

# Stroud Practice

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stroud Practice on 2 November 2016. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice had recently started using the National Reporting and Learning System (NRLS).
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff had been trained to provide them with 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.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.
- The practice had good facilities and was well equipped to treat patients and we observed the premises to be visibly clean and tidy.
- Patients could access appointments and services in a way and at a time that suited them and 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.
- Patients surveyed reported high satisfaction with the helpfulness of receptionists and access to the practice by telephone.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations and the practice leaflet encouraged patients to identify themselves to staff.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result. The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

- There was a clear leadership structure and staff felt they were supported by the practice manager. The practice proactively sought feedback from staff and patients, which it acted on.

There were also areas of practice where the provider should make improvements:

- Continue to proactively identify registered carers

**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



- There were systems in place to monitor safety. These included systems for reporting incidents, near misses, positive events as well as comments and complaints received from patients. We found medicine alerts were actioned appropriately. The practice had recently commenced the use of the National Reporting and Learning System (NRLS) and they were able to show us an example of an incident they had reported.
- The practice had arrangements in place to respond to emergencies and major incidents. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. The GP partners held monthly meetings to discuss lessons learnt. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

### Are services effective?

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of quality improvement including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice offered an anticoagulation service for their patients and patients within the local community to support the monitoring and managing of patients on this medicine. Anti-coagulation medicines are used to help prevent blood clots.

# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) of 2015/16 showed patient outcomes were above average compared to the national average. The most recent published results were 100% of the total number of points available with an exception reporting rate of 6%. This was comparable to the national average of 9%.

## Are services caring?

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was a carer and 0.7% of the practice's population had been identified as carers. There was a carers noticeboard in the waiting room with detailed information on local support available. There was information in the practice leaflet, which encouraged patients to notify staff if they were carers.
- We saw that staff were helpful and maintained patient confidentiality. The practice also supported patients by referring them to a number of support groups including onsite stop smoking service and other support agencies.

## Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice ran an anticoagulant clinic for patients on warfarin registered at the practice and also for patients within the local community.
- Patients could access appointments and services in a way and at a time that suits them and telephone consultations and extended hours were also available. Results from the GP patient survey of July 2016 showed patients found the last appointment they had was convenient with a 96% satisfaction score, which was higher than the CCG average of 93% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a strong leadership presence with the Practice Manager and GPs and staff told us they were well supported. Staff we spoke with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the practice team and were proud to be part of the practice.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- 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 patients, which it acted on and the patient participation group was active.

# 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 offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned admissions. The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to access the practice.
- The practice worked closely with multi-disciplinary teams so patients' conditions could be safely managed in the community and the practice had subscribed to consultant connect where consultants were available on a dedicated phone line for prompt advice.
- Data provided by the practice showed that 100% of patients on the practice palliative care register had a face to face review in the past 12 months.

### People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 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. We saw evidence that meetings were held every month.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions.
- Longer appointments and home visits were available when needed and the practice nurse prescriber carried out home visits twice a week to patients who were unable to attend the surgery.
- A community diabetic nurse ran clinics twice a month to support patients with complex diabetes.

# Summary of findings

## Families, children and young people

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice offered extended family planning services including intra uterine devices (IUCD) fittings and contraceptive implants.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered walk in appointments for children who needed to see a GP during opening hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice.
- The practice's uptake for the cervical screening programme was 88% which was higher than the national average of 82%.

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice used electronic prescribing system (EPS) to assist patients who could not collect their prescriptions during opening hours.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. Data provided by the practice showed 283 patients had received a health check in the past 12 months.
- The practice offered a choice of extended hours to suit their working age population, with later evening appointments available once a week. Results from the national GP survey in July 2016 showed 82% of patients were satisfied with the surgery's opening hours which was higher than the local average of 77% and the national average of 76%.



# Summary of findings

## People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living with a learning disability, frail patients and those with caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Data provided by the practice showed that 75% of patients on the learning disability register had received their annual health checks. The practice sent regular appointments to these patients and was encouraging them to attend their health checks.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every month.
- 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.
- The practice's computer system alerted GPs if a patient was also a carer. There were 34 patients on the practice's register for carers; this was 0.7% of the practice list.

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

Good



- 91% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A counselling service was offered by a primary care mental health nurse once a week to support patients with mental health needs.
- 96% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, which was higher than the national average of 89%.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy seven survey forms were distributed and 122 were returned. This represented 44% response rate.

- 98% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Some of the comments received, told us the doctors and nurses were caring and a good service was always received.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The latest available data from the practice for the friends and family test which invites patients to say whether they would recommend the practice to others showed 83% of patients would recommend the practice.

