

The Mortimer Medical Practice

Quality Report

Crease Orchard Surgery

Kingsland

Leominster

Herefordshire

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Website: www.mortimer.gpsurgery.net

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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Key findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Mortimer Medical Practice on 26 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems, processes and practices in place to protect people from abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The systems for the management of fridge temperatures was mostly managed effectively, however on the day of inspection we found that a fridge temperature was not being recorded correctly. This was immediately brought to the practice's attention and steps were put in place to demonstrate the correct procedure. However the practice were unable to tell us how long this had been happening and so we could not be assured that the medicines in the fridge had always been kept safe. After the inspection the practice sent documentary evidence to assure us that they have reviewed their process to ensure that patients are kept safe.

- The process for issuing repeat prescriptions was not in line with current regulations. The dispensary staff were issuing repeat prescriptions which were signed by the GPs after medicines were dispensed to patients. The practice provided evidence of a procedure for this process however it did not comply with national guidance.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved treated patients with compassion, kindness, dignity and respect and the National GP Patient survey results reflected this. In addition comment cards we received reported levels of satisfaction with the services at the practice and patients we spoke with provided positive feedback.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice reviewed the needs of their population and had initiated positive services for patients.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

The areas where the provider **should** make improvements are:

- Further strengthen the process for dispensing medicines into monitored dosage systems.
- Continue to review the process for the collection of prescriptions.
- Review the system for recording fridge temperatures to ensure that patients are kept safe.
- Ensure a stock of appropriate emergency medicines are available to cover potential emergency situations.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.

Please refer to the requirement notices section at the end of this report for more details.

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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	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	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

The Mortimer Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a member of the CQC medicines team.

Background to The Mortimer Medical Practice

The Mortimer Medical Practice provides primary medical services from a main surgery, Croase Orchard at Kingsland in Herefordshire and two branch surgeries in Orleton and Leintwardine. Dispensing services are provided at all three surgery sites (dispensary 1.6km). The practice has a registered list of approximately 8380 patients spread over a largely rural area of around 200 square miles. The practice population is the sixth least deprived decile in England. Level one represents the highest levels of deprivation and level ten the lowest.

The Mortimer Medical Practice offers a range of services including, family planning service, travel health, long term conditions, dementia clinics, footcare clinics, hearing

screening, young persons clinics, child immunisations, ear syringing and maternity and child health surveillance services. It is also a training practice and regularly supports qualified doctors who are training to become GPs.

A chaperone service is available for patients who request the service. This is advertised throughout the practice

Parking is available on site and the practice has facilities for disabled patients.

The practice team working across the three sites consists of five GP partners, two salaried GPs and a long term locum, supported by a practice manager, six practice nurses, and three healthcare assistants. In addition there is a team of 19 administrative, reception and dispensing staff and four housekeeping staff.

The practice is open Monday to Friday from 8.30am to 6.00pm. Home visits are available for patients who are too ill to attend the practice for appointments.

The practice treats patients of all ages and provides a range of medical services. The practice has a higher than average number of patients over 60 years.

The practice does not provide an out of hours service. When the practice is closed patients are directed to contact Primecare via 111.

The practice website can be viewed at:
www.mortimer.gpsurgery.net

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requiring improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. Staff knew how to identify and report safeguarding concerns and had access to internal leads and contacts from external safeguarding agencies. Monthly safeguarding meetings were held with multidisciplinary teams and discussed in clinical meetings. Staff were able to share examples of working with other agencies to support patients and protect them from neglect and abuse.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. (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).
- All staff who acted as chaperones were trained for the role and had received a DBS check. Notices were displayed in consultation rooms and reception areas informing them that chaperones were available.
- There was an effective system to manage infection prevention and control (IPC). There was a designated infection control clinical lead. The most recent clinical audit had been carried out in January 2018 and actions included a further apron dispenser in a clinical room.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to

manufacturers' instructions. The practice had a record of equipment calibration and portable appliance testing. Both of these had been carried out in January 2018. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. For example, weekly meetings were held to plan the needs of the service.
- There was an effective induction system for temporary staff tailored to their role. For example, an induction pack was available for locum staff which included checks made against their registration status, qualifications, training and a local map of the area.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections. For example, the practice had delivered sepsis training to all staff members in line with national guidelines.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, staff going on annual leave.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Are services safe?

