Hollinswood and Priorslee Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hollinswood and Priorslee Medical Practice on 4 February 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events, although it was not always used effectively. Minor incidents were discussed and appropriate action taken, but not recorded or discussed at the clinical meetings.
- The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions were inconsistent across the three sites. For example risk assessments were not available for the Hollinswood and Priorslee premises (including fire risk assessments), there was no overarching plan for all three sites regarding a programme of infection control audits, the use of prescription forms and pads were not adequately monitored and significant events were not always recorded and discussed.
- 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.
- 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.
- We observed that patients could usually get an appointment when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There had been changes in the management structure following the merger and not all staff were clear about their roles and responsibilities. However, staff felt supported by the management.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure the distribution and use of prescription pads and blank computer prescription forms is monitored for all branch practices.
- Develop a clear staffing structure so that all staff are clear about their roles and responsibilities.
- Review and revise the policies and procedures to reflect the working practices at all three sites to ensure consistency.
- Include all staff in discussions about how to develop the practice following the merger and enable them to identify areas for improvement.
- Implement systems for assessing and monitoring risks across all three sites.

In addition the provider should:

- Ensure that all significant events, incidents and near misses are recorded and discussed.
- Record the reason why the temperature of the vaccine refrigerator is ever outside of the normal range for short periods of time.
- Have an infection control audit programme in place at all three sites.
- Carry out regular fire drills.
- Record when each defibrillator is checked.
- Update the business continuity plan to reflect the changes in the structure of the organisation and include contact details for staff.
- Implement a system to ensure regular meetings are held within the practice and information discussed at meetings is shared with the appropriate staff members.

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?

Good

The practice is rated as good for providing safe services.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events, although it was not always used effectively. Minor incidents were discussed and appropriate action taken, but not recorded or discussed at the clinical meetings.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions were inconsistent across the three sites. For example risk assessments for the premises (including the fire risk assessment) were not available for the Hollinswood and Priorslee sites.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed patients' 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 and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Ad hoc meetings took place with the heath visitors, district nurses and community matrons, and the practice worked closely with the community respiratory nurses and diabetic community nurses for patients living with the relevant long term condition

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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.
- Staff acted appropriately when they had concerns about a patients' welfare. Staff contacted a patient who had missed a number of hospital appointments. The member of staff had concerns following the conversation and the GP contacted the patient directly and established that the patient was caring for their frail spouse and was reluctant to leave them to attend hospital appointments or to ask for any help. The GP had made arrangements to see both patients to discuss their health and social care needs.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The vision and aims for the practice were divided into three areas: for the patients, for the practice and locality, and for the practice team.
- There had been changes in the management structure following the merger and not all staff were clear about their roles and responsibilities. However, staff felt supported by the management
- Staff had access to policies and procedures that were in place prior to the merger. The policies and procedures needed to be reviewed and revised to reflect the working practices at all three sites and to ensure consistency.

Summary of findings

- 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. However, the practice recognised that the framework needed to be revised to reflect the merger. For example risk assessments were not available for the Hollinswood and Priorslee premises (including fire risk assessments), there was no overarching plan for all three sites regarding a programme of infection control audits, the use of prescription forms and pads were not adequately monitored and significant events were not always recorded and discussed.
- 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. The patient participation group was active.
- 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in end of life care, dementia diagnosis and avoidance of unplanned admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients on the hospital admission avoidance register were reviewed on discharge following admission to hospital or accident and emergency.

People with long term conditions

Good

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

- The GPs, supported by the practice nurses, had the lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for four out of the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 87.18% compared with the national average of 77.54%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were 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 worked closely with the community respiratory nurses and diabetic community nurses for patients living with the relevant long term condition.

Families, children and young people

Good

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

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 on child protection plans.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 74.34%, which was in line with the national average of 75.35%.
- The practice's uptake for the cervical screening programme was 84.24%, which was above the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered family planning and contraception services including implant/coil fitting.

