (HCA), and administrative and reception staff.

The practice has 9,387 registered patients which includes patients in five local care homes. The practice population consists of higher numbers of patients over 65 years of age (29%) compared to the local area average of 21% and the average across England (17%).

The practice treats patients of all ages and provides a range of medical services. This includes disease management

such as asthma, diabetes and heart disease. Other appointments are available for services such as minor surgery, smoking cessation, maternity care and family planning.

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

The practice offers appointments from 8am to 6.30pm Monday to Friday and extended hours on a Saturday morning from 8am to 12.30pm.

The practice does not provide an out-of-hours (OOHs) service, however if patients call the practice when it is closed, an answerphone message advises them to call 111 for the OOHs service or 999 for emergencies. Information on the OOHs service is provided to patients on the practice's website and in the patient practice leaflet.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before our inspection of Tenbury Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted NHS South Worcestershire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 11 February 2016. During our inspection we spoke with a range of staff that included two GPs at the practice and one on the telephone, the practice manager, an advanced nurse practitioner, a nurse practitioner, a practice nurse and reception and administration staff. We visited the branch surgery and spoke with two dispensers. We also looked at procedures and systems used by the practice. During the inspection we spoke with ten patients, three of whom were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice, how patients were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Tenbury Surgery had an effective system in place for reporting and recording significant events.

- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We saw that action had been taken to ensure safety of the practice was maintained and improved. The practice carried out a thorough analysis of the significant events annually and shared learning from these with appropriate staff. The practice had summarised a total of 38 significant events for 2015 and we examined six of these reports which confirmed that the significant events process was structured and comprehensive. Each significant event had been formally reviewed in a timely manner.
- The senior GP partner stated that all staff were encouraged to report all incidents as they felt that a culture of over reporting was safer and would reduce the chance of more significant incidents being unreported. We found that all significant event reports were collated by the practice manager and discussed at the monthly partners meeting as a regular agenda item. Those significant events that required attention were dealt with between meetings and we saw evidence in the reports that prompt action was taken when needed. One significant event report we checked involved an immunisation for the prevention of shingles given to a patient who had already received the vaccination a year previously. We saw that no harm had resulted from this and we were able to track the significant event which showed a change in procedure to prevent a further similar incident. All learning from significant events was shared with staff either by email, in weekly staff meetings or in monthly practice meetings.
- Staff told us they would inform the practice manager of any incidents and showed us the recording forms available to them to complete. Staff confirmed that information was shared during their practice meetings and a log of significant events and complaints was accessible to all staff on a shared drive on the practice computer.
- The practice ensured safety was monitored by accessing information from a range of sources, including best

practice guidance from the National Institute for Health and Care Excellence (NICE) and local commissioners. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Staff demonstrated to us they understood the risks and gave us a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. The safeguarding lead at the practice was the senior GP partner in the practice. Staff told us that all policies were accessible to them and we were shown a condensed safeguarding leaflet which had been developed to assist staff. This was seen to include details of the lead for safeguarding at the practice, information on where the policy was stored, how to report a concern, contact details for the safeguarding team in Worcestershire and the Clinical Commissioning Group (CCG) lead. The computer system highlighted those patients who were considered to be at risk of harm or who were on the vulnerable patient register.

Safeguarding issues had been added to the partner meeting agenda as a standing item for discussion each month. Weekly meetings also took place and were attended by district nurses, members of the enhanced care team, a nurse practitioner, GPs and staff at the practice. Staff confirmed that these meetings were extremely useful for sharing information and any safeguarding concerns. Staff demonstrated they understood their responsibilities in relation to safeguarding patients and all had received training relevant to their role.

- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. All clinical staff and reception staff acted as chaperones and all had completed online training in December 2015 for the role. Two members of staff had also received face to face chaperone training and had disseminated their learning to other staff. Staff had received a disclosure and barring check (DBS). DBS

Are services safe?

checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was in place together with an up-to-date risk assessment log for the practice, both of which were reviewed annually. All electrical equipment and clinical equipment was checked to ensure it was safe to use with the next check due in August 2016. Staff confirmed these checks were carried out routinely. 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 Legionella (a bacterium which can contaminate water systems in buildings).

