

# Dr Tiley and Partners

## 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 Dr Tiley and Partners on 22 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

### We saw an area of outstanding practice:

- GPs performed paediatric venesection (taking of blood samples) for some children to try to reduce the need to attend the local paediatric ward.

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

- Consider a process to follow up patients that are overdue medication reviews to ensure effective management of repeat prescribing.
- Review the non-audible fire alarm system in place.
- Consider an active carers' register.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example:

- 98.7% said the GP was good at listening to them compared to the CCG average of 92.9% and national average of 88.6%.
- 99.4% said the GP gave them enough time (CCG average 92%, national average 86.6%).

Good



# Summary of findings

- 100% said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 95.2%)
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Views of external stakeholders were very positive and aligned with our findings.
- Carers at the practice were identified on the practice electronic systems but the practice had yet to complete a carers register.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had listened to the patients and made every attempt to secure 10 further patient car parking spaces from August 2016.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.

Good



## Are services well-led?

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

- 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 this.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Meetings took place monthly to discuss patients on the practice hospital admissions avoidance register, many of whom were older patients, who had been admitted or attended A&E.
- The practice completed 'Avoidance of Unplanned Admissions Plans' these included older patients.

### People with long term conditions

The practice is rated as good for the care of 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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held a regular diabetes clinic every Wednesday, had diabetic foot screening appointments once a month and diabetic eye screening appointments took place every 6 weeks.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was

# Summary of findings

69.49%, which was slightly lower than the national average of 75.35%. The practice had responded and the GPs assured us that this was in the process of being addressed by increasing the knowledge and skills with another member of staff in the team to assist in the monitoring of patients.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80.58%, which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The GPs performed paediatric venesection (blood taking) for some children to try to reduce the need to attend the local paediatric ward.

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

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

- The needs of 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 provided guaranteed same day appointments available from 11:30am to 12.45pm daily.
- The GPs provided patients the option of a telephone consultation whilst a patient is at work if required.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

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

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

- 95.24% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84.01%.
- Performance for mental health related indicators were comparable with the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 80% when compared with the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had a practice based counsellor.
- A practice based Community Mental Health Trust (CMHT) liaison nurse was to provide appointments at the practice from January 2016.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The results of the national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. Two hundred and fifty two survey forms were distributed and 115 were returned, this represented a response rate of 45.6%.

- 95.8% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 85% and a national average of 73.3%.
- 92.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.4%, national average 85.2%).
- 94.2% described the overall experience of their GP surgery as fairly good or very good (CCG average 90%, national average 84.8%).

- 91.9% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83.4%, national average 77.5%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all overwhelmingly positive. They noted that staff were very helpful, GPs listened and they did not feel rushed in consultations, they felt excellent care and advice was given to them by the GPs and nurses and all staff were very professional. There were a few additional comments amongst the positive, which included parking, which the practice was in the process of addressing with the addition of 10 additional car park spaces.

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

# Dr Tiley and Partners

## Detailed findings

### Our inspection team

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

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

## Background to Dr Tiley and Partners

Dr Tiley and Partners, also known as Prescott Surgery, is located in the rural village of Baschurch in North West Shropshire, approximately seven miles from Shrewsbury. It is part of the NHS Shropshire Clinical Commissioning Group (CCG). The total practice population is around 6,300 patients spread across a wide geographical area. The practice covers the villages of Ruyton XI Towns, Bomere Heath, Yeaton, West Lullingfields and Myddle. It is a rural dispensing GP practice that was built in 1964/5 and extended in 1989/90. The practice has a higher proportion of patients aged 65 years and above compared with the practice average across England. For example, 12% of patients registered are aged 65-74 years compared with the national average of 9%.

The staff team comprises of three GP partners. The senior partner has recently left the practice. One of the other partners has taken up the senior role and has appointed another GP initially as a salaried GP for 12 months before becoming a partner. The clinical practice team also includes three salaried GPs and a GP Trainee making a total of six GPs and a GP Trainee. There are three part-time practice nurses, two phlebotomists, supported by a practice manager, three dispensary staff including a trainee

and seven administration/reception staff, making a total of 23 staff. The practice is supported by a care coordinator as an attached staff member who offers a signposting service for frail and vulnerable patients, their family and/or carers.

The practice and dispensary are open Monday to Friday 8.30am to 6pm. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switch to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. GPs at the practice also work as members of Shropdoc. The practice is a teaching practice.

The practice provides a number of clinics, for example long-term condition management including asthma and diabetes. It also offers child immunisations, minor surgery, and travel vaccinations. The practice offers health checks and smoking cessation advice and support. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities. They also provide some Directed Enhanced Services, for example they are a dispensing practice, offer minor surgery and the childhood vaccination and immunisation scheme for their patients.