Working age people (including those recently retired and students)

Good

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.
- Extended hours appointments were available with the GPs between 6.30pm and 7.30pm on Mondays and Tuesdays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people, for example the learning disability team.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- Seventy-five per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.
- Performance in two mental health related indicators were in line with the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 100% compared with the national average of 88.47%.
- The practice held registers of patients with poor mental health, depression and dementia. Patients experiencing poor mental health were offered an annual physical health check.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

We collected 27 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the practice had supported them through times of bereavement and they had both been offered counselling. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84.4% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.2% and national average of 88.6%.
- 87.1% said the GP gave them enough time (CCG average 85.8%, national average 86.6%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93.7%, national average 95.2%)
- 82.6% said the last GP they spoke to was good at treating them with care and concern (CCG average 83.1%, national average 85.1%).
- 92.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3%, national average 90.4%).
- 94.7% said they found the receptionists at the practice helpful (CCG average 87.1% and national averages 86.8%)

Areas for improvement

Action the service MUST take to improve

Ensure the distribution and use of prescription pads and blank computer prescription forms is monitored for all branch practices.

Develop a clear staffing structure so that all staff are clear about their roles and responsibilities.

Review and revise the policies and procedures to reflect the working practices at all three sites to ensure consistency.

Include all staff in discussions about how to develop the practice following the merger and enable them to identify areas for improvement.

Implement systems for assessing and monitoring risks across all three sites.

Action the service SHOULD take to improve

Ensure that all significant events, incidents and near misses are recorded and discussed.

Record the reason why the temperature of the vaccine refrigerator is ever outside of the normal range for short periods of time.

Have an infection control audit programme in place at all three sites.

Carry out regular fire drills.

Record when each defibrillator is checked.

Update the business continuity plan to reflect the changes in the structure of the organisation and include contact details for staff.

Implement a system to ensure regular meetings are held within the practice and information discussed at meetings is shared with the appropriate staff members.

Hollinswood and Priorslee Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector**.** The team included a second CQC inspector, GP specialist adviser and a practice manager specialist adviser.

Background to Hollinswood and Priorslee Medical Practice

Hollingswood and Priorslee Medical Practice is situated in the town of Telford, Shropshire. The practice has three sites having merged with Holliwell Medical Practice in November 2015. This increase the practice population by 2500 patients. The total number of patients is now 6100. The practice population has a higher number of younger patients; 24% are less than 16 years and 5% are more than 70 years. The main site is the Hollinswood Surgery, with branch sites at Priorslee and Holliwell. The sites are as follows:

- The Surgery, Downemead, Hollinswood, Telford, TF3 2EW
- Priorslee Surgery , Glen Cottage, Priorslee, Telford, TF2 9NW
- Holliwell, Deercote, Hollinswood, Telford, TF3 2BH

We visited all three sites as part of this inspection. The Hollinswood and Holliwell sites are within walking distance of each other and Priorslee is approximately five minutes away by car.

The practice has three full time GPs (two male, one female), two practice nurses (working 20 hours per week each) and one healthcare assistant. They are supported by a practice manager, a deputy practice manager and six administrative. Staff rotate shifts between all three branches. The practice is open from 8.30am to 6pm from Monday to Friday and offers extended hours on a Monday and Tuesday evening between 6pm and 7.30pm.

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 Shropshire Doctors Co-operative Limited (Shropdoc), a GP out-of-hours service provider. The practice has a General Medical Services (GMS) contract and also offers enhanced services for example: various immunisation schemes, hospital admission avoidance scheme and minor surgery.

Why we carried out this inspection

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

Detailed findings

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 the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 4 February 2016.

We spoke with a range of staff including the GPs, practice nurses, health care assistant and members of reception staff during our visit. We spoke with two members of the patient participation group who were also patients, looked at comment cards and reviewed survey information.

Good

Are services safe?

Our findings

Safe track record and learning

Although there was a system in place for reporting and recording significant events, it was not always used to record minor incidents.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice investigated each major significant event as they arose, identified any learning and shared this with staff.
- One of the GP partners told us that minor incidents were discussed and appropriate action taken. However, these incidents were not recorded on the incident forms or discussed at the clinical meetings.
- Significant events that were recorded were discussed at practice meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one incident highlighted that the contact details for a patient who had an abnormal blood result were incorrect, so the practice was unable to contact them. As a consequence all staff, including the GPs and nurses, had been reminded to check contact details with patients, especially when arranging tests.

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.

