

Thorneloe Lodge Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thorneloe Lodge Surgery on 15 September 2016. The overall rating for this service is good.

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

- Processes and procedures were in place to keep patients safe. This included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- Risks to patients were assessed and well managed.
- The practice was aware of and provided services according to the needs of their patient population. This included transient patients such as students studying at the local university.
- Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure patients received the best care and treatment in a coordinated way.

- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. Patients told us that they knew how to complain if they needed to.
- The practice had an active Patient Participation Group (PPG). The PPG were proactive in representing patients and assisting the practice in making improvements to the services provided.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on.

There was however, an area where the provider should make improvements:

- Continue with action to increase the number of health checks carried out for eligible patients.

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



- There was an effective system in place for reporting and recording significant events which complied with 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).
- Lessons learned were shared throughout the practice at regular meetings so that improvements were made and monitored.
- When there were unintended or unexpected safety incidents, patients were given an explanation and were told about any actions taken to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed.
- Infection control procedures were followed to minimise the risk of cross infection within the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.
- There was a designated recovery team in place in the event the business continuity plan needed to be implemented.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Audits and reviews were undertaken and improvements were made to enhance patient care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to or above average for the locality and the national average, although there were higher than average exception reporting in some areas. For example, cervical screening exception reporting of 14% was higher than those of local and national levels of 7% and 6% respectively.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- We saw evidence that staff received appraisals and had personal development plans in place.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to appropriate services.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients' were treated with dignity and respect.
- Results from the National GP Patient Survey published on 7 July 2016 showed that the practice was considered above average for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse. For example, 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- We received 46 comment cards which were positive about the standard of care received by patients. Patients commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.
- Information to help patients understand and access the local services was available.
- Interpreter and translation services were provided should patients need these. This included access to staff who were trained in the use of sign language who were willing to act as interpreters for patients with hearing impairments.
- At the time of the inspection there were 267 carers registered with the practice (2.5% of the practice population).

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Thorneloe Lodge Surgery reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for transforming the care plans for those patients at the end of their life.

Summary of findings

- Patients said they found they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- Data showed that 95% 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%.
- The practice had employed a pharmacist who provided face to face and telephone consultations for patients to triage minor ailments. They also carried out clinical medicine reviews which addressed health and social needs of patients.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.

Are services well-led?

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

- There were governance systems in place to monitor, review and drive improvement within the practice.
- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a clear vision and strategy to provide high quality care for all their patients. Staff were clear about the strategy and their role to achieve this.
- There was a clear leadership structure and staff understood their roles and responsibilities.
- There was a strong focus on continuous learning and improvement at all levels. Regular formal clinical meetings and full team meetings were held to share best practice or lessons learnt.
- Staff felt supported by management and that everyone at the practice was approachable should they have any concerns.
- The practice had an active Patient Participation Group (PPG) and responded to feedback from patients about suggestions for service improvements. A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Good



Summary of findings

- The practice was an accredited research practice (since 2008) and actively engaged in primary care research. A recent study involved monitoring to determine whether daytime or night time was the most effective way of patients taking a prescribed medicine to achieve maximum effect.

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 patients.

Good



- The practice offered personalised care to meet the needs of the older people in its population. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice provided care for patients at two local care homes. GPs visited weekly and also responded to urgent health care needs when required.
- A direct line was provided to access GPs for patients living in local care homes.

People with long term conditions

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

Good



- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- GPs and practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, such as asthma and diabetes.
- Longer appointments and home visits were available when needed.
- The practice worked with relevant health and care professionals for patients with the most complex needs, to deliver a multidisciplinary package of care.
- Information leaflets about specific long term conditions were available to patients in the waiting room. Links to support agencies were available on the practice website, such as Diabetes UK for diabetes and the British Heart Foundation for coronary heart disease.

