

# Spa Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

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 The Spa Medical Practice on 20 September 2016.

Overall the practice is rated as good.

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

- There were effective systems in place to monitor and maintain patient safety in the practice.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. Incidents were regarded as opportunities for learning across the practice team and for improving patient care.
- Patients' needs were assessed and care delivered in line with best practice guidance.
- Staff had received training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us that they were treated with kindness, dignity and courtesy and that they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- All patients had a nominated GP, which provided continuity of care. Family members had the same nominated GP.
- Patients said they found it easy to make an appointment with a named GP and that they appreciated the continuity of care. Patients could get urgent appointments the same day.
- There was strong collaboration between the practice and the Patient Participation Group.
- There was active liaison with the Worcestershire Association of Carers. 3% of patients had been identified as carers.
- The Spa Medical Practice was the base for the town INR service (a service to monitor patients on a blood-thinning medicine).
- A GP had initiated the diagnostic ultrasound service, which was funded by the Clinical Commissioning Group.

# Summary of findings

- The practice proactively initiated alternative ways to improve patient outcomes. For example, it was the first in the county to employ an advanced nurse practitioner who was a qualified Acute Care Practitioner.
  - The practice was located in purpose-built premises and was well equipped to treat patients and meet their needs.
  - There was a strong and visible clinical and managerial leadership structure and staff felt supported by 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 several areas of outstanding practice including:
- The business manager had been instrumental in setting up the Social Prescribing Pilot project in the Locality. The project provided advice and support for patients with social needs or for those who had mental health issues.
  - The practice provided a minor injuries service, because the practice was situated more than five miles from the nearest A&E department. The minor injuries service was open between 8am and 6.30pm for any new injury that had occurred within the past 48hrs. This was a walk-in service for any patient.
  - A Gateway worker and a psychologist from the Primary Care Mental Health Service held clinics at the practice every Monday. Mental health counselling was also available every Thursday.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- The system for reporting and recording significant events was effective. All incidents were fully investigated and logged on a spreadsheet. Staff understood their responsibilities with regard to raising concerns and reporting incidents and near misses. Significant events were discussed at the monthly clinical governance meetings and learning points shared at the full practice meetings.
- Lessons learned were shared with the team at regular meetings to ensure that action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent a recurrence.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff had received safeguarding training appropriate to their role.
- The practice assessed risks to patients and had systems for managing specific risks such as fire safety, infection control and medical emergencies.
- The practice engaged an external consultant firm to advise on their health and safety procedures, including their health and safety handbook, and to undertake an annual inspection. This ensured that the practice received up to date guidance in health and safety matters.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure and loss of medical records. Mutual aid arrangements with local practices had been agreed in the event of an emergency.
- There were sufficient staff on duty to keep patients safe and the practice was clean and tidy.
- Recruitment procedures were followed to ensure that appropriately qualified staff were employed at the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed that most patient outcomes were at or above average compared to the national average.

# Summary of findings

- Staff assessed needs and delivered care in line with National Institute for Health and Care Excellence (NICE) and local guidelines.
- The practice engaged with the South Worcestershire CCG Improving Quality and Supporting Practices scheme to drive improvements in clinical care.
- Clinical audits were carried out and the findings used to improve the quality of care.
- Staff had the skills, knowledge and experience appropriate to their roles to enable them to deliver effective care and treatment. The practice invested in staff training at both internal and external courses. GPs had time allocated for training every week.
- We saw that appraisals were carried out on an annual basis and that personal development plans were in place for all staff. We saw that performance management plans were introduced if necessary.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.
- Staff worked with other health care teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice as average or higher than others for several aspects of care.
- Patients told us that they were treated with kindness, dignity and respect and that GPs and nurses involved them in decisions about their care and treatment. Opinions expressed on the comment cards aligned with these views.
- Views of external stakeholders were positive about the standard of care provided. For example, the managers of four local care homes said that the standard of care was extremely high and that the GPs took care to involve the patients as much as possible in discussions about their treatment.
- Patient information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality. Staff were very polite and helpful to patients both at the reception desk and on the telephone.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