The practice had an up-to-date fire risk assessment in place and a fire evacuation drill took place annually. The last fire drill was seen to have been carried out in September 2015 and an action plan had been developed as a result of this. We looked at this document and saw that actions had been completed or were in progress. Records were seen of checks carried out by Herefordshire Fire Services on the fire alarm system, on fire safety equipment and emergency lighting at Tenbury Surgery dated March 2015 and Clee Hill Surgery dated May 2015. Staff described the action they would take in the event of a fire alarm and confirmed they had completed fire training. Two staff had been designated as Fire Marshalls and had completed face to face training in 2014. Annual online training was planned for every other year.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy and there were detailed checklists in place for cleaning staff to follow. There was an infection control protocol in place and staff had received up-to-date training. One of the practice nurses was the infection control lead for the practice and had completed an infection, prevention and control study day on 2 February 2016, with another training session planned for May 2016 in relation to audits.
- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storage and security of medicines. The practice carried

out regular medicines audits, with the support of the local CCG medicines management teams, to ensure practice guidelines for safe prescribing were followed. Prescriptions were securely stored and there were systems in place to monitor their use.

- As part of this inspection we visited the dispensary at the branch surgery in Clee Hill. We looked at the dispensing policies and procedures and found these were up to date. These were kept under regular review (annually) or as changes to guidance or practice occurred. We saw that systems were in place to carry out prescribing reviews with patients on a face-to-face basis to check that patients understood the medicines, how to use them and check that the medicines were used safely and correctly. These reviews were in addition to clinical patient reviews carried out by the practice.

Standard Operating Procedures were in place with a GP lead responsible for the operation of the dispensary and these were up-to-date with regular reviews carried out. A Dispensing Services Quality Scheme (DSQS) Audit for 2014/2015 had been carried out for 22 patients receiving blood thinning medicines. The audit found one patient where concerns were identified and a home visit was arranged to address this. The audit confirmed that the dispensary was following national and local guidance with patients within appropriate ranges and that reviews were carried out within the appropriate timeframes.

We saw a DSQS annual audit of the dispensing service completed for the year end March 2015 and which had been submitted to the NHS England local team. This audit confirmed that 10% of dispensing patients had received medicine reviews for that period which met the Dispensing Review of Use of Medicines (DRUMS) requirements.

- A practice nurse was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the senior GP partner for this extended role. Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) are written instructions that had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GP.
- We looked at personnel files for various staff roles including those for a salaried GP, a practice nurse and

Are services safe?

two reception staff to see whether recruitment checks had been carried out in line with the practice's recruitment policy and legal requirements. We found that appropriate checks had been completed as required. For example, proof of identity, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

- We saw arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for the different staff groups to ensure that enough staff were available each day. Staff confirmed they would also cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

Arrangements to deal with emergencies and major incidents

A business continuity plan (updated in March 2015) was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The plan contained relevant contact details for staff to refer to at both practices which ensured the service would be maintained during any emergency or major incident.

We saw that the practice had a comprehensive emergency procedure policy in place. Staff had access to an instant messaging system on the computers in all of the consultation and treatment rooms which alerted other staff to any emergency.

All staff received annual basic life support training. Two non-clinical staff had completed this training in June 2015 and all other staff completed this on 7 January 2016 and 9 February 2016. Clinical staff were booked to have this training on 11 March 2016. There were emergency medicines and equipment available as required, including two portable lightweight oxygen cylinders, adult and child masks and airways, a mechanical ventilator, defibrillator (used in an emergency if a person's heart stopped beating) and a suction kit. These were easily accessible in a secure area of the practice and all staff knew of their location. Medicines included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

There were systems in place to ensure all clinical staff were kept up to date. Clinical staff had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. For example, a protocol was seen which the practice had developed in conjunction with NICE guidance, to manage the care and treatment of patients with hypertension (high blood pressure). The senior GP partner confirmed that the practice monitored relevant NICE guidelines through audits and searches of the patient database.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results achieved for the practice were 96% of the total number of points available, with 9% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. The practice exception rate was in line with the Clinical Commissioning Group (CCG) and the national averages.

Data for the 2014/2015 period showed some areas where the practice achieved lower than local and national averages:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review

in the preceding 12 months was 74% which was 10% below the CCG and national averages. Exception reporting was 4% which was lower than the CCG average of 7% and the national average of 8%.

