

# Pontesbury 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Pontesbury Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pontesbury Medical Practice on 3 March 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from internal and external incidents were maximised but not always as well documented as acted upon.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The practice recognised the value of patient care over and above ensuring they achieved good Quality and Outcome

Framework (QOF) results and they choose to maintain some former QOF requirements to ensure they captured all the quality aspects of the service they provided.

- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- The practice had a 'Young Person Friendly Award' and could see young people at school on short notice following a call from the school nurse. The practice welcomed young people and provided specific information for young people on the practice website and on the notice boards.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback

# Summary of findings

from patients and from the patient participation group. Examples included: arranging a dispensary home delivery service which included house bound patients.

- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

## **There were areas of practice where the provider must make improvements;**

- Ensure Disclosure and Barring Service (DBS) checks are completed for staff who have contact with potentially vulnerable patients and complete a risk assessment until these are returned.

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

- Consider the completion of general health and safety risk assessments.
- Ensure that the wheelchairs for patient use have a record maintained of the annual maintenance checks completed.
- Consider risk assessing the three fire exits with three large steps in order to demonstrate how the practice would get all patients safely to the meeting point.
- Document verbal references and maintain this within the staff member's personnel record.
- Consider the implementation of a documented staff induction system, signed and dated by staff on completion.

## **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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse. There were exceptions however, these included for example; a lack of a completed risk assessment or Disclosure and Barring Service (DBS) checks for all staff who have contact with potentially vulnerable patients, no evidence of documented general health and safety risk assessments. The practice had not documented verbal references and maintained these within staff member's personnel records. New staff had completed an induction but there was no documentation to state what they had accomplished or that were signed off as competent in their role.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.

The practice recognised the value of patient care over and above ensuring they achieved good Quality and Outcome Framework (QOF) results and they choose to maintain some former QOF requirements to ensure they captured all the quality aspects of the service they provided.

**Good**



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, they worked closely with the Compassionate Communities volunteers, the Care Co-Ordinators in the local community as well as the out of hour's providers and secondary care providers.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. Examples included: arranging a dispensary home delivery service which included house bound patients.
- Patients could access appointments and services in a way and at a time that suited them. For example on line repeat prescriptions and on line appointments. The practice offered a dispensing service to eligible patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by the management.
- The practice had a number of policies and procedures to govern activity and held regular meetings. Governance and performance management arrangements took account of current models of best practice with a few exceptions. For example, a lack of completed risk assessments or Disclosure and Barring Service (DBS) checks for all staff who had contact with potentially vulnerable patients, new staff completed an induction but this was not documented. The practice had not considered all staff in the completion of safeguard training.
- The practice GPs provided GP registrar training and support, with some staff returning as GPs at the practice. The practice carried out proactive succession planning.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice gathered feedback from patients and it had a very active patient participation group which influenced practice development

# 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 provided a GP service to the 1% of their patient list at three care homes. The practice had actively engaged in the Care Homes Advanced Scheme (CHAS) for care homes in the locality. The aim of the project was to increase clinical input into care homes. The project was evaluated and recognised by the local CCG as an important initiative in preventing unplanned hospital admissions and providing more continuity to patients' in care homes. All GP practices had agreed to provide a service to a small number of care homes. Before this, patients living in care homes received care and treatment from as many as 14 practices. This included time spent with individual patients and their families, creating or reviewing care plans and discussing issues such as current medical concerns, 'just-in-case' or rescue medication, resuscitation orders and how to avoid admission to hospital in general.
- The practice referred patients to their Compassionate Community Co-ordinator who assisted patients by signposting them to the most appropriate support groups for their needs.
- The practice provided a home delivery service to all dispensary patients but this benefitted the older patients and those unable to attend the practice the most.
- In 2015 the practice had a 32% uptake for the shingles vaccination of their eligible older population.

### 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. For example, the practice had specific diabetes management appointments with the nurses. One of the GPs had a special interest in diabetes and met with the nurses every Tuesday to discuss patients' management.

# Summary of findings

- Patients were referred into the Expert Patient Programme, a self-management programme which helps people to improve their health and wellbeing by learning new skills to manage their condition.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients were referred when appropriate to the pulmonary rehabilitation clinic.

## 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.
- 82.52% of patients diagnosed with asthma, and on the register, had had an asthma review in the last 12 months when compared with the national average of, 75.35%.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had a 'Young Person Friendly Award' and saw young people at short notice following a call from the school nurse.
- The practice participated in the 'Condom Scheme' and provided access for patients who needed emergency contraception. The practice provided a coil fitting service and contraceptive implants.
- The practice had a very low teenage pregnancy rate but could refer to the specific teenage pregnancy midwife for support when required.