- Practice staff reviewed the needs of its local population and worked closely with the NHS England Area Team and South Worcestershire Clinical Commissioning Group (CCG) to adapt services to suit the requirements of the local community. A GP was the Chair of the SWCCG and the business manager was a Board member for the Foundation of the South Worcestershire Federation, so they were at the forefront of discussions to improve services in the community.
- We saw examples of innovative approaches to providing integrated patient focussed care, which recognised the link between health and social care needs. For example, the business manager had been instrumental in setting up the Social Prescribing Pilot project in the Locality.
- The practice provided a Minor Injuries service, because the practice was situated more than five miles from the nearest A&E department. This was a walk-in service for any patient.
- The practice had submitted a successful business case to the CCG to secure funding to set up a diagnostic ultrasound service. Patients were able to get an appointment within two weeks, compared to the average waiting time at the local hospital of more than six weeks.
- The practice ran an INR monitoring service for patients from three local practices.
- Patients said they found it easy to make an appointment with their named GP and that they valued the continuity of care. Urgent appointments were available the same day and an appointment with a GP was available within 48 hours.
- Patients could access appointments and services in a way and at a time that was convenient for them. Patients were able to book or cancel appointments via the Patient Partner option on the practice's telephone system. This was in addition to the online facility to which patients could subscribe.
- Extended hours were available which provided flexibility for patients who could not attend during core opening hours.
- The practice implemented suggestions for improvements and made changes to the way in which services were delivered in response to feedback from patients and from the Patient Participation Group (PPG). For example, the practice had decided to recruit additional staff to help ease the pressure at the front desk, because patients had complained about waiting times at the front desk.
- Data from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with accessing care and

# Summary of findings

treatment was rated in line with or above local and national averages: 78% of patients found it easy to get through to the practice by telephone, which was above both the CCG and national averages of 75% and 73% respectively.

- The practice was located in purpose-built premises, which they had been able to help design to meet their requirements. The building had good facilities and disabled access. It was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded in a timely manner to complaints. Learning from complaints was shared with staff and other stakeholders, including the PPG.

## Are services well-led?

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

- The practice had a clear vision and strategy to provide high quality care and promote the best possible outcomes for their patients. Staff were clear about the vision and their responsibilities with regard to achieving it.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- There was a clear leadership structure with strong and visible leadership from the GP partners and management team. Staff understood their roles and responsibilities and said that they felt supported by the management team, who were very approachable.
- There was an overarching governance framework which supported the effective delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Monthly clinical governance meetings were held to share best practice and discuss lessons learned.
- Coding and staffing issues affected the results for some QOF indicators in 2014/15. For example, chronic lung disease and dementia reviews. Results for 2015/16 showed an upward trend.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. We saw evidence of meetings which demonstrated that the

Good



# Summary of findings

management team shared learning outcomes not only within their own practice but also with local practices, so that the learning was widespread. Significant events were also shared with external agencies such as NHS England when necessary.

- There was a schedule of regular practice meetings and there was a comprehensive induction process. Staff told us that they were encouraged to develop their skills. This encouragement extended to the trainee GPs, two of whom had stayed to become associate GPs, because of the support and high level of job satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on. There was strong collaboration with the Patient Participation Group (PPG), which met regularly and contributed to practice development. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG helped with patient surveys, submitted proposals for improvements to the management team and helped to arrange health events for patients and the PPG. The business manager was the lead for the Locality PPG and was responsible for producing the quarterly newsletter.
- There was a strong focus on continuous learning and improvement at all levels with participation in local pilot projects.



# 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.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission.
- The practice provided care for patients in seven local care homes. The patient's nominated GP visited regularly, thus ensuring continuity of care.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- A GP from the Health and Care Trust held a weekly clinic to assess frail, elderly patients. This service was funded by the Locality.
- The practice participated in a foot care clinic run by Age UK every Thursday morning.

### 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.
- Nursing staff had oversight for several clinics for patients with long term conditions such as asthma, diabetes and chronic lung disease, and had received appropriate training.
- Longer appointments and home visits were available when needed.
- All these patients had 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 Spa Medical Practice was the base for the town INR service (a service to monitor patients on a blood-thinning medicine) for patients from three local practices. 500 patients were on the database. An average of 30 appointments were available every

# Summary of findings

day with an anticoagulation nurse and an average of six home visits were provided for patients who were housebound. The clinic provided monitoring and adjustment of the drug warfarin and gave patients the opportunity to learn about their medicines, have their blood tests evaluated, and dose adjustment made accordingly.