On the whole the practice had reliable systems for appropriate and safe handling of medicines, however we found:

- The systems for the management of fridge temperatures was mostly managed effectively, however on the day of inspection we found that a fridge temperature was not being recorded correctly. This was immediately brought to the practice's attention and steps were put in place to demonstrate the correct procedure. However the practice were unable to tell us how long this had been happening and so we could not be assured that the medicines in the fridge had always been kept safe. After the inspection the practice sent documentary evidence to assure us that they have reviewed their process to ensure that patients are kept safe.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles, and had undertaken continuing learning and development.
- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. However, arrangements for dispensing medicines at the practice did not always promote best practice.
- During our inspection we evidenced that prescriptions at one of the sites of the dispensary was being given to patients without checking patients' names or addresses. This was raised with the practice manager on the day of the inspection who immediately sent us evidence that this had been revisited with all staff in the practice.
- The process for issuing repeat prescriptions with the exception of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) for patients were not produced and signed in accordance with the regulations. The dispensary staff were issuing repeat prescriptions and they were not reviewed and signed by a doctor until after the medicines had been handed out to the patient. The practice informed us that in order to turn around prescriptions in 24 hours it was not always possible for GPs to sign repeat prescriptions prior to dispensing. The practice provided written evidence of a procedure for this rationale and process. This outlined difficulties the practice faced working across three sites and the practice not having a system to produce forward ordered prescriptions. However, this process was not in accordance with the regulations.
- Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to reauthorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The process for packing medicines into monitored dosage systems (MDS) needed strengthening. For example we saw evidence that medicines were left in the foil and tablets were packed into compartment trays. We were told when this happened the GP would carry out a risk assessment and notify the dispensary when this was completed. Dispensary staff would attach a label informing the patient to remove the foil before ingesting, however examples of risk assessments produced did not evidence that the packing of foils in MDS had been considered.
- The practice held stocks of controlled drugs (CDs) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the

Are services safe?

keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

- The practice coordinated remote collections of prescriptions at four collection sites in surrounding villages. Appropriate risk assessments and processes had been undertaken for these sites and security and confidentiality had been assured. The surgery had a process to ensure prescriptions were tracked between the delivery sites and the dispensary.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date. However, the practice were prescribing opiate medication but did not stock naloxone (opiate overdose reversal). Immediately after the inspection the practice informed us that they had ordered naloxone for all of its sites.

- **Track record on safety**

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and routine safety checks undertaken. For example, we saw evidence of fire risk assessments.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and demonstrated an understanding of the procedure. All staff were able to raise an example of a significant event, the action taken and learning shared. Staff told us they were supported by managers when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice held monthly clinical meetings. They had recorded 67 significant events in the past twelve months. For example, a patient was booked into the wrong clinic. However staff took the appropriate action to ensure patients details were being checked on arrival.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. These were distributed to all the relevant clinical staff and discussed at clinical meetings. For example, the practice had shared an alert about a medicine used in women of child bearing age due to the risk of development disorders. The practice identified women at risk and took appropriate action.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We saw that GPs had up to date information about medicines and links to National Institute for Health and Excellence (NICE) guidelines on their computer and used these regularly. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment).

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was prescribing hypnotics, antibacterial prescription items and antibiotic items including Cephalosporins and Quinolones in line with local and national averages. We saw no discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice participated in vaccination programmes for this age group. They held flu spotting clinics including annual flu vaccine as specified in the national programme.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 171 patients a health check. 20 of these checks had been carried out. The practice informed us that patients were routinely reviewed for health checks during other routine appointments.
- Older people living in nursing homes were offered regular visits by the clinical team.