## Areas for improvement

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

- Continue to proactively identify registered carers

# Stroud Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included two GP specialist advisers.

## Background to Stroud Practice

Stroud Practice is in Walsall an area of the West Midlands. The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical services contract (GMS) with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care. The practice runs an anti-coagulation clinic and also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice is situated in a multipurpose building with two other GP practices and a pharmacy. Based on data available from Public Health England, the levels of deprivation in the area served by Stroud practice are ranked at four out of ten, with ten being the least deprived. The practice has a registered list size of approximately 4,700 patients. The practice had a lower than average number of patients aged 75 years and over with 5% of the practice population being in this age group, which was lower than the local average of 8%.

There are two GP partners (1 male, 1 female). The nursing team consists of one nurse prescriber, one practice nurse and one health care assistant. The non-clinical team consists of a practice manager, administrative and reception staff. Some of the reception staff also carry out

the role of phlebotomy. At the time of the inspection we were advised that a new GP Partner will be commencing in January 2017 and the female GP partner will be leaving the practice.

The practice is open to patients between 8am and 6.30pm Monday to Friday. Extended hours appointments are available 6.30pm to 7.30pm on Tuesday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery.

When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider accessed via the NHS 111 telephone service and information about this is available on the practice website.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serve communities across the borough, covering a population of approximately 274,000 people. A CCG is an NHS Organisation that brings together local GPs and

experienced health care professionals to take on commissioning responsibilities for local health services.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Reviewed documentation made available?

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had commenced the use of the National Reporting and Learning System (NRLS) to share incidents that had occurred at the practice. One example of this was a referral for a hip scan that had been delayed and was raised as an incident by the hospital for review with the Clinical Commissioning Group and practice.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and held monthly GP partner meetings to discuss incidents, significant events and any safeguarding concerns. Lessons learnt were shared with staff through a communication book, memos and minutes of meetings. We reviewed 11 significant events that had occurred since February 2016 and saw events were properly managed. For example, one event related to the vaccine fridge which had exceeded the recommended temperature guide. This had occurred due to the vaccine fridge being switched off. This had been investigated and procedures had been put in place to ensure the fridges were not disconnected. Significant event records were well organised, clearly documented and continually monitored.
- Patient safety alerts were reviewed and acted on. The GPs told us that they reviewed and actioned safety alerts such as those received from the Medicines and Healthcare Products Regulatory Agency (MHRA). We saw a file was maintained of safety alerts received to show what action had been taken and when.

We reviewed minutes of meetings where incidents and significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice had introduced its own monitoring system to ensure cleaning was effective
- The practice nurse was the designated clinical lead for infection control and there was an infection control protocol in place and staff received regular training. The practice had effective systems in place to monitor infection control and the practice nurse carried out regular infection prevention checks. We saw evidence of audits and actions taken to address areas identified. An audit had been completed by Walsall Clinical Commissioning Group on 1 November 2016 and the results were not available at the time of inspection. The previous audit in June 2015 had shown the practice had achieved 98%.

## Are services safe?

- The arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, risk assessments and evidence

of safety checks were available. The practice had up to date fire risk assessments and carried out regular fire alarm tests. 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 carried out risk assessments for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and a rota system was in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an alert system in place 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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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 had achieved 100% of the total number of points available; this was higher than the national average of 95%. Exception reporting was 9% which was comparable to than the national average exception reporting of 8%. (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 2015/16 showed:

- Performance for diabetes related indicators was 99% which was higher than the CCG average of 93% and the national average of 90%. Exception reporting rate was 8%
- Performance for mental health related indicators was 100% which was higher than the CCG average of 94% and the national average of 93%. Exception reporting rate was 7%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100% which was higher than the CCG average of 96% and the national average of 96%. Exception reporting rate was 7%.

There was evidence of quality improvement including clinical audit. The practice shared with us several audits that had been completed within the last two years. This

included a full two cycle audit relating to the prescribing of statin medicines in patients with ischaemic heart disease (IHD) and/or diabetes where improvements made were implemented and monitored. The practice had also carried out an audit on the appropriate use of aspirin usage in patients with atrial fibrillation ; however this had yet to be re-audited to evaluate any improvements.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Due to staff shortages, the practice had recruited four new reception staff in the past 12 months who told us they had received an induction and were being supported by the practice manager and senior reception staff.
- The practice had supported clinical and non-clinical staff members through training courses. For example, nurses were supported to attend study days, such as updates on immunisations and cervical screening. The practice nurse had completed a course to review patients with chronic pulmonary obstructive disease (COPD). Some of the reception staff had been trained in phlebotomy.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.



# Are services effective?

## (for example, treatment is effective)

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had subscribed to consultant connect, where consultant advice could be accessed via a dedicated phone line.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice implemented the principles of the gold standards framework (GSF) for end of life care. This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. GSF meetings took place every month to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

- The practice had eight patients on their palliative care register. The data provided by the practice highlighted that 100% of these patients had had a face to face review in the past 12 months and 100% of the eligible patients had received a recent medication review. We saw that the patients on the register were regularly reviewed and discussed as part of multi-disciplinary meetings.

The practice took an active approach to joint working and engaged well with other health and social care services.