- The in-house pharmacist carried out reviews of patients with asthma and chronic lung disease, supported by the GP lead.
- The nursing team provided healthy lifestyle advice and NHS health checks.
- The practice website had links to support services for patients with long term conditions. For example, Asthma UK, Diabetes UK and the British Heart Foundation.
- The practice clinical team had received additional training in long term care. For example, a GP had been trained to provide an insulin initiation service to diabetic patients.

## Families, children and young people

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

- 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.
- 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 82% which was slightly below the CCG average of 84% and the same as the national average of 82%.
- Childhood immunisation rates were comparable to local and national averages.
- Appointments were available outside of school hours with GPs and nurses. A separate area set aside for children had been decorated with a mural and a breast feeding room was provided on the second floor.
- A GP also worked at Birmingham Children's Hospital in the ENT department, so they could bring additional expertise to the practice in this area.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could book routine GP appointments online as well as request repeat prescriptions at a time that was convenient for them.
- Patients could also book or cancel appointments via Patient Partner, which was an option on the practice telephone system.
- Text messages were sent to remind patients about their appointments and to invite them to attend for chronic disease management or influenza vaccinations.
- Extended hours appointments were provided and patients could also book appointments with the GP Access Fund (previously known as the Clinical Contact Centre) service outside of the practice's core opening hours. The GP Access Fund was open from 8am to 8pm during the week and from 8am to 12noon at weekends
- Patients who had signed up to the Electronic Prescription Service could have prescriptions sent to the pharmacy in the premises or to a pharmacy close to their home or work.
- General contraceptive advice was available at the practice as well as coil fittings.
- Health promotion information was available in the waiting room and on the practice website.
- The practice had set up a Twitter page, which was used to keep patients up to date with forthcoming events.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a protocol for registering homeless and vulnerable patients, which outlined the way in which these patients would be registered.
- Vulnerable patients were flagged on the practice's clinical computer system, so that they were immediately identifiable to staff and could be offered an appropriate level of service.

# Summary of findings

- The practice had 58 patients on its learning disability register and had carried out annual medication reviews on 89%.
- The practice offered longer appointments for patients with a learning disability.
- The practice leaflet and complaints leaflet were available in an easy-read format.
- Clinical staff regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had received training in 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. There was a GP lead for safeguarding.
- A GP had undergone training in drug and alcohol misuse. A substance misuse worker from the local alcohol and drug recovery charity centre held a weekly clinic at the practice.
- Carers were coded on the practice's clinical computer system. The practice had identified 273 patients as carers, which represented 3% of the practice list. This represented a 1% increase on the figure for 2014.

## 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).

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 7% below both the Clinical Commissioning Group (CCG) and national averages. We were told that this was due to coding issues, which had now been addressed. For example, a proforma was now used for home visits, which facilitated data entry and coding. Results from 2015/16 showed that this achievement rose to 79%.
- 81% of patients with poor mental health had a care plan documented in the last 12 months, which was 8% lower than both the CCG and national averages (the number of patients on this register was 55, which was relatively small). The achievement for 2015/16 was 96%, which was 3% above the CCG average and 8% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- Patients experiencing poor mental health were given advice as to how they could access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E 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.
- A Gateway worker and a psychologist from the Primary Care Mental Health Service held clinics at the practice every Monday. Mental health counselling was also available every Thursday.
- The business manager had been instrumental in setting up the Social Prescribing Pilot Project in the locality. The project provided advice and support for patients with social needs or for those who had mental health issues. For example, patients who were isolated or lonely could use the service. Patients could be referred into the service by their GP or self-refer. They would be given an appointment with a counsellor, who could also signpost them to external agencies like Age Concern, if appropriate. The service was open to patients from two other practices in the locality.
- GPs could refer patients with dementia to a local dementia café, or patients could self-refer.
- A GP was the lead for dementia care and a member of the Droitwich Dementia Awareness Group. The same GP was the CCG clinical lead for mental health services, so could share additional knowledge and experience with colleagues.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 247 survey forms were distributed and 125 were returned. This represented a 51% return rate or 1.4% of the practice's patient total list size.

- 78% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area which was the same as the CCG average and slightly above the compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients wrote that the standard of service was excellent and very professional from all staff. Patients appreciated the fact that GPs took time to listen to them and put them at ease.

We spoke with seven patients during the inspection, two of whom were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. Patients said that they received an excellent service, but could sometimes wait a long time to be seen. Patients told us that it was easy to get an appointment in an emergency.

