

# Knightwick Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Knightwick Surgery on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Opportunities for learning from incidents were shared with staff during meetings and systems put in place to prevent similar recurrences.
- Risks to patients were assessed and well managed.
- There were safe systems in place for dispensing prescribed medicines to patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment. They were very complimentary about the standards of care they received. Information was provided to help patients understand the services and care available to them.

- Practice staff worked closely with other organisations and external professionals in planning how services were provided to ensure that they met patient's needs. Patients with complex needs had care plans in place that were regularly reviewed.
- The practice had good facilities and was well equipped to assess and treat patient's needs.
- As a consequence of feedback from patients and the Patient Participation Group (PPG) practice staff had made improvements to the way it delivered services. The PPG were proactive in representing patients and assisting the practice in making improvements.
- Senior staff had a clear vision for taking the practice forward which had quality and safety as its priority. Plans for the future were in place to improve patient

# Summary of findings

access to the premises. There was a clear leadership structure and staff felt supported by management. It was evident that there was a strongly motivated staff team.

However, there was an area of practice where the provider needs to make improvement.

The provider should:

- Review staff understanding of procedures to be followed when checking the quantities of medicines in stock.

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



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- When things went wrong, reviews and investigations were carried out and lessons learned were communicated widely enough to support improvement.
- There was a recruitment policy and procedure in place to ensure patients safety was protected. There were enough staff to keep people safe.
- Systems were in place to prevent unnecessary infections occurring.
- Most patients collected their prescribed medicines from the practice, branch practice or a local store. However, comprehensive procedures should be followed when checking the number of medicines in stock.
- They told us they were satisfied with this service and we saw that safe practices were carried out for dispensing.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and they told us they used it routinely.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.
- Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff.
- Arrangements were in place to review and monitor patients with long term conditions and those in high risk groups.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was plenty of supporting information to help patients understand and access the local services available.

# Summary of findings

- We also saw that staff were helpful and treated patients with kindness.
- Data showed that patients rated the practice above others for several aspects of care. This was confirmed when we spoke with patients.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had signed up to a CCG led service for patients with dementia to promote early diagnosis and intervention.
- Patients said they found it easy to make appointments and that there was continuity of care, with urgent appointments available the same day.
- Learning from the outcomes of complaints was shared with staff.

Good



## Are services well-led?

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

- Staff were clear about the values of the practice being patient centred.
- There were governance systems in place to monitor, review and drive improvement within the practice.
- There were formal clinical meetings, governance meetings and full team meetings to share best practice or lessons learnt.
- The practice had a number of policies and procedures to govern activity.
- The quality of service provision was monitored and staff proactively identified and implemented improvements.
- Senior staff were aware of the future challenges and were looking at ways of dealing with them.

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 people.

Good



- There were higher than average numbers of older patients registered with the practice.
- The practice offered personalised care to meet the needs of the older people in its population and offered home visits to those who were unable to access the practice.
- Rapid access and longer appointments were provided for those with enhanced or complex needs.
- The practice had regular contact with district nurses and other professionals to discuss any concerns or changes that were needed to patient care.
- Patients we spoke with from this population group said there was continuity of care and that this was important to them.

### People with long term conditions

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

Good



- Nurses at the practice ran effective clinics for treatment of patients with multiple long term conditions.
- Patients who were at risk of hospital admission were identified as a priority and received health care that reduced their risk of unplanned admission to hospital.
- Patients had a structured annual review or if necessary more frequent reviews to ensure their health and medicine needs were being met.
- Clinical staff had close working relationship with external health professionals to ensure patients received up to date and joined up care.

### 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 and also cases of domestic violence.
- Records showed the lead GP liaised and sought advice from other health and social care professionals when necessary.
- Children were given same day appointments.

# Summary of findings

- There were appointments available with the lead nurse until 7.50pm and for telephone consultations until 8.20pm. every Thursday.

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- Health promotion advice was offered and there was accessible health promotion material available at the practice and on its website.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice maintained a register of patients living in vulnerable circumstances including those with a learning disability.
- Annual health checks including extended appointment times for patients with a learning disability had been carried out and their health action plans updated.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients.

**Good**



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

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

- Staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.
- Clinical staff carried out assessments and care planning for patients with dementia and those who experienced mental health illness.

**Good**



# Summary of findings

- Referral mechanisms were in place for when staff identified deterioration in a patient's mental health.
- Clinical staff carried out dementia screening for patients who were at risk of developing dementia to ensure early diagnosis.