- A primary care mental health worker offered sessions twice a week to support patients with mental health concerns.
- A community diabetic nurse held a clinic every week to support patients with complex diabetes.
- The practice worked closely with social workers to ensure patients received the appropriate support in the community.

- The practice worked closely with local pharmacies to promote the electronic prescribing service and had 70% of patients receiving their medicine through this service, which was higher than the CCG average of 55%.

### 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.
- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records of audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation advice. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 88%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice



# Are services effective?

(for example, treatment is effective)

also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were higher than the CCG and national averages. For example,

- 80% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG and national average of 72%.
- 63% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 53% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 100% which were comparable to the CCG averages of 74% to 99%.

Immunisation rates for five year olds ranged from 76% to 100% which were comparable to the CCG average of 73% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Data supplied by the practice showed 283 patients had received a health check in the past 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

A display board in the waiting room displayed information on clinics and services available at the practice. This included joint injections, suture removals and smoking support. Information on mental health services and support groups was on display in the waiting room, these included details of the local dementia café and the local breast screening centre.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were in most areas higher than the CCG and national averages. For example:

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

Patients scored lower for having enough time with the GP than the local national average. For example:

- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

Results for helpfulness of receptionists were higher than the CCG and national averages. For example:

- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Results for nurses were higher than local and national averages. For example:

- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language and information was on display in various languages encouraging patients to advise the reception staff if an interpreter was required.

## Are services caring?

- Information leaflets were available in easy read format and in a range of languages.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. There were 34 patients on the practice's register for carers; this was 0.7% of the practice list. There was a noticeboard in the patient waiting room to provide patients with information on support and organisations available.

Staff told us that if families had suffered bereavement, the practice sent a letter of condolence which included details of support available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hours appointments were offered on Tuesday evening from 6.30pm to 7.30pm.
- The practice nurse carried out home visits twice a week for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Baby changing facilities were available and a notice was on display in the waiting room advising patients that a room for breast feeding was available.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were disabled facilities and translation services available. A notice in various languages was on display to encourage patients to notify reception staff if they required an interpreter. A hearing loop was available for patients with hearing difficulties.
- The practice ran an anti-coagulation clinic for patients on warfarin registered at the practice and also for the local community.
- The practice offered a variety of services including cervical screening, minor surgery, a range of family planning services and phlebotomy.

- The practice offered a range of services to support the diagnosis and management of patients with long term conditions.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from Monday, Wednesday, Thursday and Friday from 9.30am to 12pm and 2.30pm to 5pm, except on Tuesday when appointments were available from 10am to 11.30am and 2.30pm to 6.30pm.

Extended hours appointments were offered on Tuesday evening from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to one week in advance with a GP and four weeks in advance with nurses, urgent appointments were also available for people that needed them and the practice offered a walk in service for children that needed to see a GP.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice leaflet and website guided patients to contact the practice manager to discuss complaints.
- There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at three complaints received in the last 12 months and these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends.

Action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide primary health care to patients; with effective systems to deliver this vision and strategy. We spoke with four members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

### Governance arrangements

The governance arrangements outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, regularly reviewed and were available to all staff. Policies and documented protocols were well organised and available as hard copies and on the practice intranet. Staff we spoke with were able to easily access policies and demonstrated that they understood key policies on areas such as whistleblowing and safeguarding.
- An understanding of the performance of the practice was maintained. The practice manager regularly reviewed how the practice was progressing through QOF indicators. The latest published QOF results (2015/16) showed the practice had achieved 100% of points available to them.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, including the actioning of safety alerts.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.

### Leadership and culture

On the day of inspection the provider told us they prioritised safe, high quality and compassionate care. Staff told us the practice manager and GPs were approachable and listened to all members of the staff.

The GP partners and practice manager formed the senior management team at the practice. The management team encouraged a culture of openness and honesty throughout the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the practice manager and GPs.

The practice held regular meetings; these included monthly meetings of the GP partners to discuss significant events and complaints, multidisciplinary (MDT) meetings every month and departmental meetings. Whole team meetings had not been regular, due to the recruitment of four new reception staff who were currently going through induction. Staff told us they were kept well informed of changes and lessons learnt through a communication book in reception, memos and one to one discussions with the practice manager. All meetings were governed by agendas and meetings were clearly minuted, action plans were produced and lessons learnt were discussed and documented.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through patient surveys, the patient participation group (PPG) and complaints received. The PPG consisted of 18 members, 13 of the members were part of a virtual group. We spoke with three members of the group as part of our inspection.
- PPG meeting minutes were circulated to members who could not always attend the meetings and were added to the practice website. The practice proactively gathered feedback from staff.

Staff appraisals were completed regularly and 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 focus on continuous learning and improvement at all levels within the practice. The practice had encouraged staff to develop their skills. For example two of the receptionists had trained as phlebotomists.

The partnership has a new GP partner commencing in January 2017 who has completed a postgraduate certificate in medical education. The practice is looking to develop into a GP training practice in the near future.