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 74% which was 15% below the CCG and national averages. Exception reporting was 11% which was lower than the CCG and the national averages of 13%.
- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 78% which was 12% below the CCG average and 11% below the national average. Exception reporting was 5% which was lower than the CCG and the national averages of 7% and 8% respectively.

The practice however had achieved results which were in line with local and national averages:

- Patients with hypertension (high blood pressure) having regular blood pressure tests was 81% which was in line with the CCG and the national averages.
- The proportion of patients diagnosed with diabetes, on the register, who received influenza immunisation was 98% which was in line with the CCG average and 4% above the national average.

The practice told us they had reviewed this data and had taken action towards improvements. For example:

- Patients had been encouraged to attend for reviews of their care through reminder letters, through repeat prescriptions and opportunistic reviews to improve on these results.
- Patient records were being reviewed to ensure that appropriate codes had been used and applied correctly.

There was a system in place for completing clinical audits to demonstrate quality improvement. We saw that a range of audits had been completed. These showed that action had been taken and the audits had been repeated to monitor improvements. This included an audit which related to cervical cytology and in response to statistics which showed that inadequate sample rates had significantly increased. The audit identified that there were coding factors that may have influenced the results and also that the patient cohort at the time may have included

Are services effective?

(for example, treatment is effective)

a higher number of post-menopausal women. The repeat audit showed that 100% of sample rates were adequate as opposed to 75% at the first audit, although no change in clinical practice had been made.

We looked at an audit which had evaluated the use of medicines for patients who were at risk of a stroke, in line with recent NICE guidelines. The audit demonstrated that the practice was implementing change on an opportunistic level when patients attended for their medicine review or at other appropriate times. The senior GP partner confirmed that the practice GPs had considered different options and based on their philosophy of individual patient-centred care had decided to take this approach. They planned to keep this under future review.

The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. Findings from audits were used by the practice to improve services to patients. For example, an audit was carried out where the practice looked at its prescribing for patients with a diagnosis of Atrial Fibrillation (AF), (a heart condition that causes an irregular and often abnormally fast heart rate). The practice had taken into account NICE guidelines in 2014 which suggested a risk/benefit balance in favour of a particular medicine for stroke prevention especially for older patients. The audit was carried to review those patients who were at risk to consider whether this medicine was appropriate for them or not and where the audit found this was not appropriate the reasons were recorded.

GPs provided services in areas such as sexual health, diabetes, heart disease, chronic obstructive pulmonary disease (COPD) (lung diseases) and mental health. The practice nurses supported this work, which allowed the practice to focus on specific conditions. The GPs attended educational meetings facilitated by the CCG, attended regular clinical skill update courses and engaged in annual appraisal and other educational support. The senior GP partner was also the practice lead for GP Commissioning and the practice link with South Worcestershire Consortium (Commissioning Group).

Effective staffing

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

- The practice used a system of appraisals, meetings and reviews of practice development to identify the learning needs of staff. Staff told us they had access to

appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months and training needs had been identified.

- Staff received training that included basic life support, safeguarding, fire procedures, infection control and mental health awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff told us that additional training opportunities were possible which the practice were willing to fund, for example, one member of staff was completing a degree in health sciences.
- We looked at the induction programme that was in place for newly appointed non-clinical members of staff. The schedule covered day to day processes including dealing with appointments, prescriptions and using the computer system.

Coordinating patient care and information sharing

Staff had access to the information they needed to plan and deliver care and treatment through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. We saw that care plans were routinely reviewed and updated.

The practice was able to evidence joint working arrangements with other appropriate agencies and professionals. We saw minutes of various meetings held to discuss patients' care needs. For example, weekly multidisciplinary (MDT) meetings at the hospital where palliative care and special care were discussed. The meetings were attended by district nurses, palliative care nurses and GPs. Monthly MDT meetings also took place at the practice to discuss patient care. Outcomes from these meetings were seen recorded on patients' notes. Two midwives held clinics at the practice. The district nurses visited patients at home and worked with the practice staff who provided a patient summary report for them in advance of the visit.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this.

Are services effective?

(for example, treatment is effective)

- Clinical 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 patients assessments of capacity to consent were also carried out in line with relevant guidance.
- The GPs and practice nurse understood the need to consider Gillick competence when providing care and treatment to young patients under 16 years of age. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. The practice had 45 patients registered and reviews of their care had been completed for 30 of these patients (67%). The practice told us they sent out up to three invites a year for an annual review with these patients and carried out opportunistic reviews of care where this was possible.