Families, children and young people

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

Good



Summary of findings

- Same day appointments were offered to all children under the age of five.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Weekly health visitor clinics were held at the practice.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- 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.
- The uptake for the cervical screening programme was 88% which was comparable to the local average of 83% and above the national average of 82%, although exception reporting was higher than average. For example, 14% compared with local and national levels of 7% and 6% respectively.
- The practice also offered a number of online services including requesting repeat medicines and booking appointments.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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 services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Patients were able to access telephone appointments which were available to them without time off work needing to taken. Appointments could also be booked and cancelled online.
- NHS Health Checks were offered by the nursing team.
- Flu clinics were scheduled on Saturday mornings, which provided flexibility for patients who could not attend during the week.
- Health promotion advice was offered such as smoking cessation and nutrition. There was accessible health promotion material available at the practice and on its website.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns. There were lead members of staff for safeguarding, and GPs were trained to an appropriate level in safeguarding adults and children.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were placed on these patients' records so that staff knew they might need to be prioritised and offered additional attention such as longer appointments.
- The practice informed patients about how to access various support groups and voluntary organisations.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for 55% of the patients on their register (27).

People experiencing poor mental health (including people with dementia)

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

Good



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health.
- Staff had completed Dementia Friendly awareness training.
- Staff understood how to support patients with mental health needs and dementia.
- The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the

Summary of findings

preceding 12 months was 76% which was below the local average of 85% and below the national averages of 83%. The practice exception rate was 0% which was below the CCG average of 5% and below the national average of 7%.

- Patients had access to local counselling services provided by the NHS and local organisations. They facilitated shared care clinics provided by support workers from the local drugs and alcohol service.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing well above local and national averages. There were 237 surveys sent to patients and 116 responses which represented a response rate of 49% (compared with the national rate of 38%). In all areas the practice was rated above the Clinical Commissioning Group (CCG) and national averages. Results showed:

- 81% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 73%.
- 95% 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%.
- 93% 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%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were extremely positive about the services provided by the practice. Patients commented that staff were very caring, helpful and professional. Patients were very positive about the service they received although three patients commented they had difficulty accessing appointments at times.

We spoke with seven patients, three of whom were 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. Patients were very positive about the service they received.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue with action to increase the number of health checks carried out for eligible patients.

Thorneloe Lodge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Thorneloe Lodge Surgery

Thorneloe Lodge Surgery is located on Barbourne Road in the city of Worcester, with a car park and bus stop just outside the practice building. The practice serves a practice population of approximately 10,600 patients in Worcester and considers patients from outside their area wishing to register with them.

The practice area is one of lower than average deprivation (1% unemployed compared with local and national levels of 4% and 5% respectively), with a slightly larger population of patients who are in paid work or full time education (64% compared with the county average of 60% and national average of 62%). The practice provides services to students at the local university.

There are four GP partners (three male and a female) and three female salaried GPs, giving patients a gender choice of GP they could see. The GPs are supported by a practice manager, an assistant practice manager, a project manager, a reception manager, administrative coordinators, a nurse manager, three practice nurses, three healthcare assistants, medical secretaries, administration and reception staff.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice also provides minor surgery.

Opening times are Monday to Friday from 8am to 6.30pm and also 8am until 12pm on Saturdays, with appointments available between these times. The practice also provides extended hours appointments until 8.30pm one night per week.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) is available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions, book and cancel appointments and make changes to personal details.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care and immunisations including travel advice and vaccinations.

Thorneloe Lodge Surgery is a leading research practice within the South Worcestershire Clinical Commissioning Group. It has a research ready accreditation and engages with the University of Warwick and the University of Nottingham. It is also a Member of National Institute of Health Research (NIHR) and has research ready accreditation

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 (QOF) 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 Thorneloe Lodge Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 15 September 2016. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.
- Spoke with a range of staff that included three GP partners, a salaried GP, the practice manager, the project manager, the nurse manager, a practice nurse, the administrative coordinator, and reception and administration staff.

- Looked at procedures and systems used by the practice.
- Spoke with seven patients, three of whom were 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 who visited the practice. We observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with the managers of the two local care homes where the GPs looked after a number of patients.

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 patients' needs?
- Is it well-led?

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

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

Are services safe?