# Summary of findings

## What people who use the service say

The national GP patient survey results in January 2016 showed the practice was performing above local and national averages. There were 126 responses, this equated to a 51% response rate.

- 100% of patients found the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 99% of patients said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 90% and a national average of 87%.
- 100% of patients found it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 99% of patients said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 81% of patients usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and a national average of 65%.
- 78% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

During our inspection we spoke with seven patients. All patients told us they were satisfied with the service they received. Some described the care as excellent. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards all were positive about the standard of care they received. Some described their care as brilliant and staff as very caring and efficient.

## Areas for improvement

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

- Review staff understanding of procedures to be followed when checking the quantities of medicines in stock.

# Knightwick Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a CQC pharmacy specialist advisor.

## Background to Knightwick Surgery

Knightwick Surgery provides primary medical services to approximately 4,100 people who live in the surrounding rural area. Patients are registered at the practice from the surrounding villages. There are two branch practices for ease of access for patients:

- The Village Hall, Hope Lane, Clifton on Teme.
- Heaton House, St Peters Drive, Martley.

We did not visit the branch practices. The practice holds a General Medical Services contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is managed by three GP partners (two male, one female) who between them provide 15 clinical sessions per week plus one clinical session each Monday split between the two branch practices. They are supported clinically by three practice nurses and three health care assistants (HCA)/receptionists. The practice nurses have specialist skills, such as diabetes, anticoagulant therapy and chronic obstructive pulmonary disease (COPD) (long term chest conditions). They also provide cervical screening and contraceptive and smoking cessation advice. The HCAs provide a phlebotomy (blood samples) service and health checks. The practice manager is supported by a

reception manager, five receptionists, three HCA/receptionists and a secretary/receptionist. There is a business apprentice working at the practice to gain experience. The dispensing team consists of a dispensary manager and five dispensers.

The practice provided enhanced services such as; minor surgery, treatment of minor injuries and early diagnosis of dementia.

Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. This equates to the majority of registered patients. Medicines can be collected from the practice and from Clifton on Teme and Martley village shops by prior arrangement. Controlled drugs are collected from the practice only. These are medicines that require extra checks and special storage arrangements because of their potential for misuse.

The opening times are:

- Knightwick Surgery 8am until 7pm daily and until 8.30pm on Thursdays.

Consultation times are:

- Knightwick Surgery from 8am until 1pm and from 1pm until 6.30pm Mondays and Tuesdays, from 8am until 12.30pm and from 2.30pm until 6pm Wednesdays, from 8am until 12.30pm and from 3pm until 8.30pm Thursdays, from 8am until 12.30pm and from 1pm until 6.30pm Fridays.
- Appointments are available at Heaton House from 10.30am each Monday until all patients have been seen.
- Appointments are available at Clifton Village Hall from 11.40am each Monday until all patients have been seen.

Urgent appointments are available on the day and if necessary the session size is increased to accommodate all

# Detailed findings

same day requests. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits are available daily as required.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by NHS South Worcestershire Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet also includes this information and there are leaflets in the waiting area for patients to take away with them.

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

## 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 our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 1 March 2016. During our inspection we spoke with a range of staff including, the senior GP partner, the lead practice nurse, one healthcare assistant, the dispensary manager and two dispensers. We spoke with the practice manager, two receptionists, a secretary/receptionist and the business apprentice. We spoke with seven patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed relevant documentation. We reviewed 37 comment cards where patients and members of the public shared their views and experiences of the service. We spoke with three members of the Patient Participation Group (PPG) who were also registered patients at the practice. PPGs work with practice staff in an effective way that may lead to improved services.

# Are services safe?

## Our findings

### Safe track record

We noted there was an open and transparent approach and a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available to all staff on the practice's computer.
- We reviewed the records of significant events. There were 11 recorded for 2015 and one since the beginning of 2016. There was evidence that practice staff had learned from them and implemented changes were planned and recorded. For example, an incorrect label had been attached to a blood sample bottle. This error was identified before the test sample left the practice but resulted in a delay for the patient's results. All staff were spoken with to reinforce the need for accuracy. Significant events were routinely discussed during practice meetings.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts.

### Overview of safety systems and processes

There were systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were available 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 who had received appropriate training. GPs attended safeguarding meetings when possible and provided reports for other agencies. Staff demonstrated that they understood their responsibilities and had received training relevant to their roles. We were shown evidence that staff had reported concerns to the authority responsible for investigating allegations. The practice had recently been audited by the designated

Safeguarding Lead for Adults and Children (Primary Care). The results were positive and the few changes that were requested were due for completion by 7 March 2016.