The practice used leaflets and communication aids that had been provided by the Learning Disability County Council team which contained photos and pictures to help patients with a learning disability understand and manage their health checks.

The health care assistant carried out health checks for all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was

designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The GPs and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. The GPs and practice nurse told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

The practice was engaged with a locality project working with Age UK. This project provided patients with a home visit from Age UK to assess their needs and assist them with social and environmental issues and to help patients to maintain good health.

The practice had a comprehensive screening and vaccination programme:

- The practice's uptake for the cervical screening programme was 78% which was in line with the CCG and national averages.
- Childhood immunisation rates for the vaccinations given were overall in line with the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 99% compared with the CCG rates of 80% to 98%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 89% to 95% which compared with the CCG rates of 90% to 95%.
- The practice's uptake for the bowel screening programme in the last 30 months was 62% which was in line with the local and national averages. Uptake for breast screening for the same period was slightly higher than local and national averages at 77% compared with 74% and 72% respectively.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spent time talking with patients throughout the inspection and observed how staff engaged with them. All staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone. We observed that one of the nurses assisted an elderly patient to arrange a further appointment and a receptionist ensured that a patient with diabetes would have an extended appointment at the next visit. We observed that all patients were treated with dignity and respect.

Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues they would offer a private room if available to discuss their needs. The practice manager confirmed that usually there was a notice on the reception desk to advise patients of this service however it was not in place on the day of the inspection. We found that conversations about patients could be heard in the waiting area. The practice had taken steps to try to address this by broadcasting music throughout the waiting area and a notice was seen informing patients of this.

There was a designated play area for children within the waiting area which included toys, appropriate furniture, books and notices.

We received 77 comment cards which were extremely positive about the standard of care received by patients at the practice. Patients commented that they found all staff very helpful and professional; that nothing was too much trouble and staff went the extra mile; that they had always received an excellent service; the practice staff were very caring and always treated them with dignity and respect; and that the GPs and nurses gave them first class treatment and they could not wish for a better service. We spoke with ten patients and they confirmed the positive comments given in the comment cards. The patients we spoke with and the views expressed on the comment cards reflected that patients were satisfied with the care they received from the GPs and the nurses and all but one patient felt they could always get an appointment when they needed one.

Results from the National GP Patient Survey published in January 2016 showed that the practice scored consistently above the Clinical Commissioning Group (CCG) and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them which was above the CCG average of 92% and the national average of 89%.
- 96% of patients said the GP gave them enough time which was above the CCG average of 90% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw or spoke to which was above the CCG average of 96% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 89% 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 which was above the CCG average of 92% and the national average of 90%.
- 89% of patients said they found the receptionists at the practice helpful which was in line with the CCG average of 89% and above the national average of 87%.

We spoke with three members of the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us that meetings were held with the practice every two months and one of the GPs and/or the practice manager always attended. The PPG members said that they were extremely proactive and were looking to promote the group and ultimately increase its membership.

We saw a copy of the PPG report for 2015/2016 which showed the different surveys that had been carried out during the period and the actions taken as a result. One of these included a patient survey on waiting times and in response to the results, action had been identified. At the time of the inspection, another survey was in progress for younger patients to check their satisfaction in relation to access to the GPs; information dissemination and their preferred method of contact.

Are services caring?

The PPG members also said that they had contacted Healthwatch (the consumer champion for health and social care) who had escalated an issue of long delays in the availability of physiotherapy services for patients at the practice to the CCG. A meeting with the CCG had been arranged as a result of this.

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and 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.

Patients gave us examples of how the practice communicated with them. For example, patients told us the practice would contact them if there were any concerns from blood test results. Patients commented that they felt that GPs and nurses were very thorough and made sure they were well cared for.

Results from the National GP Patient Survey published in January 2016 showed that the practice performed above national and local averages in relation to involving patients in planning and making decisions about their care and treatment. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments which was above the CCG average of 91% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care which was above the CCG average of 86% and the national average of 81%.