Our findings

Safe track record and learning

Thorneloe Lodge Surgery used an effective system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- There was a dedicated form for staff to record details of incidents so that these could be reviewed, investigated and acted upon as required. Guidance was available for staff to follow and included escalating incidents nationally.
- The 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).
- All significant events were discussed and investigated with information shared at daily, weekly or at full practice meetings as required.
- Formal significant event review meetings were held every six months.
- Learning identified from all events was shared with all relevant staff and minutes of meetings confirmed this.
- Staff confirmed the dedicated lead for significant events was one of the GP partners.
- Staff told us they were encouraged to report any incident and there was a no blame culture in place to support this.
- Staff gave us examples where changes had been made following a recent incident at the practice. For example, a patient had attended A&E with an injury and no x-ray had been carried out. The practice contacted the hospital about this. As a result the practice had initiated their significant event procedure and informed the hospital. Processes at A&E had been reviewed and changes in A&E procedures were made as a result.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.

Patient safety alerts were well managed.

- Alerts were received by email from external agencies such as the Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- These were coordinated by the practice manager who ensured actions taken had been recorded.
- All actioned alerts were discussed in weekly clinical meetings.
- GPs and nurses described examples of alerts where appropriate changes had been made as a result. For example, a recent alert for a faulty batch of medicines prescribed to raise blood sugar in patients had been acted upon. A search had been carried out to identify all patients who had been prescribed this medicine so that checks could be carried out on the batch numbers and affected medicines recalled.

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 to safeguard adults and children from the risk of abuse which reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and had received training relevant to their role.
- All staff had completed adult and children's safeguarding training up to level three.
- Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse, including domestic violence.
- The practice safeguarding lead GP was supported by an administrator in all aspects of safeguarding adults and children. This ensured that interaction with the local safeguarding board for audits and reviews was maintained. GPs attended inter-agency safeguarding meetings when required.
- Daily GP and management meetings enabled practice discussions to take place regarding any concerns that may be identified.
- Weekly meetings were held with health visitors to share information and any concerns, and monitor the management of any patients where concerns had been registered.

Are services safe?

- Monthly multidisciplinary meetings were held to share information regarding safety of patients in their own homes and in nursing and care homes.

Chaperones were available at the practice:

- A notice was displayed in the waiting room and on all consultation room doors advising patients that chaperones were available if required.
- All staff who acted as chaperones were trained for the role. Training records confirmed this.
- A disclosure and barring check (DBS) was carried out on any staff member who undertook the role of chaperone within their duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable).

Appropriate standards of cleanliness and hygiene were maintained.

- We observed the premises to be visibly clean and tidy.
- Patient comment cards provided feedback on the cleanliness of the practice; the practice was clean and tidy at all times.
- The nurse manager was the clinical lead who liaised with the local infection prevention and control 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 carried out and we saw that action was taken to address any improvements identified as a result. The audit carried out in October 2015 had identified areas for improvements. An action plan was in place to monitor completion of the improvements required. Actions included the removal of lime scale on taps, the purchase of bed roll holders for treatment rooms and staff to ensure that sharps boxes were not filled beyond the marked line. We saw these actions had been completed.

There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing and security of medicines.
- Prescriptions were securely stored and there were systems in place to monitor their use.

- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.
- The practice had systems in place to confirm that staff were protected against Hepatitis B.
- All instruments used for treatment were single use.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.
- The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

The practice had appropriate recruitment policies and procedures in place.

- We looked at files for different staff roles including a receptionist, an administrator and a salaried GP to see whether recruitment checks had been carried out in line with legal requirements. These files showed that appropriate recruitment checks had been carried out prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. We saw that processes were also in place when locum GPs were employed to ensure appropriate checks had been carried out.
- There was also a system in place to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rotas were in place for each staffing group to show that enough cover was in place each day.
- Staff described how they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly on sick leave.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

Are services safe?

- All electrical and clinical equipment was checked annually to ensure it was safe to use and that it was working properly. For example, electrical checks had been carried out in June 2016.
- The practice also had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment was last completed in July 2015 with a review due in July 2017. Monthly water testing checks were carried out by the company employed by the practice, with the latest check done 16 August 2016.
- The practice had an up to date fire risk assessment in place, completed in July 2015.
- Regular fire drills were carried out.
- Staff had completed fire training during January, July, August and September 2016. This included fire warden training for all staff. The most senior person on each floor was designated the responder in the event of a fire, with a tabard and torch available at each exit point.
- There was a health and safety policy available with a poster in the reception office.
- There was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- All staff had received annual basic life support training.
- Emergency medicines and equipment were easily accessible in an area of the practice and all staff knew of their location. Medicines included those for a range of emergencies such as the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate equipment and these had been regularly checked and maintained. A first aid kit and an accident book were available.
- A business continuity plan was in place to deal with a range of emergencies that may affect the daily operation of the practice, dated March 2016. There was a designated recovery team in place in the event the plan needed to be implemented. Copies of the continuity plan were kept within the practice and offsite by key members of the practice (GPs and practice manager). Contact details for all staff were included.