Good





# Summary of findings

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice held regular 'Avoiding Unplanned Admissions Meetings' and discussed their most vulnerable and frail population.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice engaged with the local Compassionate Communities group known as Co Co. The initiative is not run by any one organisation but the community itself with the support of the hospice which provided training and ongoing guidance for volunteers. The scheme involved working with a number of local communities and medical practices.

Good



## **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).

- The practice hosted a monthly Specialist Memory Nurse clinic. The nurse saw all newly diagnosed patients at the practice as the practice was felt to be more familiar to patients.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published January 2016 showed the practice was performing better than local and national averages. Two hundred and thirty-five survey forms were distributed and 119 were returned, a response rate of 51%.

- 96% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 86% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 91%, national average 85%).

- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 84%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Many patients described the practice in exemplary terms as an exceptional practice with a great understanding of their role within the local community.

We spoke with seven patients during the inspection and nine members of the patient participation group who were also patients at the practice. All patients said they were happy with the care they received and thought staff were approachable, professional, committed and caring.

## Areas for improvement

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

Ensure Disclosure and Barring Service (DBS) checks are completed for staff who have contact with potentially vulnerable patients and complete a risk assessment until these are returned.

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

- Consider the completion of general health and safety risk assessments.
- Ensure that the wheelchairs for patient use have a record maintained of the annual maintenance checks completed.

- Consider risk assessing the three fire exits with three large steps in order to demonstrate how the practice would get all patients safely to the meeting point.
- Document verbal references and maintain this within the staff member's personnel record.
- Consider the implementation of a documented staff induction system, signed and dated by staff on completion.

# Pontesbury Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Pontesbury Medical Practice

Pontesbury Medical Practice is located in Pontesbury, Shrewsbury, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 7,200. The practice, in line with the local Clinical Commissioning Group (CCG), has a higher proportion of patients aged 65 years and when compared with the practice average across England. For example the percentage of patients aged 65 and above at the practice is 25%, the local CCG practice average is 23.7% and the national practice average, 17.1%.

The staff team comprises four GP partners, two salaried GPs, and a GP registrar who works six sessions per week. Of the four GP partners, three work six sessions per week and one works eight sessions, one of the salaried GPs works eight sessions and the other five sessions per week. The clinical practice team includes three practice nurses, two healthcare assistants, and four dispensary staff, a dispensary delivery driver and a dispensary administrator. The practice is managed and supported by a practice

manager and a data administrator/deputy practice manager, three receptionists, an apprentice receptionist, a medical secretary, and a cleaner. In total there are 31 full or part time staff employed.

The practice is open Monday to Friday 8.30am to 6.30pm (excluding bank holidays). The dispensary opening hours are Monday to Friday 8.45am to 1pm and 2pm to 6.30pm. In addition the practice offers pre-bookable appointments. Urgent appointments are also available for patients that need them. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. Some GPs at the practice also work as members of Shropdoc. The practice is a training practice and often has GPs in training (GP Registrars).

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

## 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

# Detailed findings

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.

## How we carried out this inspection

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

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

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

- Older people

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

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 3 March 2016. During our visit we spoke with a range of staff which included the practice manager, nursing staff, dispensary staff, administrative and receptionist staff and GPs. We spoke with seven patients who used the service and nine members of the patient participation group. We reviewed seven comment cards where patients shared their views and experiences of the service.

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events. The practice completed an annual audit of all events and they analysed and reviewed events for any trends. The incident reporting system was explained to all staff during their induction training. The process was RAG rated (Red, Amber, and Green) and easy for staff to use. For example, in 2013 there were 48 green rated cards, 20 amber and 46 red, in 2014 there were 48 green, 28 amber and 35 red. These were further characterised into areas within the practice, for example, administration/reception, dispensary and clinical. The content and reflection on the actions completed did not allow for much written detail but the partners assured us this could readily be addressed.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they

understood their responsibilities and all had received training relevant to their role. However, we found that one staff member had not been considered for safeguard training and had contact with patients. The practice manager assured us that this would be addressed.

- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse supported by the practice manager was the infection control lead. The practice nurse 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. The annual infection control audit was not available on the day of the inspection. It was forwarded to the Care Quality Commission immediately following the inspection. We saw evidence that action was taken to address any improvements identified as a result, or planning was in progress to address them and staff were aware of the audit results. For example, some consultation and treatment rooms were carpeted, and we were told that when required they would be replaced with a washable type of flooring.