- A notice was displayed in the waiting room and all clinical rooms advising patients of their opportunity to request a chaperone. We were told that clinical staff carried out chaperoning duties. All staff who acted as chaperones were trained for the role and had undergone a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene followed. We observed the premises were visibly clean and tidy. The lead practice nurse and a GP were the leads for infection control and prevention. We spoke with the lead practice nurse who showed us the monthly infection control audits that were carried out for all clinical rooms. They told us that the local hospital infection control nurse had completed an in depth audit two weeks previously and they were awaiting the report. The practice nurse said that they were told there were no concerns about the outcome of the audit. Staff had received infection control training and the two leads had higher level training to equip them for their roles. We were shown numerous infection control protocols that were accessible to all staff.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments and staff carried out regular fire drills.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

# Are services safe?

of substances hazardous to health, clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)

- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. When a nurse or nursing assistant were not available the patient appointments were rearranged to accommodate this. Staff also altered their shifts or worked extra shifts to provide cover. Similar arrangements were in place for non-clinical staff. The use of locum GPs was kept to a minimum and the same locums were used.

## Medicines management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained.
- We looked at the management of medicines and found safe systems were in place for dispensing and checking medicines. We observed two members of the dispensary staff working together to ensure patient's medicines were dispensed safely. Systems were in place to alert dispensary staff if there was a medicine interaction with another medicine. We were told that dispensary staff would inform the GP before dispensing the medicine to ensure safe prescribing.
- Patient alerts concerning medicines were actioned by GPs. Checks were carried out for all patients who had been prescribed that particular medicine. If necessary prescribing changes were made.
- Dispensing errors were recorded and systems were in place to action any medicine recalls. We saw evidence that information about errors was used to make changes to reduce the risk of future errors. Medicine incidents or any identified medicine issues were discussed at dispensary staff meetings in order to learn lessons and protect patients from harm.

- Repeat prescribing was undertaken in line with national guidance. We found that repeat prescriptions were signed by a GP before medicines were given to the patient.
- We checked how medicines were stored and handled. We observed the dispensary was clean and tidy with a well organised system for the storage of medicines. Expiry dates of medicines were clearly identified to ensure available medicines were always in date.
- Travel vaccinations were administered following agreed national guidelines. Nurses used this information to deliver care and treatment that met patients' needs. This ensured that nurses were able to administer travel medicines in line with legislation.
- Emergency medicines were easily accessible to staff and all staff knew of their location.
- The practice held stocks of controlled drugs. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We noted there were standard procedures available which set out how they were managed. Prescribed controlled drugs were collected by patients from the practice only, not the other locations. This arrangement was in place to ensure safe systems were in place. Drugs Registers were checked monthly. We did identify one discrepancy in the controlled drug records. A small quantity of one medicine had been overlooked during stock checking. When we showed this to management it was dealt with immediately and an incident documented. No harm to patients was identified. The dispensary staff undertook an immediate investigation and reported it directly to the relevant authorities.
- Prescription pads were securely stored including those that were printed by computer and there were systems in place to monitor their use.
- We saw records showing all members of staff involved in the dispensing process had received appropriate training and had checks of their competence. There was evidence of ongoing training in safe medicine management.

## Are services safe?

- We were told that the dispensary staff could also ask for support or advice from a community pharmacy or from the CCG pharmacist. This was beneficial for links between the dispensary staff and the CCG medicine management team.
- The practice had established a service for patients to pick up their dispensed prescriptions at different locations. This was supported by systems to monitor how these medicines were collected.
- All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- There was a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was held off site to such as; loss of computer and essential utilities.

### **Arrangements to deal with emergencies and major incidents**

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Patient's needs were assessed and care delivered in line with relevant and current evidence based guidance and standards, including the 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 NICE and local guidelines and used this information to deliver care and treatment that met patients' needs.
- Clinical staff monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had purchased an ultrasound scanner and the senior partner had been trained in its use. This facility helped in making early diagnosis of conditions and identified those that required attention by a hospital consultant. Some patients we spoke with told us they had been scanned at the practice.
- An enhanced service included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles.
- The quarterly multidisciplinary meetings included district nurses and a member of the Practitioners Care Team (PACT). PACT staff were employed by the Health and Care Trust whose objective was to make improvements through general practices. The PACT staff consisted of nurse practitioners who carried out detailed assessments for 2% of those patients who were most at risk in their own homes. The records made were fed directly into the patient's records at the practice. PACT staff liaised directly with GPs at the practice.
- Weekly sessions were held at the practice by Gateway Mental health team who provided advice, support and signposted patients who were experiencing poor mental health.
- The practice funded a monthly clinical session by a diabetic nurse specialist who reviewed patients who were treated with insulin to control their diabetes.