Arrangements to deal with emergencies and major incidents

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

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.

- There were systems in place to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- Records showed that the practice ensured guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

- Published results for 2015/2016 showed the practice had achieved 97% of the total number of points available, compared with the local average of 98% and the national average of 95%.
- The practice had achieved 100% in 15 out of 19 chronic disease indicators, and told us they were working to improve results in other areas.

Data showed the practice performed in line with or above local and national levels:

- Performance for diabetes related indicators were below or in line with local and national averages. For example, patients who had received an annual review including a foot examination was 88%, which was comparable to the local average of 91% and in line with the national average of 88%. The practice exception rate of 8% was 2% higher than the Clinical Commissioning Group (CCG) average and in line with the national average of 8%.

Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

- Performance indicators for patients with hypertension (high blood pressure) was 84% which was comparable to the CCG average of 88% and the national average of 84%. The practice exception rate of 2% was in line with the CCG average of 1% and the national average of 4%.
- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 94% which was in line with the CCG average of 93% and above the national average of 89%. The practice exception rate was 11% which was 2% above the CCG average and 1% above the national average.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 76% which was below the local average of 85% and below the national averages of 83%. The practice exception rate was 0% which was below the CCG average of 5% and below the national average of 7%.

The practice had carried out a post QOF analysis to review areas where they had not reached the maximum achievement. An action plan had been put in place to make improvements. Actions included:

- The practice had aligned patient to birth month for recalls for chronic disease management which enabled them to provide a one stop shop approach which would save time and inconvenience for those patients who were on several chronic disease registers.
- The practice planned to utilise existing and develop further specialist skills in their nursing staff to improve outcomes for patients in chronic disease management, especially in respiratory diseases and diabetes.

The practice carried out regular quality audits to monitor and identify where improvements to practise could be made. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change.

- The practice had completed 19 audits during the past year, and schedules were in place for follow up audits to be completed.

Are services effective?

(for example, treatment is effective)

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident where audits had been completed following a recent update in relation to atrial fibrillation (heart disease) management.
- We saw where audits had been carried out to monitor and make improvements to practice. For example, an audit had been carried in June 2015 and repeated in May 2016, to monitor the prescribing of co-amoxiclav medicines (an antibiotic used for the treatment of a number of bacterial infections). The initial audit found that of 30 patients 16 had been appropriately treated with the medicine; at re-audit this had reduced by 7% to 19 out of 30 patients. Findings were used by the practice to improve services. For example, changes were made to prescribing processes and reasons for decisions to prescribe were to be clearly recorded in patients records.
- The practice also participated in local audits, national benchmarking, accreditation and peer review. The practice took part in the CCG programme of monitoring and audit assessment called Improving Quality and Supporting Practices (IQSP). As part of the IQSP process the practice met twice per year with the CCG to discuss audits, interpret the results and plan future areas to consider. The practice maintained a spreadsheet with dates when reviews of audits were due highlighted to ensure re-audits were completed accordingly.

Effective staffing

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

- All newly appointed staff were given a copy of the staff handbook. An induction programme was in place and covered such topics as safeguarding, fire safety, health and safety, bullying and harassment and complaints.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff told us that the GPs had always been supportive of their training needs and were happy to arrange training opportunities for them as they become available.
- Records showed that staff received appropriate training to meet their learning needs and to cover the scope of

their work. Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.