National patient safety alerts and National Institute for Health and Care Excellence (NICE) best practice guidelines were disseminated via email from the practice manager to practice staff. Hard copies of all alerts were also available. We saw that the most recent alert had been disseminated to all appropriate staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three. Staff knew where to find the contact details for external agencies.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record.
- Notices at reception and in the clinical rooms advised patients that staff would act as chaperones, if required. Nursing staff and reception staff acted as chaperones and had received a disclosure and barring check (DBS check). (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy. The last audit completed in April 2014 achieved a compliance score of 90%. The standards not met were documented on a service improvement plan. Actions were completed and a 98% compliance score was achieved. The practice had not carried out another audit since 2014. A variety of different types of privacy curtains were used in consulting and treatment rooms. The practice did not have a clear policy for cleaning / changing these curtains.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads and blank computer prescription forms were securely stored and there were systems in place to monitor their use and distribution to one of the branch practices but not the other. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions (PSDs) to enable the health care assistant to administer vaccinations.
- We noted on several occasions that the temperature of the vaccine refrigerator at Holliwell was outside of the recommended range. Staff told us that this was because

Good

Are services safe?

it was baby immunisation day and the refrigerator was in constant use. However staff had not recorded this information on the temperature log when they rechecked and reset the thermometer.

- The GPs engaged with the medicines management team to seek support for safe and effective prescribing and supported local prescribing initiatives. The practice used the prescribing risk stratification tool provided by the local Clinical Commissioning Group to promote safe and effective prescribing.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified the local health and safety representative. The practice told us the fire risk assessments had been completed in 2013 but this was not available on the day of the inspection. The practice did not carry out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor the safety of the premises such as the control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions were inconsistent across the three sites. For example risk assessments for the premises (including the fire risk assessment) were not available for the Hollinswood and Priorslee sites.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The majority of staff worked across all three sites. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff provided cover for holidays and sickness.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, although these needed to be improved and strengthened.

- 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 all three sites.
- The practice had a defibrillator available at all three sites and oxygen with adult and children's masks. Although staff checked the defibrillator was in good working order at the Holliwell branch, they did not record this information.
- 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include contact details for staff and had not been updated to include the Holliwell branch.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. One of the GP partners was involved in the development of the Clinical Commissioning Group (CCG) guidelines.
- Clinical staff made use of the electronic templates when assessing patients with long term conditions and developed self-management care plans with patients as required. Patients with long term conditions were reviewed at least annually to ensure they received the most appropriate treatment.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 98.6% of the total number of points available (which was 2.5% above the local CCG and 5.1% above the national average), with 9.7% clinical exception rate (which was 0.3% below the CCG average and 0.5% below the national average). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/2015 showed;

- Performance in four out of the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 87.18% compared with the national average of 77.54%.
- The percentage of patients with hypertension whose blood pressure was within the recommended range (89.46%) was comparable to other local practices and better than the national average (83.65%).
- Performance in two mental health related indicators were above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 100% when compared with the national average of 88.47%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 74.34%, which was in line with the national average of 75.35%.
- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- One audit looked at the use, dosage and duration of antibiotics prescribed to patients with urinary tract infections. The initial audit indicated that the practice was not following local guidelines and was prescribing an antibiotic that was not recommended as the first choice for treating the condition. The second audit showed there had been an increase in the GPs prescribing the correct antibiotics (from 42% to 76.5%) and for the correct duration (from 78.9% to 84.6%).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending relevant training.
- The learning needs of clinical staff were identified through a system of appraisals, meetings and reviews of

Good

Are services effective?

(for example, treatment is effective)

practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Clinical staff attended protected learning time sessions organised by the local CCG. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and 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 and intranet systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, or with the out of hour's service for patients with complex care needs.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place with the palliative care team, where patients who had recently been diagnosed or who had died were discussed and care plan were updated. Ad hoc meetings also took place with the heath visitors, district nurses and community matrons. The practice also worked closely with the community respiratory nurses and diabetic community nurses for patients living with the relevant long term condition.

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, recorded the outcome of the assessment.
- Written consent was obtained for minor surgery. The process for seeking consent was monitored through the practice's electronic records.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. The practice worked with a health trainer from the Healthy Lifestyle Hub, a service commissioned by the local CCG. The health trainers worked with patients to make changes to their lifestyle. One of the patients we spoke with told us they had been supported by this service to make changes and improve their overall health. The practice offered an in house smoking cessation programme.