We read some of the comments on the Friends and Families Test cards, which referred to the ease of access to a GP and highlighted the professional, understanding attitude of the GPs in the practice. Staff were said to be helpful and friendly.

## Outstanding practice

We saw several areas of outstanding practice including:

- A GP had been instrumental in setting up the Social Prescribing Pilot project in the Locality. The project provided advice and support for patients with social needs or for those who had mental health issues.
- The practice provided a minor injuries service, because the practice was situated more than five miles

from the nearest A&E department. The minor injuries service was open between 8am and 6.30pm for any new injury that had occurred within the past 48hrs. This was a walk-in service for any patient.

- A Gateway worker and a psychologist from the Primary Care Mental Health Service held clinics at the practice every Monday. Mental health counselling was also available every Thursday.

# Spa 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 advisor and an Expert by Experience. An Expert by Experience is a person who has experience of using this particular type of service, or caring for somebody who has.

## Background to Spa Medical Practice

The Spa Medical Practice is co-located with another GP practice in purpose-built premises in the centre of Droitwich Spa, which is in Worcestershire. The practice worked with the other medical practice, the Worcestershire Health and Care Trust, the onsite pharmacy and others in the design and construction of the new premises, which opened in September 2008.

The practice is registered with the Care Quality Commission (CQC) as a partnership provider. The practice is a member of SW Healthcare Ltd, a GP Federation of all 32 practices in South Worcestershire. A federation is a group of practices who work together to share best practice and maximise opportunities to improve patient outcomes. The Spa Medical Practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract agreed nationally between general practices and NHS England for delivering primary care services to local communities. At the time of the inspection, The Spa Medical Centre was providing medical care to approximately 8,900 patients.

The practice delivers a full range of family medical services. It also provides a minor injuries service, because the

practice is more than five miles from the nearest A&E department. The minor injuries service is provided between 8am and 6.30pm for any new injury that has occurred within the past 48hrs. This is a walk-in service for any patient.

The practice provides a town based diagnostic ultrasound service for patients in the town, which offers a wide range of scans on a Tuesday and Thursday. Patients are referred by their GP.

The Spa Medical Practice is the base for the town anticoagulation monitoring service. There are daily appointments in the clinic and home visits are made where necessary. The clinic provides monitoring and adjustment of the drug warfarin and provides patients with the opportunity to learn about their medications, have their blood tests evaluated, and dose adjustment made accordingly.

There is an independent pharmacy in the same building, which is convenient for patients.

All consulting rooms are situated on the ground floor of the building and there is a lift to the upper floors. There is disabled access and disabled parking close to the front entrance. Part of the reception desk is at a lower height suitable for wheelchair users. There is a room for breast feeding on the second floor and an area on the ground floor which has been decorated with a mural for use by children.

There are five GP partners (two male, three female), plus two associate GPs (one male, one female). The GPs are supported by a pharmacist, a business manager, an operations manager, one advanced nurse practitioner, three practice nurses, two anticoagulation nurses, a health care assistant and administrative and reception staff.

# Detailed findings

The Spa Medical Practice is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There are currently two GP trainees working at the practice.

The practice is open from 8.30am until 6.30pm on weekdays. Administration staff answer the telephones between 8am and 8.30am. Extended hours are provided on one Monday and one Wednesday each month from 6.30pm to 8.30 pm and on one Saturday each month from 9am until 11am. Patients are also able to get appointments with the GP Access Fund scheme (previously known as the Clinical Contact Centre), which is open from 8am to 8pm during the week and from 8am to 12noon at weekends. Outside of these hours, patients are redirected to out of hours care, which is provided by the NHS111 service.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before our inspection of The Spa Medical Practice, we reviewed a range of information that we held about the

practice and asked other organisations to share their knowledge. We also reviewed policies, procedures and other information provided by the practice in advance of the inspection.

We carried out an announced inspection on 20 September 2016. During our inspection we:

- Spoke with a range of staff which included GPs, the pharmacist, the business manager, an advanced nurse practitioner and members of the reception and administrative teams.
- We also spoke with seven patients, including two members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.
- Observed how staff interacted with patients and talked with carers and/or family members.
- Reviewed 22 comment cards where patients and members of the public shared their opinions and experiences of the service.

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).