Coordinating patient care and information sharing

The practice had systems in place to provide staff with the information they needed through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

There were systems in place to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked 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. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Multi-disciplinary meetings took place monthly where frail patients, unplanned admissions of patients to hospital, safeguarding concerns and patients approaching their end of life were discussed. These meetings were attended by GPs, community teams, specialist nurses, the carers association and district nurses to plan ongoing care and treatment.
- Thorneloe Lodge Surgery worked with and supported the work of Age UK, who held monthly clinics at the practice; the Association of Carers, who attended monthly multidisciplinary meetings to discuss avoidable unplanned admissions and end of life care for patients; and St Richards Hospice, who also attended monthly multidisciplinary to discuss palliative care arrangements for patients.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- We sampled three patient records and saw that consent for minor surgery had been scanned into their records in accordance with the practice's consent policy and procedure.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young patients', assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurses assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Clinical staff understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- A register of all patients with a learning disability (27 patients were registered) was kept and staff ensured that longer appointments were available for them when required. The practice had completed 55% of care reviews for these patients for the current year.
- Staff told us that they used their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, they would carry out opportunistic medicine reviews and encourage patients to attend for screening or immunisations.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to appropriate services.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 49% to 98% and five year olds from 91% to 100%. This compared with local averages of 49% to 97% and 73% to 95% respectively.

The practice had a comprehensive screening programme. The uptake for the cervical screening programme was 88% which above the local average of 83% and the national average of 82%. The practice exception rate was 14% compared with local rates of 7% and national rate of 6%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and patients were reminded at appointments to make arrangements for the screening to take place. The practice had recorded that 45% of those eligible for cervical screening had declined this service. In the last 5 years, 86% of their eligible patients had cervical screening performed.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were in line with or higher than local and national averages up to March 2015.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 81% which was above the local and the national averages of 75% and 72% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months at 59% was in line with the local average of 62% and the national average of 58%.

It was practice policy to offer a health checks to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

- Since 1 April 2016 the practice had completed 165 of 2,612 patients eligible for health checks.
- The practice recognised that this figure was low and acknowledged that staff changes and the retirement of key clinical staff was the main reason.
- The practice was currently up skilling and training further staff to carry out health checks with aims to make improvements in the next six months.
- The health check programme was designed to run over a rolling five year programme. The practice told us that many patients eligible for a health check had already been seen in the preceding four years and six months and were not actually due for a check until 2017/18.

There were processes in place for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. GPs described the processes in place to schedule further investigations if needed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spent time in the waiting area talking with patients and observing how staff engaged with patients.

- We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Patients were treated with dignity and respect. Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

We received 46 comment cards which were positive about the standard of care received by patients. Patients were very complimentary about the practice and commented that:

- Thorneloe Lodge Surgery provided a very good service.
- Staff were very friendly and helpful.
- Patients could always get an appointment when they needed one.
- Patients received excellent care from the GPs and the nurses.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients told us that:

- staff were very caring, helpful and professional.
- Staff treated them with respect and always had time for them.
- Staff were friendly.

Three patients however, commented that they had difficulty accessing appointments at times.

Results from the National GP Patient Survey published in July 2016 showed that overall the practice scored mainly above average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 92% 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%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% 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%.
- 98% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

An article in the local newspaper in February 2016 in response to the National GP Patient Survey results reported that the practice had been placed in the top 2,000 practices out of 7,400 nationally. As a result of the newspaper article the practice received many favourable comments from patients:

- Patients could not praise the practice enough.
- A patient commented that they had moved from the area but had been with the practice for over 15 years and thought the practice was absolutely brilliant.

We spoke with the managers of the two local care homes where the GP looked after a number of patients. The care home managers were happy with the service provided and said that GPs conducted weekly ward rounds and always visited patients when they had concerns.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were fully involved in their treatment including making decisions about their care and treatment options.

- They told us that all staff listened to them and that they were given enough time by GPs.
- Patients said the GPs were always professional and caring.
- Comments made by patients on the comment cards supported these views.

Are services caring?

Results from the National GP Patient Survey published in July 2016 showed that patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 89% 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%.
- 83% 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%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided support so that patients could be fully involved in decisions about their care.

- Care plans were in place for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns.
- Information was available in different formats, such as large print and picture format.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

- The practice had a population which included Polish, Portuguese and Asian people. Interpreter and translation services were provided should patients need these. This included access to staff who were trained in the use of sign language who were willing to act as interpreters for patients with hearing impairments.