- The health visitor who was assigned to the practice visited every alternate Wednesday to discuss patients who were considered to be at risk of harm.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Comparisons were also made with the local Clinical Commissioning Group (CCG). CCG's are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. QOF data published in January 2016 showed the practice was performing in line with CCG and national averages;

- The atrial fibrillation (irregular heart beat) review rate was 99% which was 1% below the CCG and the same as the national average.
- The mental health review rate of 99% was 4% above the CCG average and 6% above the national average.
- Performance for asthma related indicators was 100% which was 2% above the CCG average and 3% above the national average. The practice exception reporting rate was 1%.
- Performance for patients with a learning disability was 100% which was the same as the CCG and national averages. There was no practice exception reporting rate.
- Performance for diabetes related indicators was 99% which was 5% above the CCG average and 10% above the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 100% which was 2% above the CCG average and 4% above the national average. The practice exception reporting rate was 7%.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was the same as the CCG average and 2% above the national average. The practice exception reporting rate was 2%.

The practice had an overall exception reporting of 6%, which was 3% lower than the local Clinical Commissioning



# Are services effective?

## (for example, treatment is effective)

Group (CCG) average and 3% lower than the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improved patient care. They included:

- We saw evidence that dispensary staff undertook clinical audits. For example, there had been a review of stroke prevention in patients with atrial fibrillation. This review had identified where patients required improvement in their therapy and this had been actioned. The records informed us that the review would be repeated in April 2016 to check that the improvements made to patients care had been sustained.
- Another audit concerned a specific antibiotic and the changes made were recorded. We saw the results of the second audit that confirmed improvements had been achieved in the use of this antibiotic.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff were provided with a handbook at the commencement of employment that provided them with practice information and policies that they refer to.
- The practice had a training programme in place and extra courses were provided that was relevant to roles. For example, administration of vaccines, the cervical screening procedure and reviews of long term conditions. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received 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. The lead practice nurse told us about the training they had arranged regarding care of patients who had minor injuries.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and the out of hours care team.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs in an appropriate and timely way. Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning 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 on a monthly basis.
- The community based Proactive Care Team (PACT) who carried out assessments of some patients liaised with all relevant professionals to share information about patient's needs to promote joined up care.

### 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



# Are services effective?

## (for example, treatment is effective)

guidance, including the Mental Capacity Act 2005. GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.

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.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines.

### Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity. Patients were then signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The practice's uptake for the cervical screening programme was 100%, which was comparable to the CCG average of 99% and the national average of 98%.
- There was a policy to offer reminders by telephone or letter to patients required reviews for long term conditions. Letters for patients who had a learning

disability received letters in easy read format to assist them in understanding the need for their health check. Patients who failed to attend for their appointments were sent a letter advising them of the need to attend.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 93% and five year olds from 90% to 97%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the 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.
- Regular newsletters were developed and given to patients. These included developments of clinical services within the practice such as; only ordering the repeat prescriptions actually needed; community liaison volunteers were present Friday mornings to provide advice and how to find help. Healthy eating recipes, how to recognise the symptoms of meningitis and travel vaccinations were also included.
- The practice produced regular issues called 'we are the young' which were aimed at health care for patients aged 16 to 24 years. They included contraception advice, how to care for tattoos to avoid infection, eating disorders, available vaccines and how recognise the difference between cold and flu symptoms.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The seven patients we spoke with were very complimentary about the way in which all staff communicated with them.
- All of the 37 patient comment cards we received were positive about the service they received and about how staff liaised with them.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 99% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 97% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 97% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

- 100% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 98% and national average of 97%.

During our inspection we spoke with seven patients. All patients told us they were satisfied with the service they received. Some described the care as excellent. Some patients said the care they received as wonderful and that staff could not be more helpful. They all felt that no improvements were necessary.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards all were positive about the standard of care they received. Some described their care as brilliant, staff as very caring and efficient and they very lucky to be a patient at this practice. Further patient comments included the trust, empathy and respect that staff displayed towards them. They commented that they had absolute confidence that their medical interests were a priority.

During our inspection we observed various staff speaking with patients in polite and compassionate way.

We saw the results of the NHS friends and family test (FFT) for the last three months. It was recorded that 100% of patients were likely or extremely likely to recommend the practice.

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

Patients told us that clinical staff gave them good explanations 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 treatment options available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.