- The practice had been contracted to provide medical services at Leominster Community Hospital. This strengthened the communication for patients on admission to hospital and the follow up of older patients discharged from hospital. It ensured there was continuity of care and that care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice were part of the Herefordshire Carers Charter. They had an active lead carer who engaged with local services in the community to promote access to patients. The practice had identified 2% of carers in the practice.
- The practice regularly monitored older patients who had been discharged from hospital or had received care from the out of hours or A&E service. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs and that additional support could be offered.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training such as diabetes and respiratory care.
- The clinics included diabetes, asthma, chronic obstructive pulmonary disease (COPD), wound, leg and chronic venous ulceration dressings and anticoagulation (blood clinic).
- Data showed that patients with long term conditions such as high blood pressure, diabetes and COPD were comparable to the Clinical Commissioning Group (CCG) and national averages.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP and nurses worked with other health and care professionals to deliver a coordinated package of care.
- Longer appointments and home visits were available if required.

Families, children and young people:

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%. The practice achieved between 97% and 98% across all groups.
- There were appointments outside of school hours and any child who needed an appointment was seen on the same day.
- The practice building was suitable for children and babies with changing and feeding facilities.
- The practice offered confidential appointments for 12 to 18 year olds each week across all of its sites. Appointments were coordinated outside of school and college hours.
- Monthly safeguarding meetings were held with the lead GP to monitor all looked after children and those at risk of harm.
- The practice offered a full range of family planning services which included intra-uterine device (coil) insertion, barrier contraception, hormonal contraception implants and injections and sexual health advice.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's published uptake for cervical screening was 77%, which was below the 80% coverage target for the national screening programme. However during inspection the practice provided evidence to demonstrate that their most recent unpublished data for cervical screening was 81%.
- The practice rates for screening of breast and bowel cancer within six months of invitation was comparable to the local and national averages.
- Patients had access to appropriate health assessments and NHS checks for patients aged 40-74 years. In the last year the practice had offered 694 health checks and 357 of these had been completed. There was appropriate follow up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had systems to inform eligible patients to have appropriate vaccines.

- The practice offered online access to appointments and telephone consultations and electronic prescribing for routine prescriptions.

People whose circumstances make them vulnerable:

- The practice had a system of identifying carers either from self-statement of the carer or from being identified from social services.
- Carers' details were noted on the records so they could be signposted to appropriate services for additional support.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, substance misusers and those with a learning disability. Longer appointments were available when needed.
- The practice worked in conjunction with substance misuse services to support patients with drug and alcohol issues.

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

- The practice was proactive in supporting patients with dementia and was effective in being dementia friendly. A dementia nurse held weekly clinics across sites.
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the local average of 86% and the national average of 83%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the local average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 90% compared with the CCG average of 92% and the national average of 90%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the

Are services effective?

(for example, treatment is effective)

effectiveness and appropriateness of the care provided. The practice undertook regular clinical audits and actions and improvements were implemented and improvements monitored. In one particular example we looked at the number of new cancer cases. The audit carried out demonstrated timely actions to secondary services to support and action patient care.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 7% compared with a national average of 9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Where appropriate, clinicians took part on local and national improvement initiatives such as flu vaccinations.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Newly appointed staff received an induction to their work. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules and face-to-face training.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Clinical meetings were held regularly with multidisciplinary teams to discuss patients and complex needs.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example long term conditions.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health and supported and signposted patients that required support.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We spoke with four patients on the day of inspection and received 28 patient Care Quality Commission comment cards. Results we received were highly positive about the service experienced. Comments included that staff were caring, they were always able to get an appointment and the practice was very clean and hygienic. Results of the NHS Friends and Family test for 2016/17 indicated that 92% describe their overall experience of this surgery as good.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 221 surveys were sent out and 134 were returned. This represented about 60% response rate and 3% of the practice population. The practice were comparable with local and national averages or its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 88%.
- 82% of patients who responded said the GP gave them enough time compared with the CCG average of 89% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.

- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 86%.
- 92% of patients who responded said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 94% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 91% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and took action to ensure they met the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice was part of Herefordshire Carers Charter and proactively identified patients who were carers by discussing their caring roles during consultations and health checks and using posters in waiting areas informing

Are services caring?

them support was available. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 211 patients as carers (2% of the practice list).

- A lead nurse acted as a carers' champion to ensure that services supporting carers were coordinated and effective. The practice was instrumental in participating in carers week and promoting services available to its patients across all of its sites.
- Staff told us that if families had experienced bereavement, they passed on their condolences. A call or a patient consultation could be arranged at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.

- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Curtains were provided in consulting room to maintain patients privacy and dignity during examinations, investigations and treatment.
- Seating areas were set back away from the reception area to promote privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours for emergency appointments, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible. For example flu spotting clinic, footcare clinics, physio appointments and nail cutting services.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the surgery coordinates remote collections of prescriptions at four collection sites in surrounding villages.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was part of the Herefordshire Carers Charter and had an active lead carer who was instrumental in attending local carers meetings and promoting the services for patients.
- The practice was recognised as a dementia friendly service and actively promoted this to patients to support them to access appropriate care.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- A lead nurse maintained contact with nursing homes and completed regular visits of patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- The practice held weekly hearing clinics and all patients were offered free hearing screening.
- The practice provided a nail cutting services for older patients who may benefit from this service.
- The practice had an active lead carer who worked with patients to promote services in the local area.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and care coordinated with secondary services.
- Due to the rurality of its patients diabetic retinopathy clinics (eye check for patients diagnosed with diabetes) are held twice per year to reduce the impact of travel to secondary services.
- The practice provided anticoagulation clinics (blood checks/monitoring).
- The practice worked closely with services to deliver health sessions to its patient. For example Healthier You which delivers advice and information on the risks of diabetes.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a lead GP for safeguarding and monthly meetings were held to monitor all looked after children and those at risk of harm.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered confidential appointments for 12 to 18 year olds each week across all of its sites. Appointments were coordinated outside of school and college hours.
- The practice worked closely with services to refer younger patients affected by mental health.
- The practice offered a full range of family planning services which included intra-uterine device (coil) insertion, barrier contraception, hormonal contraception implants and injections and sexual health advice.

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, flexible and offered continuity of care. For example, telephone consultations and triaging were available which supported patients who were unable to attend the practice during normal working hours.
- Online services were available for booking appointments and ordering repeat prescriptions.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, substance misuse and those with a learning disability.
- There was a clinical lead for managing the vulnerable care of adults and children.
- The practice held regular meetings multidisciplinary meetings to review vulnerable patients and coordinate care.
- The practice was proactive in understanding the needs of patients, such as those approaching the end of their life or housebound patients. Each patient was assessed according to their need of support.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held mental health and dementia nurse clinics. The GPs worked closely with the community psychiatric nurse and dementia team who completed home visits for housebound patients.
- The practice had a lead dementia nurse and was recognised as a dementia friendly practice. The dementia team completed home visits for housebound patients and worked closely with local services to actively promote services and signpost patients for support.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. Information was available to patients about appointments on the practice website. This included information available on the out-of-hours services available when the practice was closed.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 81% and the national average of 71%.

Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 87% and the national average of 84%.
- 88% of patients who responded said their last appointment was convenient compared with the CCG average of 86% and the national average of 81%.
- 92% of patients who responded described their experience of making an appointment as good compared with the CCG average of 90% and the national average of 85%.
- 71% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 55 complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint from a patient who was not booked in for an appointment. This was investigated by the practice and communication and processes were revisited.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- There was clear and effective leadership at all levels. Leaders demonstrated experience, capacity and capability needed to deliver sustainable care. The GPs were supported by a management team. There were regular meetings and systems of leadership which aimed to ensure that the practice had considered the needs for the future.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality of future services. They understood the challenges and were addressing them. Challenges included the growing population, rural location and changing workforce.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff had lead roles and were aware of their roles and responsibilities.
- The practice was forward thinking and innovative in its approach to providing patient centred care. It actively sought opportunities to pilot new projects and develop new services. For example, flu spotting clinic and diabetic prevention research.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice took steps to ensure succession planning was in place and regularly reviewed it.
- A systemic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example, the practice took over the contract in a local community hospital which enhanced the care to its patients being discharged from secondary services.

- The practice leadership was committed to meeting the needs of its population and sought opportunities to provide responsive joined up services to provide better outcomes for patients.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The practice developed staff roles considered to be beneficial to its practice population. This was reviewed in practice meetings and during succession planning meetings.
- The practice understood the rurality and challenges of its practice population and developed a strategy to build responsive services in line with health and social care priorities across the region. There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Strategies and plans were aligned in the wider health economy and there was a demonstrated commitment to improve patient care. For example the practice had taken part in many research projects with Warwick University.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. The practice regularly engaged with patients and local services to offer a number of facilities in the practice. For example, hearing tests and nail cutting services.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They were motivated to achieve the vision and were dedicated to the care of the patients.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. There were high levels of satisfaction across all staff groups. All staff we spoke to on the day of the inspection told us they could discuss anything with the practice manager and GP's. They were proud to work in the practice.

Are services well-led?

Good 

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

- The practice focused on the needs of patients and worked to initiate and deliver innovative holistic approaches to improving the wellbeing of their patients. For example a flu spotting and research ready practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. Staff knew the vision and values of the practice and adopted this in their work.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff had access to policies in the event of needing to raise concerns in relation to staff in the workplace.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Nurses were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The practice supported time off for GPs for example, sabbaticals were encouraged.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There was programmes of staff meetings and communication. Staff reported there were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However the process for recording fridge temperatures needed strengthening and prescriptions were not produced and signed in accordance with the regulations.
- There were regular meetings and training events to update staff on any governance changes.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was risk assessments and action plans that were monitored and acted upon to ensure the safety of staff and patients.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints. There was a demonstrated commitment to best practice performance.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- We saw evidence that the practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

Are services well-led?

Good 

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

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in weekly meetings with the GPs and practice manager.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The practice used information from NHS England and the Clinical Commissioning Group (CCG) to monitor performance and make improvements.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had regular meetings to feedback to staff information received from patients about the quality of care.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG) and meetings were held bi-monthly. The PPG had been instrumental in helping to make improvements in the practice. For example, better access for disabled patients. The group actively promoted new services at the practice by producing updates in local parish magazines and supporting annual surveys.

- The practice engaged with patients and the general public through a practice newsletter, the website and integration with community services.
- The service was transparent, collaborative and open with stakeholders about performance including sharing lessons learnt and the recording system they had adopted.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice, this included improving administrative systems, development of new protocols and responding to data in relation to prescribing and best practice.
- The practice was forward thinking to improve the outcomes for patients in the area for example providing hearing loss clinics and a flu spotting practice.
- The practice was responsive to the rurality of its patients. There was a clear approach to seeking out and integrating services to improve patient care. For example, the practice offered diabetic retinopathy clinics (eye check for patients diagnosed with diabetes) twice per year.
- The practice was innovative as a research ready practice and was linked to the Clinical Research Network. They had completed many research studies, for example FAST Asthma (asthma management), WRAP (weight reduction) and CANDID (cancer diagnosis decision rules). This work had a positive impact to its patients as it identified potential advances in healthcare, which could lead to better health outcomes.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice held regular health education sessions to its staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: • Prescriptions were not produced and signed in accordance with the regulations. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.