## 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

# Detailed findings

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.

## How we carried out this inspection

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

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

We also looked at how well services 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)

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 January 2016. During our inspection we spoke with a range of staff which included the practice manager, nursing staff, dispensary staff, administrative and receptionist staff and GPs. We spoke with seven patients who used the service and a member of the patient participation group where patients shared their views and experiences of the service.

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

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a repeat medicine was ordered a dispenser accidentally made a picking error and selected a medicine which was very similar in name. This error was not picked up by the dispensary staff member who was assigned as the double checker of the medicines. All involved in this process were interviewed and errors brought to their attention. The dispensary team reported any errors in an open and transparent format and any training needs were addressed and the standard operating procedures reaffirmed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 relevant to their role. GPs were trained to safeguarding level three.

- 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 check (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. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken or planned to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were 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 practice was a dispensing practice to 99.9% of their registered patients. This was managed by a lead dispenser with three qualified dispensary staff. The practice were recruiting to the one dispensary staff member vacancy at the time of the inspection. The practice held controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. There were arrangements in place for the destruction of controlled drugs. The dispensary completed regular drug audits.

## Are services safe?

- A patient informed us that they had been inadvertently given a prescription sheet for another patient. They had immediately alerted the dispenser and handed them back the prescription sheet. Following this event the lead dispenser documented this in their error book and reported this as an untoward incident. According to the practice's own policy, the dispensary error book should have contained not just the event that occurred, but also the investigation, outcome and resultant actions taken, or have a reference to the significant event log for these details for audit purposes. It did not on this occasion.
- We reviewed four 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.
- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had carried out regular fire drills, for example in April and October 2015. However, we found that the GPs had not attended the fire drills. The practice assured us that this would be rectified. The fire alarm was not an audible alarm system. The system in place was that should a fire be detected staff would shout 'fire' as the building is single storey. This was discussed with the practice. It was not clear whether the practice had ascertained that a staff member shouting 'fire' could be heard in all rooms when occupied.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and 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. There was a rota system in place for all the different staffing groups to ensure that 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 instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all the staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 that the practice had achieved 93% of the total number of points available, with 7.6% exception reporting which was 4% below the Clinical Commissioning Group (CCG) average and 1.6% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators were better than or comparable with the CCG and national averages. For example, the percentage of patients with diabetes, on the register, with a specific blood test result recorded was 79.57% when compared to the national figure of, 77.54%.
- The percentage of patients with hypertension having regular blood pressure tests was 85.11% which was comparable with the national average of 83.65%.

Performance for mental health related indicators were comparable with the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive,

agreed care plan documented in the record, in the preceding 12 months was 80% when compared with the national average of 88.47%. The percentage of patients diagnosed with dementia in a face-to-face review in the preceding 12 months was 95.24%, which was better than the national average of 84.01%.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years. Four of these were completed audits where the improvements made were implemented and monitored. These included; a medicine review of all patients over the age of 85 years and on four or more medicines and an audit of high risk drugs. As a result of the audits of high risk drugs the practice had seen year on year improvement since 2012.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice identified patients who could potentially be included on their frail and vulnerable patient register. The review also highlighted patients who were having difficulties managing to take their medicines and the GPs were able to review how these difficulties may be best managed with the patients themselves. The practice provided documentation which showed that the pharmacist who conducted the review had needed to make less suggestions for improvements to prescribing when compared to other practices in the CCG.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.



# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and facilitation and support for revalidating GPs. All the staff had either had an appraisal within the last 12 months or one had been planned in the new practice manager's diary including the GP partners with clinical staff.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.
- The process for seeking consent could be monitored through records audits of the treatment templates used for example in long term conditions such as Chronic Obstructive Pulmonary Disease (COPD) This is the name used to describe a number of conditions including emphysema and chronic bronchitis.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80.58%, which was comparable to the national average of 81.83%. There was a policy to offer letter reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.9% to 98.1% and five year olds from 93.7% to 96.8%.

Flu vaccination rates for the over 65s were 72.22% when compared to the national average of, 73.24%, and at risk groups 52.78%, when compared to the national average of 56.56%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one of the members of the patient participation group (PPG). The membership consisted of up to six people the majority of whom were retired, with one person of working age. They told us that they had met every six months since their inception approximately three and a half years earlier but that to date, none of the GPs had attended their meetings. The PPG agenda and meeting minutes were completed by the practice staff. The PPG also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98.7% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.9% and national average of 88.6%.
- 99.4% said the GP gave them enough time (CCG average 92%, national average 86.6%).