The practice provided a dispensary service. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were reviewed regularly and accurately reflected current practice.

- The practice signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service maintained. Dispensing staff had all completed appropriate training.
- Good counselling of patients on medication was observed on several occasions and dispensary staff was observed to be very caring in relation to a distressed carer with medication to return for disposal.
- Repeat prescribing was undertaken in line with national guidance. We were shown how dispensary staff checked that repeat prescriptions had been reviewed and signed

## Are services safe?

by a GP before they were given to the patient. Any changes made to patients' repeat medicines were undertaken by the GP at the surgery. We observed this process was working in practice.

- Processes were in place to check medicines were within their expiry date and suitable for use. However, dispensary staff were unaware of the process to be followed, in the case of storage temperatures being outside the required range. They said they would refer this to the practice nurses. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- We saw a positive culture in the practice for reporting and learning from medicine incidents and errors. Incidents were logged and then reviewed. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- The practice held stocks of controlled medicines (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place some standard procedures that set out how they were managed. However, controlled medicines were being entered in the Controlled medicines register as dispensed before collection by the patient. There were arrangements in place for the destruction of controlled medicines.
- Medicines safety was well managed but the practice had not reviewed security arrangements for the safe and secure storage of medicines outside of the dispensary but within the practice. By the end of the inspection the practice manager and staff had implemented changes to address the medicines storage issues found.
- Prescription form stock was checked on delivery and then securely stored. Access to forms was restricted to authorised individuals. A record was kept of the distribution of pre-printed prescription form stock within the practice.
- There was a system in place for the management of high risk medicines such as disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.

We reviewed three personnel files and found that appropriate recruitment checks had been mostly undertaken prior to employment. For example, proof of identification, references, qualifications, registration with

the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We found that no DBS checks had been completed for the prescription delivery driver, cleaner, or dispensary staff, and there were no risk assessments in place. This was discussed with the practice manager we were assured that this would be immediately addressed.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. However, there was no documented general health and safety risk assessments in place. Although the wheelchairs for patient use had been sent for annual maintenance checks there was no record maintained of the checks completed.
- The practice had a fire risk assessment and carried out regular documented fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice fire risk assessment made no reference to three fire exits with three large steps in order to demonstrate how the practice would get all patients safely to the meeting point. The practice manager assured us that this would be addressed.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

## Are services safe?

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies of the plan were also stored off site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 99.5% of the total number of points available, with 10.8% exception reporting, this was 1.8% above the Clinical Commissioning Group (CCG) average and 1.6% above the England 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 practice demonstrated awareness of the clinical exception figures and in particular the exception reporting for mental health which was 21.2% when compared with the local CCG average of 9.7% and national average of 11.1%. The GP partners were to consider the completion of an audit into the Mental Health clinical exception figures in the near future. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for three of the five diabetes related indicators were better than the national average and comparable in the other two. For example: the percentage of patients with diabetes on the register, for whom a specific blood test was recorded, was 90.43% compared with the national average of 77.54%.

- The percentage of patients with hypertension having regular blood pressure tests was 86.6% which was slightly better than the national average of 83.65%.
- Performance in the three of the four mental health related indicators were better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 93.75% when compared with the national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 89.02% when compared with the national of 84.01%.
- The percentage of patients with atrial fibrillation (AF) with CHADS2 score of 1, who were treated with anticoagulation therapy or an antiplatelet therapy, was 100% which was slightly better than the national average of 98.36%. (The CHADS2 score is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation which is a common and serious heart rhythm condition).
- Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management/dispensing. The information staff collected was then collated by the data administrator to support the practice to carry out clinical audits.

Clinical audits demonstrated quality improvement.

- There had been regular clinical audits completed in the last two years, where the improvements made were implemented and monitored. The practice had completed a deaths audit in 2013 and 2015. They found that there were no concerning trends in either audit. The audits showed that 21% of deaths in 2013 were in patients who had reached the age of 90 or older and in 2015 34% of deaths were patients over 90 years old.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, following a complaint from a patient who was not informed that their blood sugar level was within the diabetic range, the practice reviewed their

# Are services effective?

## (for example, treatment is effective)

management of raised blood sugar results. Following the audit the practice changed their policy for management of abnormal results and put in place a blood test investigation policy to prevent missed actions and diagnosis. A re-audit was completed which demonstrated that there were no missed diabetes diagnosis.