We saw that care plans were in place for patients with a learning disability and patients who were diagnosed with asthma, dementia and mental health concerns. GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurse told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

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

Patient and carer support to cope emotionally with care and treatment

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

Feedback from patients showed that they were positive about the emotional support provided by the practice. Patients told us that staff had been caring and considerate when they needed help and provided them with support. We were given examples where GPs and nurses had given extra care and support to patients to help them with their treatment and reduce their anxiety where they had particular phobias.

From minutes of the practice's multidisciplinary meetings we saw that all professionals were proactive in supporting population groups such as older patients, patients experiencing poor mental health and families at risk of isolation to receive both practical and emotional support when needed.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers and the practice supported these patients by offering health checks. They also made referrals for social services support and to the Worcester Association of Carers. An information board was provided in the waiting room that was dedicated entirely to carers.

There was a practice register of all patients who were carers (1% of their patient register) and the practice supported these patients by offering health checks and referral for social services support. There were 85 patients (1%) registered with the practice who lived in local care homes. The practice told us they actively looked to identify carers who had not been included on the carers register, such as through patients' attendance for appointments, local and practice knowledge of their patients and awareness of changes in circumstances their patients may experience. The practice told us they had a close working relationship with Worcestershire Association of Carers, who regularly used a room at the practice for any meetings they had with a carer. The Association provided the practice with documented feedback which was shared with the GP.

Are services caring?

The practice considered that patient perception of a carer was their main obstacle for registering, as patients did not necessarily regard themselves as carers. As a result their carer liaison officer attended the practice to talk with patients about the role of a carer and promote the support that was available. Carer support leaflets and posters were

seen displayed in the waiting area. The practice were also looking at additional ways to encourage carers to register with the practice, such as a care navigator who may be able to encourage carers to register, along with the option to identify carers on prescriptions to try and gather further information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes, epilepsy and heart disease. The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations, and cervical smears. A minor surgery service was provided by the practice.
- The practice manager completed an annual review of patient demographics and at the time of the inspection, there was a small local Polish community, however there were no people who were homeless or asylum seekers registered with the practice.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases; for patients with learning disabilities; and for those patients who had mental health problems including dementia. The GPs and the nurse told us they shared information with patients to help them understand and manage their conditions. Patients we spoke with confirmed this, for example if their medicine had to be changed and why.
- Regular multidisciplinary meetings were held with key partners to support patients with their palliative care needs.

Access to the service

- Comprehensive information was available to patients about appointments on the practice website. This included details on how to arrange urgent

appointments, home visits and order repeat prescriptions. Booking of appointments could be made up to three weeks in advance. Home visits were available for patients who were too ill to attend the practice for appointments.

- The practice opened from 8am to 6.30pm on weekdays and offered extended hours on Saturday mornings from 8am to 12.30pm. The extended hours appointments were intended to help patients who found it difficult to attend during regular hours, for example due to work commitments. The practice was closed on Sunday.
- Information was available to patients in the practice leaflet and on the website on the out-of-hours service provided by the team based at Worcester and Hereford Hospital.
- Urgent access appointments were available for children and those with serious medical conditions. GPs told us that urgent appointments were available every day and confirmed that patients would always be seen. Staff told us how they would respond to patients in need of urgent care. They told us about a recent situation where a patient had appeared to be very unwell. A GP was called immediately and the patient was admitted to hospital where they received the urgent treatment they needed.
- Patients were sent text reminders for their appointments, and GPs and nurses collected patients from the waiting room when it was time for their appointment.
- Patients with disabilities had access to facilities within the practice building. This included a hearing loop for those with hearing impairments, disabled toilets and a ramp at the front of the building with automatic doors to assist easy access for patients with wheelchairs. Translation services were available to patients should they need this. Information about this facility was available on the information board in the reception area. The practice also had links with Deaf Direct who offered a British Sign Language interpreter when required. There was no disabled parking facility; however staff confirmed that the practice may have the possibility of purchasing additional car parking spaces enabling an allocated disabled parking space.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 95% of patients said they could get through easily to the practice by phone which was above the CCG average of 76% and the national average of 73%.
- 87% of patients described their experience of making an appointment as good which was above the CCG average of 78% and the national average of 73%.

However:

- 46% of patients said they usually waited 15 minutes or less after their appointment time which was below the CCG average of 64% and the national average of 65%.