# 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 business manager or operations manager about any incidents. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- The practice carried out a thorough analysis of the significant events at the monthly clinical governance meetings. Learning points were shared with the full practice team where appropriate. We saw evidence that significant events were also shared with external agencies such as NHS England when necessary.

We viewed the Medical Alerts and Safety Advice Process document, which detailed the clear system in place to act on patient safety alerts, for example, from the Medicines and Healthcare products Agency (MHRA). Alerts were received by the business manager who forwarded them to the lead GP. The lead GP then assessed the alert or safety advice and instructed the business manager whether to circulate or not and to whom. The business manager actioned as instructed, then saved a copy of the alert together with the message to distribute on the practice's intranet. We viewed an alert which had been received on the day of the visit and saw that it had been appropriately actioned. We also saw that an alert received earlier in the month had been actioned and patients contacted who were affected by the alert.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We were told about one vulnerable adult who was identified by a member of staff and referred to the adult safety team. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. The chaperone service was also mentioned on the practice website. All clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Non-clinical staff who acted as chaperones had received training and we viewed the formal risk assessment that was in place for not carrying out a DBS check on these staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Four comment cards referred specifically to the cleanliness of the practice. The advanced nurse practitioner 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 to address any improvements identified as a result. For example, fabric chairs were being replaced with wipeable chairs.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

## Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a sharps injury policy and staff knew what actions to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had suitable locked storage for clinical waste awaiting collection.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. We saw evidence that controlled drugs were last destroyed in accordance with current guidelines in August 2016.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that the practice had systems in place when locum GPs were employed to ensure that appropriate checks were carried out.

### 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 on a noticeboard which identified local health and safety representatives. The Health and Safety Risk Assessment Report (June 2016) and the Health and Safety Handbook (March 2016) had been produced by an external consultant. Fire drills were arranged with the practice which shared the premises. The most recent fire drill took place in May 2016. A fire safety training session was held in June 2016. All electrical equipment was checked to ensure the equipment was safe to use. Visual checks were carried out annually on electrical

equipment; the most recent portable appliance test was carried out in October 2014. Clinical equipment was calibrated on an annual basis. The most recent calibration was carried out in June 2016. There were 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. Staff told us that they routinely covered for each other during periods of annual leave or sickness.

### 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 (used to help restart the heart in an emergency) available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available in the administrative office.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The range of emergency medicines stocked was appropriate for the services provided. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure and loss of medical records. Mutual aid arrangements with local practices had been agreed in the event of an emergency. The plan included emergency contact numbers for staff. Staff routinely printed off the appointments for the following day before the surgery closed.

# 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. 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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. The QOF is a system intended to improve the quality of general practice and reward good practice.

Data from 2014/15 showed:

- The practice achieved 97% of the total points available. This was 1% below the Clinical Commissioning Group (CCG) average and 2% above the national average. The total achievement rose to 99% in 2015/16.
- Overall exception reporting was 7%, which was 1% below the CCG average and 2% 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).
- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months, was 80%, which was 1% lower than the CCG average and 2% higher than the national average.

- 81% of patients with poor mental health had a care plan documented in the last 12 months, which was 8% lower than both the CCG and national averages (the number of patients on this register was 55, which was relatively small). This total increased to 96% in 2015/16.
- 74% of patients with chronic lung disease had their diagnosis confirmed by spirometry between three months before and 12 months after being entered on the register. This was 14% below the CCG average and 16% below the national average. The practice explained that this was due to training and coding issues and assured us that they would review the register for patients with chronic lung disease. Results for 2015/16 showed an improvement of 15% to 89%.

There was evidence of a systematic programme of quality improvement including clinical audit.

- We viewed 11 audits which had been carried out since April 2014, four of which had been undertaken in the last 12 months. Seven of these audits had been re-audited, including two in the last 12 months. where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review with practices in the Droitwich and Ombersley Locality. External peer review also took place via the Improving Quality and Supporting Practices (IQSP) scheme.

The practice had plans to present the results of audits at educational events in the future.

- Findings were used by the practice to improve the level of service delivery. For example, an audit was run on the number of patients prescribed long term antibiotics for urinary tract infections. 34 patients were identified in the search. Each GP was asked to review the notes of their patients and decide whether to change the antibiotics, stop the antibiotics or refer to urology. This was on the basis of new guidelines from the South Worcestershire CCG (SWCCG). From the list, 12 patients were either stopped from continuing prophylactic antibiotics or were referred to Urology. The remaining 22 were appropriately on antibiotics or it was not appropriate to stop them (SWCCG Guidelines). A re-run of the audit showed that 19 of the 22 patients were appropriately prescribed long term antibiotics and the remaining three were reviewed by their GP.