- 100% said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 95.2%)
- 96.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 85.1%).
- 98.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 92.2% said they found the receptionists at the practice helpful (CCG average 90.1%, national average 86.8%).

### 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 on the comment cards we received was also positive and aligned with these views.

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. For example:

- 94.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.6% and national average of 86.0%.
- 95.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.8%, national average 81.4%).
- 96.6% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89.5%, national average 84.8%).

These survey results were better than the CCG and national averages.

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. They had yet to set up a carers' register. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation 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.

# 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.

- The practice offered a guaranteed appointment between 11.30am and 12.45pm for patients who wished to be seen on the day but for whom morning appointments had not been available.
- An additional GP was scheduled on a Monday morning to meet increased demand.
- Telephone appointments with the GPs were available for those who wished to speak with a GP which assisted working patients who could not attend during normal opening hours.
- Before the bank holiday and Christmas and Easter periods, the practice proactively managed appointments to ensure they could meet the potential increase in demand.
- Patients could book up to four weeks in advance to see their named GP.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Daily blood testing was available.
- Minor surgery was available at the practice and procedures such as joint injections.
- There were disabled facilities, a hearing loop and translation services available.
- The practice dispensary provided a weekly delivery service to patients who live in the village of Bomere Heath who had difficulty attending the practice to collect medication.
- Following feedback from patients the practice worked with the Parish Council to obtain 10 additional car parking spaces for staff to be effective from August 2016.
- The practice had a practice based counsellor.

- A practice based Community Mental Health Trust liaison nurse provided appointments at the practice from January 2016.
- The launch of the practice's new website was planned for 12 February 2016 which was to be android and iPhone compatible.
- The practice hosted a podiatry service and retinal screening service.
- The practice hosted additional services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as the retinal screening service and abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).
- The practice worked with the community midwives, district nurses and health visitor services who attended to patients registered at the practice.
- The practice community and care co-ordinator was based at the practice for at least one day per week to assist patients in need of help, support and advice by signposting them to other services. They work with the NHS, Council, and voluntary services.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. Some GPs at the practice also worked as members of Shropdoc.

Results from the national GP patient survey carried out in July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 89.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 74.9%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 95.8% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73.3%).
- 57.1% patients said they always or almost always see or speak to the GP they prefer (CCG average 62.9%, national average 60.0%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the clinical and partner meetings were seen as opportunities to discuss the learning opportunities from comments and complaints, the actions taken and in the implementation of changes where required.

# 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 deliver high quality care and promote good outcomes for patients. This included the provision of excellent holistic patient care and to be forward thinking in their plans and approach to achieving their aims.

- The practice had a robust strategy and a five year supporting business plan which reflected the vision and values and were regularly monitored.
- The practice had acted on the need for a new practice manager who was recruited to post nine months ago in March 2015.
- Part of the practice five year plan included putting forward a bid to develop the building to be future fit as patients numbers had grown. The practice hoped to develop additional primary care services to meet patients' needs and to undertake further GP training.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This 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 and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to

listen to all members of staff. One staff member reported that they had found less time to complete their clinical role in supporting respiratory patients which they had reported to the practice manager and GPs. We were assured by the GPs that this was in the process of being addressed by increasing the knowledge and skills with another member of staff in the team.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

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

- Staff told us the practice held regular multi-disciplinary team meetings.
- Whole staff meetings had yet to be held due to staffs various part time hours but it was the practice manager's ambition to achieve this where able.
- Weekly clinical meetings took place every Friday to discuss a range of topics including hospital admission avoidance, palliative care, and complex patients and to invite external clinical speakers.
- GPs met every day at 11:15am to discuss booked home visits, phone calls and for the GP team to discuss any clinical issues.
- The GP Trainee had a named GP to contact during their surgery and a debrief took place at the end of each surgery.
- The practice held a weekly GP tutorial for two hours on a Friday morning. This assisted staff to remain up to date with best practice guidance and provided topics which further supported GP Trainees at the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they ordinarily felt respected, valued and supported, particularly by the partners in the practice. All the staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good 

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and could submit proposals for improvements to the practice management team. This had included the provision for additional care park spaces which had been agreed for August 2016. The GPs did not attend the Patient Participation Group (PPG) meetings and the agenda was set by the practice. The PPG could add to the agenda during the meetings.

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. From January 2016 the practice will provide on-site appointments with a Community Mental Health Trust Primary Care Liaison Nurse to further support patients. GPs performed paediatric venesection (taking of blood samples) for some children to try to reduce the need to attend the local paediatric ward.

A weekly two hour GP tutorial took place every Friday morning to support staffs knowledge. This assisted staff to remain up to date with best practice guidance and provided topics which further supported GP Trainees at the practice.