The practice's uptake for the cervical screening programme was 84.24%, which was above the national average of 81.83%. 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 average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 96.1% to 100%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains or mobile screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We collected 27 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84.4% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.2% and national average of 88.6%.
- 87.1% said the GP gave them enough time (CCG average 85.8%, national average 86.6%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93.7%, national average 95.2%)
- 82.6% said the last GP they spoke to was good at treating them with care and concern (CCG average 83.1%, national average 85.1%).
- 92.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3%, national average 90.4%).
- 94.7% said they found the receptionists at the practice helpful (CCG average 87.1% and national averages 86.8%)

Care planning and involvement in decisions about care and treatment

Feedback on the comment cards we received told us that patients 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 commented that all staff were attentive and caring.

Clinical staff told us they were able to provide patients with written information to help them understand their condition and treatment. They also signposted patients to relevant websites and support organisations.

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans and regular communication with the community matron and district nursing team.

Results from the national GP patient survey we reviewed showed the data related to patients involvement in planning and making decisions about their care and treatment and results were slightly below or in line with the local CCG and national average. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 78.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.1%, national average 81.4%)
- 84.5% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 84.8%)

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/carer support to cope emotionally with care and treatment

There was a carers notice board in the waiting area. Signposting was provided to the local carers centre and service provided there.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carer's policy that promoted the care of patients who were carers whenever possible. The policy included the offer of a basic health check and vaccinations to all carers.

We saw that staff had acted appropriately when they had concerns about a patient's welfare. The practice had been informed that an elderly patient had missed a number of hospital appointments. The reception staff contacted the patient as requested to arrange an appointment for them to see the GP. The member of staff was concerned about the patient following the conversation and escalated this to the practice manager, who in turn raised it with the GP. The GP contacted the patient directly and established that the patient was caring for their frail spouse and was reluctant to leave them to attend hospital appointments or to ask for any help. The GP had made arrangements to see both patients to discuss their health and social care needs.

Two patients spoken with told us the practice had supported them through times of bereavement and they had both been offered counselling. Staff told us that if families had suffered bereavement, the practice sent them a condolence card. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. One of the partners was involved with the Telford Referral and Quality Service (TRAQS) service, which was the central referral management system operated by the local CCG. This partner was also the clinical lead for cardiology within the CCG. The GPs also attended the protected learning time events organised by the CCG.

The services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- Home visits were offered to patients who were unable to or too ill to visit the practice.
- Elderly patients and patients with complex needs were offered appointments with the same GP for continuity of care.
- Appointments outside of school hours were available and extended hours were offered with the GPs on Monday and Tuesday evenings.
- Same day appointments were available for children as well as patients requesting an urgent appointment.
- There were longer appointments available for patients with a learning disability and other patients who needed them.
- Telephone consultations/advice were available on request for all patients but especially for working age patients and students.
- The practice reviewed all attendances through accident and emergency, the walk in centres and the out of hours service.
- There were automatic doors at the entrances to the buildings. There were disabled facilities, a hearing loop and translation services available.
- Baby changing facilities were available. A poster encouraging breastfeeding was on the noticeboard and advertised the services of a local breastfeeding encouragement support group.
- Patients were able to access counselling services at the practice.
- The practice hosted eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).

Access to the service

Each surgery closed one afternoon a week, otherwise they were open from 8.30am until 6pm. Patients were able to book appointments at any of the three sites. Extended hours appointments were available with the GPs between 6.30pm and 7.30pm on Mondays at Priorslee and Tuesdays at Hollinswood.

Appointments could be booked in person, over the telephone and on line. The practice offered a number of appointments each day with the GPs for patients who needed to be seen urgently, as well as pre-bookable appointments. Staff said that GPs would continue with surgery when capacity had been reached. Observations made during the visit evidenced that all appointment requests were met. A check was done on the next available appointment, GP appointments were available on the same day, a nurse appointment was available for the next day.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment were above the local and national averages. For example:

- 89.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.3% and national average of 73.8%.
- 95.7% patients said they could get through easily to the surgery by phone (CCG average 71.2%, national average 73.3%).
- 78.1% patients said they always or almost always see or speak to the GP they prefer (CCG average 59.2%, national average 60%).
- 93.1% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 84.3% and national average of 85.2%.
- 86.6% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67.7% and national average of 64.8%.
- 72.5% of patients felt they didn't normally have to wait too long to been seen compared to the CCG average of 57% and national average of 57.7%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Comments made on the comments cards also supported this.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, in the practice booklet and on the practice website.