# Are services effective?

## (for example, treatment is effective)

- Another example of the monitoring of the quality of service provision was the practice's response to the results from the patient survey, which indicated that patients were unhappy at the length of waiting times for their appointments. The practice had introduced administration slots into clinical sessions in order to allow time to catch up and therefore reduce subsequent waiting times. The catch up slots reduced waiting times from approximately 40 minutes to 26 to 36 minutes.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice maintained a detailed training log for all staff, so that training could be tracked. Regular meetings were held for staff, which were used to cascade learning. For example, practice meetings were held once a month. We viewed minutes of practice meetings and saw that items such as significant events were appropriately documented.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff learning needs 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

- Clinical staff had additional expertise in a variety of specialisms, including dementia, diabetes and drug and substance misuse.
- The practice had recently employed a clinical pharmacist (May 2016) to share some of the GPs' workload, for example, by reviewing discharge summaries and looking at cost effective prescribing.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

- Clinical staff we spoke with demonstrated that they understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves.
- Clinical staff were very aware of the requirement to assess children and young people using Gillick competence and Fraser guidelines when providing care and treatment. Gillick competence was used to decide whether a child (16 years and younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice identified patients who might be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was slightly below the CCG average of 84% and the same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel cancer screening in

the last 30 months for patients aged 60 to 69 years was 64%, which was higher than both the CCG and national averages of 62% and 58% respectively. The uptake for breast cancer screening in the last 36 months for patients aged 50 to 70 years was 74%, which was slightly lower than the CCG average of 75% but higher than the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 99%, which was in line with the CCG averages of 75% to 97%. The childhood immunisation rates for five year olds ranged from 88% to 97%, which was in line with the CCG averages of 92% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 22 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 two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey 2016 showed that patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

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

Results from the National GP Patient Survey 2016 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice had an interpreter protocol and staff told us that translation services could be arranged for patients who did not have English as a first language.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The operations manager maintained the

## Are services caring?

register of carers. The practice had identified 273 patients as carers (3% of the practice list). A support advisor from the Worcestershire Association of Carers had given a presentation to staff at a practice meeting in August 2015 and had organised a stand at the practice during Carers' Week in June 2016. GPs could refer patients to the Worcestershire Integrated Carers' Hub, which was a single point of access for information, advice and support for

carers. Offices for the various teams in the Hub were located in the building. The practice website had a Carers' Direct page with links to support agencies and a video clip about carers' support groups.

Staff told us that if families had suffered bereavement, their nominated GP would contact them in line with the bereavement protocol. Advice would be offered as to how to access support services.



# 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 the South Worcestershire Clinical Commissioning Group (SWCCG) to adapt services to meet the requirements of the local community. A GP was the Chair of the SWCCG and the business manager was a Board member for the Foundation of the South Worcestershire Federation, so they were at the forefront of discussions to improve and introduce services to respond effectively to needs in the community.

- We saw examples of innovative approaches to providing integrated patient focussed care, which showed that the practice management team recognised the link between health and social care needs. For example, the business manager had been instrumental in setting up the Social Prescribing Pilot project in the Locality. The project offered advice and support to patients with poor mental health or to those who felt isolated. Patients could be referred to a counsellor by their GP or self-refer. The counsellor, who held clinics at The Spa Medical Practice every other week, signposted patients to external agencies such as Age Concern as appropriate. The counsellor would also visit patients in their home, if required. We viewed a report on the project, which started in September 2015, and saw that 69 patients had been referred for support in the first year. 63 of the 69 patients had engaged and received an assessment and initial information and 48 have had longer term support. GPs reported an improvement in patients' general wellbeing and ability to self manage as well as a reduction in frequency of visits to the practice. We read two case studies, which evidenced the positive effects of the project.
- The practice provided a minor injuries service, because the practice was situated more than five miles from the nearest A&E department. The minor injuries service was open between 8am and 6.30pm for any new injury that had occurred within the past 48hrs. This was a walk-in service for any patient.
- The practice had submitted a successful business case to the CCG to secure funding to set up a weekly diagnostic ultrasound service. The service was delivered by a radiographer, who worked to strict protocols and undertook regular training. Patients were able to get an appointment within two weeks, compared to the

average waiting time at the local hospital of more than six weeks. This service meant that patients had a shorter wait for an appointment and did not have to travel to the local hospital. On average, there were 60 appointments each month. Non-attenders were followed up, so that the GP was aware that the patient had not attended.