Information about patients' outcomes was used to make improvements such as;

- The practice had an effective system for monitoring patients taking oral anticoagulant medicine and disease modifying medicines. The GPs took full responsibility for the blood test result checks and prescribing and the nurses and data administrator for ensuring that patients attended for their tests and investigations when required.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. It was not always documented that staff had completed their induction and that they were competent in their role. The practice manager assured us that this would be addressed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

during training sessions, one-to-one meetings, appraisals and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training and training events arranged by the locality CCG. However, we found that not all non-clinical staff who had patient contact had received safeguard training which included the dispensary delivery driver. Certificates for some of the GPs regarding safeguarding children and vulnerable adults were not available to review. The safeguarding children training certificates and Mental Capacity Act (2005) training certificates were forwarded following the inspection. It was difficult for the practice manager to easily monitor which staff were due or overdue their training. The practice manager assured us that this would be addressed.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The GP partners met weekly and as well as other matters discussed the needs of the patients who had attended the out of hour's provider service. These attendances were reviewed as a clinical team.
- All GPs at the practice met daily to discuss patient treatment, care and any patient home visits.
- The practice hosted numerous community based clinics, for example the health visitor, midwife, physiotherapist, podiatrist and counsellor. This improved communication making patient care and information sharing co-ordination easier.
- The practice monitored two week suspected cancer care referrals into secondary care to ensure that none were missed.

# Are services effective?

## (for example, treatment is effective)

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

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent could be monitored through the practice's electronic records.
- The practice had systems and processes in place to note patients' advanced directives and choices. This included a patient's choice not to be resuscitated and best interest decisions made within multi-disciplinary teams involving the patient, their families, carers and/or advocate.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 82.17%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme and for those with a learning disability they ensured any counselling or additional support such as a carer was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.8% to 95.3% and five year olds from 92.0% to 97.7%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. To date the practice had completed 147 NHS health checks and 32% of patients invited had attended. The practice invited 456 patients to attend, with second invites sent to 118 patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice was able to offer patients support and advice through initiatives which included 'Help to quit' and 'Help to slim' schemes.

# 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 seven 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 seven patients and nine members of the patient participation group. They 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 published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90.7% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.2% and national average of 88.6%.
- 88% said the GP gave them enough time (CCG average 91.9% and national average 86.6%).
- 98.2% said they had confidence and trust in the last GP they saw (CCG average of 96.9% and national average 95.2%).
- 88.94% said the last GP they spoke to was good at treating them with care and concern (CCG average 91%, national average 85.34%).

- 98.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 94.2% said they found the receptionists at the practice helpful (CCG average 90.8% national average 86.8%).

We observed examples of staffs' support and approach to the care and treatment of its patients. One included; a patient who was returning medicines for their partner. The dispensary staff were concerned for this person's welfare. They ensured that this person had an opportunity to speak in confidence with staff and staff provided excellent one to one support, with clear information and guidance on what to do next. It was clear from our observations that this professional and empathetic approach was embedded as a team ethos.

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

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

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

- 90.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.5% and national average of 86.0%
- 83.86 said the last GP they saw was good at involving them in decisions about their care (CCG average 88% national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

The practice manager told us that translation services were available for patients who did not have English as a first language. Staff informed us that this was a service they had

## Are services caring?

not had occasion to use as yet. The practice had very few patients from ethnic minority groups. Braille was noted on some of the consultation room doors for sight impaired patients.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients who were

carers and maintained this register. The practice carers' register included 86 individuals. Written information was available to direct carers to the various avenues of support available to them as well as health checks.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. An example included one of the GPs at the practice working with the local CCG and had in liaison with local paediatricians developed guidelines for the assessment of sick children in primary care. We saw a copy of the 'Generic clinical assessment tool' which incorporated a 'traffic light' red, amber, green system for identifying illness severity based on NICE guideline. These included pathways for assessing children with common symptoms such as wheezing, vomiting and diarrhoea in the under five year old range. We saw examples of the pathways which were distributed to all practices in the CCG locality.

- The practice offered 15 minute appointments which enabled the GPs to complete opportunistic health promotion and monitoring checks.
- There were longer appointments available for patients with a learning disability and those who required them.
- Home visits were available for older patients and patients who would benefit from these.
- The practice had carefully looked at capacity and demand and developed an appointment system that worked for its patients. For example, on Mondays the practice had 22 morning and 25 afternoon same day appointments available when the demand from patients was greater. Following a bank holiday the practice also made more same day appointments available. On a Tuesday to Friday there were 12 morning appointments and 16 afternoon same day appointments available for patients. Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop, braille on some consultation room doors and translation services were available.