Patient and carer support to cope emotionally with care and treatment

The practice supported patients and carers in a number of ways:

- Notices and leaflets were available in the patient waiting room which explained to patients how to access a number of support groups and organisations.
- The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. The register showed that at the time of the inspection there were 267 carers registered with the practice (2.5% of the practice population).
- The practice told us that training was being provided for reception staff to become social sign posters that would enable them provide more support to patients and their carers.

Staff told us that when families experienced bereavement the GPs telephoned them and often visited to offer support and information about sources of help and advice. Leaflets about bereavement support were available in the patients waiting area. Bereavement support was available at a local hospice and patients were signposted to this facility.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice understood the needs of the patient population and had arrangements in place to identify and address these.

- The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The registered patient list had continued to grow and during 2016 had seen an increase on average of 63 patients per month.
- Same day appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Translation services, baby changing, breast feeding and facilities for patients with disabilities were available. There was no lift available for patients who were unable to access the first floor, but alternative arrangements were made so that consultations took place on the ground floor of the practice building.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes and heart disease.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this.
- Weekly health visitor clinics were held at the practice and GPs provided mother and child health checks.
- Patients had access to local counselling services provided by the NHS and local organisations. They facilitated shared care clinics provided by support workers from the local drugs and alcohol service.
- The practice provided services for a transient student population.
- Home visits were available for patients who were too ill to attend the practice for appointments.

- There was also an online service which allowed patients to order repeat prescriptions, book and cancel appointments and update personal details.
- The practice provided care for patients at two local care homes. GPs visited weekly and also responded to urgent health care needs when required.
- The practice had employed a pharmacist who provided face to face and telephone consultations for patients to triage minor ailments. They also carried out clinical medicine reviews which addressed health and social needs of patients.

Access to the service

The practice opened Monday to Friday from 8am to 6.30pm and from 8am until 12.30pm on Saturdays, with appointments available between these times. The practice also provided extended hours appointments until 8.30pm one night per week. Patients accessed this information through the recorded telephone message, through the practice's website and the practice information leaflet.

The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by CareUK) was available on the practice's website and in the patient practice leaflet.

The practice had adapted to pressures and developed some innovative ways of working to help ease pressure in order to continue to provide a high standard of medical care:

- Duty GP who attended to emergency on the day patients.
- Appointment release had been staggered to calm the flow of demand.
- Walk in clinics were created for patients during the flu season.
- Promotion of online appointment booking.
- Health care assistants had been up skilled which increased nurse appointment capacity and availability.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 81% of patients said they could get through easily to the practice by telephone which was above the CCG average of 75% and the national average of 73%.
- 85% of patients described their experience of making an appointment as good which was above the CCG average of 78% and the national average of 73%.
- 74% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 64% and the national average of 65%.

Four of the patients we spoke with told us they were happy with the appointments system and were able to make appointments without any difficulty. Three patients however commented that it was sometimes difficult to get appointments when they wanted them. Patients told us however, that they could always see a GP if the appointment was urgent. We received 46 comment cards which were all positive about the appointment system and availability at the practice.

The practice had a system in place to assess requests for a home visit. This included deciding whether a home visit was clinically necessary and the urgency of the need for medical attention. All visit requests were assessed by the duty GP as they were received. Appropriate arrangements were made according to the assessment. There were protocols in reception for staff to follow and staff were clear about their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person for responding to complaints and referred to the lead GP when necessary.
- We found that there was an open and transparent approach towards complaints.
- Information was made available to help patients understand the complaints system. The practice's information leaflet included details on reporting concerns to the practice as well as to external organisations.
- A summary of complaints for the period July 2015 to June 2016 showed that 18 complaints had been received. We saw that these had been fully investigated in accordance with the practice's complaints policy and procedure, in an open and transparent way. All complaints were logged onto a spreadsheet and gave a clear account of the nature of the complaint, who had conducted the investigation, details of action taken and response to patient as required. We saw minutes of meetings where lessons learned had been shared with staff to ensure continuous improvement to practice.
- The practice had completed a full analysis of all complaints to identify themes and trends.