- The practice ran an INR monitoring service for patients from three local practices. 500 patients were on the database, an average of 30 patients were seen every day in the practice by the anticoagulation nurses and an average of six visits were made to housebound patients every day. We saw evidence that showed the difference that this service made to patients' lives. For example, patients with complex needs or life limiting conditions could be monitored at the practice instead of having to travel to hospital, thus reducing stress and enabling them to spend more quality time with their families.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and a hearing loop facility was built into the front desk. Interpreter services could be arranged if necessary.
- As a result of a presentation by Sight UK to practice staff and the Patient Participation Group, the lay out of the reception area was re-assessed, to ensure that it was suitable for visually impaired patients. In addition, the PPG suggested that patients be called in for their appointments via the patient screen.
- The practice leaflet and complaints leaflet were available in an easy-read format. A patient survey had also been produced in the same format.

### Access to the service

The practice was open from 8.30am until 6.30pm on weekdays. Appointments were available during these hours. Administration staff answered the telephones between 8am and 8.30am. Extended hours were provided on one Monday and one Wednesday each month from





# Are services responsive to people's needs?

## (for example, to feedback?)

6.30pm to 8.30 pm and on one Saturday each month from 9am until 11am. Patients could also be able to get appointments with the GP Access Fund scheme, which was open from 8am to 8pm during the week and from 8am to 12noon at weekends. Outside of these hours, patients were redirected to out of hours care, which was provided by the NHS 111 service. Appointments could be booked up to six weeks in advance and urgent appointments were available on the same day.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours which was the same as both the CCG and national averages.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and that they valued the continuity of care provided by having a named GP.

Patients who wanted a home visit were asked to phone the practice before 11.30am if possible. The patient's own GP would assess and visit wherever practical, but the duty GP or a registrar would visit instead if necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, the receptionist would alert the duty GP, in line with the home visits, emergency and administration requests protocol.

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### 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. All complaints were logged on a comprehensive spreadsheet, which included a brief summary of the complaint, the trend category (clinical or administrative), dates of investigation, dates of contact with the patient, the outcome, the date that learning outcomes were discussed as a practice and whether the complaint was upheld or not.
- There was a GP lead for complaints, but the day to day responsibility for managing complaints was devolved to the operations manager.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.
- We looked at 17 complaints received between August 2015 and September 2016 and found that they were satisfactorily handled in a timely manner, in accordance with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, in response to a complaint from a patient's next of kin about a letter which had arrived after the patient's death, a protocol was changed to enable staff to deduct patients directly, especially in cases where the patient had died.

# 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

We looked at the provider's Statement of Purpose which outlined the 13 aims and objectives of The Spa Medical Practice. The first aim was:

- To provide the highest standard of GP care in a caring and family orientated GP practice environment for our patient list.

This emphasis on a family orientated practice was clearly shared by all staff with whom we spoke on the day. There was a high sense of ownership by individuals and the team.

The practice was forward thinking in its outlook and pro-active in identifying opportunities for improvement. For example, it was the first in the county to employ an advanced nurse practitioner who was a qualified Acute Care Practitioner. The practice also employed a clinical pharmacist and specialist anti-coagulation team. Two practice nurses had been recruited from acute care and this was part of the practice's policy to broaden the skills within its team. At the time of our visit, recruitment was underway for another health care assistant.

### 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:

- Responsibilities were distributed amongst the GP partners and management team, with a named lead for individual areas.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities within the practice.
- Practice specific policies were implemented and were accessible to all staff. Staff we spoke with confirmed that they knew how to access these policies.
- There were robust internal protocols for the allocation of clinical tasks and results.
- A comprehensive understanding of the performance of the practice was maintained through the Quality and Outcomes Framework (QOF) and the Improving Quality and Supporting Practices (IQSP) scheme.