An action plan had been put in place following consultation with the Patient Participation Group (PPG) to address the feedback from the survey results. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). The PPG and the practice manager are currently looking into the option of a patient check-in screen and a way to inform patients of how long they were likely to wait for their appointment. Online booking was promoted to increase uptake and improve access to appointments for patients. We saw evidence that demonstrated an increase in online access to appointments following increased promotion and patient awareness.

Patients gave mainly positive views about the appointments system. We received 77 comment cards and spoke with ten patients all of whom were mainly positive about the access to and the availability of appointments at the practice. Patients told us that they could always see a GP if the appointment was urgent. One patient wrote that they felt it took too long to get an appointment. Four other patients commented that the standard of care they received was very good however they often waited some time for their appointment.

Listening and learning from concerns and complaints

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

were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. They confirmed they made contact with the patient as soon as possible following receipt of any complaint.

We found that there was an open and transparent approach towards complaints. Information about how to make a complaint was accessible to patients on the practice's website and in a complaints leaflet that was made available at the practice. The information helped them understand the complaints system and what the process would be once they had lodged their complaint. Patients told us that they were aware of the process to follow should they wish to make a complaint, although none of the patients we spoke with or who completed comment cards had needed to make a complaint. Staff told us they would encourage patients to speak with the practice manager if they were unhappy with anything at the practice in the first instance.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We saw that 21 complaints had been received during a two year period from April 2014 to February 2016. The majority of the complaints had been about the lack of appointments and continuity of appointments with preferred GPs. We found these had been dealt with promptly with responses to and outcomes of the complaints clearly recorded. This had included a complaint in relation to the practice not covering the cost of petrol to a hospital appointment. The practice was seen to formally respond by providing information to the complainant about a local charity who offered patients help with transport. Overall learning from the annual review of complaints was shared with all staff at the relevant team meetings. We saw minutes of meetings that confirmed this.

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

We saw from their Statement of Purpose that the practice had a number of aims which collectively demonstrated their commitment to deliver high quality care and promote good outcomes for patients, staff and the community. These included:

- To offer safe, effective care for their patients;
- To deliver high quality, safe, effective and confidential services and environment;
- To provide monitored, audited and continually improving healthcare services;
- To provide healthcare which was available to the whole population irrespective of ethnic origin, background, religion, personal attributes, beliefs, status or nature of health problem;
- To create a partnership between patients and the health profession which encouraged mutual respect, holistic care with continuous learning and training.

Governance arrangements

The practice had a governance framework in place that supported the delivery of good quality care for its patients. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and the roles and responsibilities of other staff within the practice.
- Practice specific policies were implemented and were available to all staff. Staff confirmed they had easy access to all of these at any time.
- The practice had a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements to the services they provided.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

Leadership, openness and transparency

The GPs and the management team had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and the practice manager were visible in the practice. There was a clear leadership structure in place and staff felt supported by the management team. Staff told us that they were always approachable and they could speak with any one of the team should they have any queries or concerns.

Meetings were held regularly and minutes kept and circulated to the team. Staff told us that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and told us they were confident in doing so and felt they would be supported if they did. We saw that there was good morale at the practice. Some of the staff had worked at the practice for many years and told us they loved their jobs and they worked well together as a team.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. All staff were encouraged to identify opportunities to improve the service delivered by the practice.

The practice had plans to improve the premises and the environment for patients and staff. At the time of the inspection the main site facilities were being expanded and a new staff area had been completed in January 2016.

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

The practice encouraged and obtained feedback from patients in the delivery of the services they provided. It had gathered feedback from patients through their Patient Participation Group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with a practice who work with the GPs and other staff to improve services and the quality of care.

We looked at the PPG annual report for 2015/2016 and the actions identified to drive improvements for patients. This included action to address transport issues that some patients experienced in getting to the practice. A request had been made to Tenbury Transport Services for further transport information to assist these patients.

Are services well-led?

Good 

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

The PPG had also requested research into adjustments to the electronic display board informing patients of waiting times and to see if there was a way of putting live information on the website so that patients could check waiting times before leaving for their appointments.

The PPG members also said that they had contacted their local Healthwatch who had escalated an issue of long delays in the availability of physiotherapy services for patients at the practice to the CCG. A meeting with the CCG had been arranged as a result of this.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would feedback and discuss any concerns or issues with colleagues and the practice manager.