Four complaints had been made in the past 12 months. On review, two of these complaints were from the same patient and were not aimed at the practice but at the local pharmacy and regarded a prescription not being available. The practice acted appropriately and recorded that a copy prescription was issued. The patient was advised of the electronic prescription service. We found that the other two complaints had been satisfactorily handled and demonstrated openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a notice was now on display in the waiting area informing patients that repeat prescriptions would not be issued without an up to date review and advising patients to make an appointment with a GP.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The vision and aims for the practice were divided into three areas: for the patients, for the practice and locality, and for the practice team.

The practice merged with another GP practice in October 2015. The plan was that all grades of staff would work across all three sites, although at present the nursing team did not. Following the merger, patients could book appointments at any of the three sites, and staff told us that more patients were beginning to do this.

Governance arrangements

The practice recognised that following the merger, the governance framework which supported the delivery of the strategy and good quality care needed to be improved and strengthened.

Staff had access to policies and procedures that were in place prior to the merger. The policies and procedures had not been reviewed and revised to reflect the working practices at all three sites and to ensure consistency.

A comprehensive understanding of the performance of the practice was maintained and the practice was a high Quality and Outcomes Framework (QOF) achiever. The GP partners shared the responsibility for monitoring QOF outcomes. Meetings to discuss QOF were held every two weeks but were not minuted.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions were inconsistent across the three sites. For example risk assessments were not available for the Hollinswood and Priorslee premises (including fire risk assessments), there was no overarching plan for all three sites regarding a programme of infection control audits, the use of prescription forms and pads were not adequately monitored and significant events were not always recorded and discussed.

Leadership and culture

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 they were approachable and always 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. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There have been changes in the management structure and overall staffing since the merger in October 2015. The GP from Holliwell Practice chose not to become registered as a partner and retired at the time of the merger. As a consequence a long term locum has been employed.

There had been changes in the management structure following the merger and not all staff were clear about their roles and responsibilities. However, staff felt supported by the management.

- Staff told us the practice did not hold regular team meetings. The management team recognised that they needed to increase the number and range of meetings that were held, and ensure that all meetings were minuted.
- Staff told us there was an open culture within the practice and they were able to raise any issues with the management team and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. However, not all staff felt they were involved in discussions about how to run and develop the practice following the merger, or given the opportunity to identify areas for improvement in how the service was delivered by the practice. The partners had identified this was a challenge.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, the NHS Friends and Family Test and complaints received. There was an active PPG which met quarterly and reported concerns to the practice on

Are services well-led?

Requires improvement

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

behalf of other patients. The PPG members spoken with told us the practice had discussed the proposed merger with them and had been able to voice their concerns and received reassurances from the management team. They also told us they had actively promoted the role of the health trainer, which had resulted in the increased uptake of the service. A dedicated notice board in the waiting room informed patients about the PPG and information was also available on the website.

- The practice had gathered feedback from staff generally through appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was involved with the local Clinical Commissioning Group (CCG) initiatives such as quality improvement schemes and clinical pathway development. The practice was involved in a number of pilot schemes. There were plans to pilot 'Web GP', an online consulting programme. This programme offered system checkers, self help guides and videos, signposting for the most relevant services and E-consults, where patients can submit condition based questionnaires to their own GP for a response within one working day.

One of the GP partners was involved with the local referral management system for access to secondary care. This involved screening referrals for the appropriateness of referral and level of information included. The GP partner was able to take the learning from this process and incorporate it into their own referral process. One of the GP partners was also the clinical lead for cardiology with the CCG.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not in place to monitor the distribution and use of prescription pads and blank computer prescription forms at all sites. The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions were inconsistent across the three sites. A clear staffing structure had not been developed following the merger so that all staff were clear about their roles and responsibilities. The policies and procedures had not been reviewed and revised following the merger. Not all staff felt they were involved in discussions about how to run and develop the practice following the merger, or given the opportunity to identify areas for improvement in how the service was delivered by the practice. Regulation 17(1)(2)(b)(e)(f).