- However, coding and staffing issues affected the results for some QOF indicators in 2014/15. For example, chronic lung disease and dementia reviews. Results for 2015/16 showed an upward trend.
- There was a systematic approach to maintaining and improving the quality of patient care. We viewed the schedule of regular meetings across the team and saw the minutes of these meetings. An example of the clinical oversight was the monthly meeting that was held by the GP clinical lead and the specialist INR nurses and the practice nurse line manager to discuss the operational aspects of the service.
- The practice had implemented a 'two views' policy with regard to dermatology referrals. Referral was only actioned if two GPs agreed that it was appropriate.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw that the practice held regular meetings to discuss significant events, complaints and patient safety alerts.
- We saw evidence of meetings which demonstrated that the management team shared learning outcomes and changes to practice procedures within their own practice and with local practices, so that the learning was widespread.
- Systems and procedures were in place to ensure the safety of staff and patients.
- The practice recognised the needs of their local community and provided services accordingly.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. The strong commitment, shared across the team, to deliver and adapt services to meet the needs of the local community was evident. The drive to innovate and to work with other organisations to provide integrated care was evidenced by the initiation of services such as the Social Prescribing project. We also saw the interaction with the local community in such events as the Salt Fest Day, where the practice ran a stall promoting healthy lifestyles.

# Are services well-led?

Good 

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

There was a clear delineation of decision making authority, with GPs taking the lead in specific areas. Safe, high quality and compassionate care were given high priority. Staff told us that the GP partners and management team were approachable and had an open-door policy.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We saw evidence that the practice was a learning organisation with a no-blame attitude.

When unexpected or unintended incidents occurred, the practice explained the sequence of events to patients and gave a full apology. We saw records of actions taken.

There was a clear leadership structure in place and staff told us that they felt both respected and valued by the GPs and management team. Staff were confident that they could raise issues at any time and would be supported if they did so.

We were shown the schedule for the monthly meetings throughout 2016, which included those for clinical governance, partners', nurses, anticoagulation and full practice team. In addition, the GPs held a clinical support meeting every Monday lunchtime, which provided the opportunity to discuss cases and share learning.

GPs attended a protected time learning session every quarter with other practices in the Droitwich and Ombersley Locality. Protocols and templates were shared with other practices and we heard that a joint administrative team lunch was held with two other practices in order to share learning and experiences. Other local practices were invited to attend training events, for example, resuscitation training and fire training.

## 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 by distributing in-house surveys and engaged patients in the delivery of the service. The practice then analysed the results to determine whether there were any trends or any areas for improvement.

- The practice had gathered feedback from patients through the active Patient Participation Group (PPG) and through surveys and complaints received. There was strong collaboration between the practice and the PPG. The PPG provided a forum for open, constructive discussion of issues affecting the practice and its patients. The practice funded the membership fees to the National Association for Patient Participation (NAPP), which promoted and supported patient participation in primary care. The PPG met once a month, helped with patient surveys, submitted proposals for improvements to the practice management team and helped to arrange health events for patients and the PPG. For example, the PPG had been instrumental in organising an Arthritis Event in a local church. The chair of the PPG was a member of both the Locality PPG and the county PPG. The PPG had a link to the local Healthwatch branch through one of its members, who could provide feedback to the PPG and practice. The business manager was the lead for the Locality PPG and was responsible for producing the quarterly newsletter and reviewing town wide services. The PPG helped at the annual flu clinics and at the annual Salt Fest Day stall (a heritage event in Droitwich). PPG members told us that they appreciated the Christmas meal and coffee morning organised for them every year by the practice. There was a large banner in the reception area advertising the PPG.
- The practice had produced an action plan as a result of analysing the comments from patient surveys conducted in the last 12 months. For example, patients had stated that they would prefer not to have music playing in the reception area, so the practice decided not to go ahead with plans to introduce this.

## Continuous improvement

There was a 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 local community. For example, the business manager had been instrumental in setting up the Social Prescribing Pilot project, which provided non-clinical advice and support for patients with poor mental health. The practice also participated in the South Worcestershire GP Services pilot scheme, the GP

# Are services well-led?

Good 

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

Access Fund (previously known as the Clinical Contact Centre), which had been set up with funds from the Prime Minister's Challenge Fund. The GP Access Fund offered additional appointments to patients locally.

There was a firm commitment to learning and development at all levels in the practice. Staff we spoke with told us that they had numerous opportunities for

continuous improvement. For example, in-house training had recently been arranged for Microsoft Office programmes. Two associate GPs had been registrars at the practice and were keen to remain, which evidenced the training and support and consequent high level of job satisfaction.