- Patient services were provided at both ground floor and first floor level and a lift was available for patient use. The practice had plenty of parking spaces for patients which included four disabled bays and an ambulance bay.
- A secure website on the internet was available to registered patients to book online appointments and request repeat prescriptions.
- A dispensary service was available to eligible patients and a dispensary home delivery service.
- The practice welcomed young people and provided specific information for young people on the practice website and on the notice boards.
- The practice offered a counselling service.
- A podiatrist service was hosted by the practice.
- The practice hosted additional services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as the retinal screening service and abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).
- The practice supported autistic spectrum patients as there was currently no adult autistic service in Shropshire. The practice also referred patients to 'Autonomy', a free Shropshire based self-help and social group for young people and adults who have Asperger's syndrome (AS), (diagnosed or undiagnosed).
- The practice referred patients to a free local service 'Shropshire Rural Support' set up to help people living in rural Shropshire farming communities by providing confidential support during periods of anxiety and stress.

### Access to the service

The practice was open Monday to Friday 8.30am to 6.30pm (excluding bank holidays). The dispensary opening hours were Monday to Friday 8.45am to 1pm and 2pm to 6.30pm. In addition the practice offered pre-bookable appointments. Same day appointments were also available for patients that needed them. Reception staff did not ask for reasons when booking patients in for GP appointments, if the patient felt it was urgent it was dealt with as urgent or as a same day appointment. The practice offered same day telephone GP patient call backs and routine telephone call backs. Patients had phone access to the practice from 8.30am and the practice had three or four



# Are services responsive to people's needs?

(for example, to feedback?)

staff members answering telephone calls with four on a Monday morning. The phones were programmed to hunt around the building if unanswered to enable ease of patient access. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone (CCG average 86% national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 63% national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice discussed the results of the patient survey at their staff meetings.

## 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.
- We saw that information was available to help patients understand the complaints system and were available within the practice leaflet and the practice website.
- There was a designated responsible person who handled complaints in the practice supported by the practice manager.
- We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However, we saw one example where the practice's first response letter did not follow its own policy. A different GP subsequently wrote to the complainant with a comprehensive letter offering a face to face meeting and gave further advice on how to take the complaint further. The complaint was resolved locally. The practice identified learning from the complaint, and shared appropriate guidance in relation to the complaint amongst the other GPs at the practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice aim was to provide a high level of service to patients and practice in a modern and patient-centred manner and we found staff knew and understood their aim and values.
- The practice had taken on board the needs of their patients.
- Staff spoken with all said they were proud of providing easy access to the practice services for all patients.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There were some exceptions found which included, a lack of completed risk assessment or Disclosure and Barring Service (DBS) checks for all staff that had contact with potentially vulnerable patients, no evidence of documented general health and safety risk assessments and wheelchairs for patient use did not have a record maintained of the annual maintenance checks completed. The practice had not documented verbal references on staff members' personnel records. New staff undertook an induction programme but completion records were not kept. The practice had not considered all staff in the completion of safeguard training.

### Leadership and culture

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

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

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

- Staff told us the practice held regular whole team meetings which generally occurred following the locality training event days.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice acted on the national annual patient survey, had conducted an audit on their appointments system and had engaged with the Patient Participation Group (PPG) in shaping the practices development. For example, the implementation of a dispensary delivery service for patients in need.

The practice had gathered feedback from patients through the PPG and through surveys, compliments and complaints received. There was an active PPG which met



# Are services well-led?

Good 

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

approximately every three months. The members of the PPG we met said the practice provided a welcoming reception, a caring atmosphere and that all staff were held in high regard including the locum staff used.

Examples of collaborative working between the practice staff and PPG included;

- Arranging a dispensary delivery service for house bound patients.
- Coffee mornings combined with flu vaccination dates and a community event including tombola. This had resulted in two Saturdays each autumn when between 400 and 600 patients attend. The practice's flu vaccination uptake for at risk groups was 80.8% in 2014/15 and in pregnant mothers was 75%.

- The provision of a water dispenser in the waiting room.

Examples of the challenges faced by the practice PPG included:

- Raising awareness of the group and to recruit younger members.
- Work to help the practice raise awareness among patients of the implications of not attending for the appointment.

The practice had gathered feedback from staff through away days, practice learning events, and generally through staff meetings, one to one discussions and group discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The provider had not ensured that all recruitment checks were completed as detailed in Schedule 3 of the Health and Social Act (2008) and as amended (2014).  <b>Regulation 19 (1) (2) (3)</b>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	