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

Thorneloe Lodge Surgery told us they faced the same financial challenges and pressures as many local practices but their main challenge was their old building. The practice had become adept at modifying its services or environment in order to accommodate the problems the building presented. A new clinical room had been built on the ground floor for patients to use who had mobility problems. A full GP equipment kit was stored in the room and any GP saw patients in this room as needed. Demand for appointments had also risen and the practice was working to educate patients in the correct use of services available to them in primary care.

We saw from the practice's mission statement that they aimed to:

- Create an environment where they provided the best care possible for their patients.
- Ensure that patients felt supported and cared for, by staff and clinicians who had a desire to provide the highest quality of care possible to all patients.
- Treat patients honestly, respecting their confidentiality, privacy and dignity at all times.
- Act with care and compassion and with the best interests of the patient.
- Promote healthy lifestyles to encourage prevention of chronic illness and disease.
- Continually strive to improve services through effective management, leadership and guidance.
- Understand the needs of patients and involve them in decisions and self-management of their health care.

Governance arrangements

There was a governance framework in place that supported the delivery of the strategy and good quality care.

- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly above or in line with local and national standards. We saw that QOF data was regularly discussed at monthly meetings and action taken to maintain or improve outcomes.

- 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 programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- There were arrangements in place to identify, record and manage risks and action was taken to mitigate those risks. The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that learning from complaints and significant events were shared with them.

Leadership and culture

During the inspection the GPs and the management team demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- They were 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).
- They encouraged a culture of openness and honesty.

The GPs and the practice manager were visible in the practice:

- GPs and the practice manager held daily meetings at 11am to share information and support each other in all aspects of clinical and practice activities.
- The practice manager held weekly meetings with managers and co-ordinators to share information.
- Staff told us they felt valued and the practice was open to them sharing their ideas and suggestions. They felt they were listened to and their views were respected.
- Staff told us they worked well together and that they were a strong and supportive team. There was a low staff turnover and they considered this to be their team strength.
- They told us they were confident they would be supported if they needed to raise any issues or concerns.

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, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- They had gathered feedback from patients through the Patient Participation Group (PPG). PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- The PPG met quarterly, supported by GPs and the management team.
- Minutes of these meetings were made available to patients in the waiting area and on the practice website.
- Minutes of the last PPG meeting (8 August 2016) showed that discussions had included displaying posters to advertise the soon to be available services of the care navigators and the pilot for Wi-Fi installation. Previous actions had included increased patient awareness of the electronic prescribing facility.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Many of the staff who worked at the practice were long serving members. They told us they enjoyed their job and always worked to give the best care to all their patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They felt involved and engaged to improve how the practice provided services for patients.
- Daily GP and management meetings allowed easy access to support and information sharing. Locum staff were invited to attend these meetings too.
- Minutes of practice staff meetings were detailed and comprehensive. Social activities were also held with staff.

Continuous development

There was a focus on continuous learning and improvement at all levels within the practice. This included research, engaging in pilot opportunities and providing alternative staff employment opportunities:

- The practice was an accredited research practice (since 2008) who actively engaged in primary care research. Over 230 patients had taken part in research projects which had included collaborative working with the University of Warwick and the University of Nottingham. Studies included a major research project designed to assess the safety of medicines commonly used to treat gout in general practice. They had recently completed a Helicobacter Eradication Aspirin Trial (HEAT), a study to look at reducing the risk of ulcer bleeding in aspirin users. The findings of the research were not available at the time of the inspection.
- The practice was one of 32 practices in South Worcestershire that took part in a peer review programme Improving Quality, Supporting Practices (IQSP). This was a programme of practice review which involved two visits per year to the practice by the Clinical Commissioning Group (CCG). These visits focused on three key areas, reducing avoidable emergency admissions, efficient medicines spend and reducing avoidable outpatient referrals.
- Thorneloe Lodge Surgery had been selected out of the 32 practices in South Worcestershire to pilot the installation of Wi-Fi. This was to be installed imminently allowing patient's improved access to their health records and also to online healthcare advice and support.
- Longer term plans were in place for a new, purpose-built replacement premises, to provide improved access for patients.
- They planned to become a training practice for doctors who wanted to train as GPs.
- The practice pharmacist was undertaking further training to become a prescriber.