## Are services caring?

- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.

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

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

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. There were 52 carers which equated to

1.3% of registered patients. Practice staff provided guidance and support to carers by offering health checks and flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The waiting area included a dedicated notice board that included contact details of support agencies.

Staff told us that if families had suffered bereavement they were sent a sympathy card. Their usual GP contacted them, offered an appointment and signposted family members to the free access to South Worcestershire Bereavement Support. If necessary, a referral to a counselling service was offered.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found that practice staff were responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and arrangements were in place to address the identified needs of patients. Many services were provided from the practice such as; diabetic clinics, ante natal care, smoking cessation advice and the Gateway service for patients who experienced poor mental health. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- Weekly telephone advice was being piloted that provided for patients who could not attend during normal opening hours.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Urgent access appointments were available for children and those with serious or complex medical conditions.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- There was a practice based service for patients who needed regular blood tests to determine the amount of prescribed anticoagulation therapy (blood thinning) medicine they needed. District nurses took blood samples of those patients who were unable to access the practice and delivered them to the practice for them to be processed.
- The lead practice nurse offered weekly extended opening hours to improve patient access.
- There were facilities for patients with a disability, a hearing loop and translation services available.

### Access to the service

The opening times were:

- Knightwick Surgery 8am until 7pm daily and 8.30pm on Thursdays.

Consultation times were:

- Knightwick Surgery from 8am until 1pm and from 1pm until 6.30pm Mondays and Tuesdays, from 8am until

12.30pm and from 2.30pm until 6pm Wednesdays, from 8am until 12.30pm and from 3pm until 8.30pm Thursdays, from 8am until 12.30pm and from 1pm until 6.30pm Fridays.

- Appointments were available at Heaton House from 10.30am each Monday until all patients were seen.
- Appointments were available at Clifton Village Hall from 11.40am each Monday until all patients were seen.

During other times patients were directed to the out of hours service.

Urgent appointments were available on the day and if necessary the session size was increased to accommodate all same day requests. Routine appointments could be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits were available daily as required.

Results from the 2014-15 national GP patient survey published July 2015 showed that patients' satisfaction with how they could access care and treatment were above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 99% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 98% of patients described their experience of making an appointment as positive compared to the CCG average of 80% and national average of 73%.
- 90% of patients reported they were satisfied with the opening hours compared to the CCG average of 77% and national average of 75%.

Patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them.

We were told that two volunteers and one member of the PPG were to receive training in accessing the online service. Upon completion they would spend time within the practice showing patients how to do this.

### Listening and learning from concerns and complaints

## Are services responsive to people's needs? (for example, to feedback?)

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website and in the waiting area.

The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log and there had been four formal complaints received over the past 12 months.

# 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

Senior staff showed that they had a clear vision to deliver high quality care and promote good outcomes for patients. All staff spoken with were aware of their responsibilities and roles in developing the practice.

- There were details of the aims and objectives included in the practice's statement of purpose. For example, working in partnership with patients and treating them with dignity and respect.
- Clinical staff met regularly with two other practices to share achievements and to make on-going improvements where possible.
- Senior staff had considered the needs of the future that included the new house building programme that would impact on the number of patients registered.
- Further staff training for example, training the lead practice nurse to hold minor injury clinics to alleviate the pressure on GPs.

### Governance arrangements

The partners in the practice had the experience, capacity and capability to run the practice effectively and promote high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well-run practice. They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. This was evidenced during the inspection. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology.

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- Staff attended regular team meetings to discuss issues, patient care and further develop the practice.
- Practice staff proactively gained patients' feedback from patient surveys and engaged with patients in the delivery of the service. Senior staff acted on any concerns raised by both patients and staff.
- Practice specific policies were implemented and were available to all staff.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Practice seeks and acts on feedback from its 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. It had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. There was an active PPG which met every six months and regularly liaised with senior staff between these times. PPG members said they felt the staff listened to them and that changes would be facilitated whenever practicable. For example, the PPG had suggested the presence of the

# Are services well-led?

Good 

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

personnel from Citizens Advice Bureau at the practice. This service had been introduced and personnel were present at the practice each Friday morning. They also had the waiting room re-arranged to make it more comfortable.

Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. For example, there were plans in place to upgrade the telephone system. Staff and the PPG were asked to comment before the changes were implemented.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they held meetings with two other practices in the area to share knowledge and identify where improvements could be made. Discussions were in progress about how they would implement the proposed South Worcestershire Clinical Commissioning Group (CCG) new model of caring strategy.

## Management lead through learning and improvement