

# Bridgnorth Medical Practice

## Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Overall summary

We previously carried out an announced comprehensive inspection at Bridgnorth Medical Practice on 31 October 2014. The overall rating for the practice was good. The full comprehensive report on the October 2014 inspection can be found by selecting the 'all reports' link for Bridgnorth Medical Practice on our website at .

This inspection was an announced comprehensive inspection on 7 November 2018 as part of our inspection programme.

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

At this inspection we found:

- The practice had systems, processes and practices in place to protect people from potential abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads and contacts for external safeguarding agencies. Clinical staff had received training to the appropriate level for their role but not all non-clinical staff had received safeguarding training.
- There were some systems in place for identifying, assessing and mitigating risks to the health and safety of patients and staff, however further improvement was needed in relation to managing risk.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, we identified one police incident that had not been reported to CQC. The incident did not impact on patient safety or care.
- Patients felt staff treated them with compassion, kindness, dignity and respect.
- Some patients reported difficulties getting an appointment. The practice had taken action to improve access and acknowledged the need to continue to address and improve patient experiences.
- The practice was equipped to treat patients and meet their needs.

- The practice worked closely with outside agencies such as care homes in the local area to improve the care delivered.
- The practice had a culture to report all concerns, complaints and significant events to improve learning.
- Staff had access to training opportunities to equip them in their work. However, not all staff had received essential training.
- The practice had experienced significant staff and recruitment challenges and as a result had reviewed and changed their workforce and staff skill mix to meet the needs of their patient population.
- The practice had a community and care co-ordinator to help assist patients of any age in need of help, support and advice by offering a signposting service and reduce hospital admissions and demand for GP appointments.
- The practice was a teaching practice and registrars were supported in their role and valued by the practice.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance with the fundamental standards of care.

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

- Formulate an action plan for responding to the results of the national GP patient survey to include actions to address the lower than average results regarding access to the service.
- Secure the safety of fridge power points to help mitigate the risk of them being turned off.
- Ensure all staff have an annual appraisal of their work to include a review of their job description.
- Improve the monitoring of infection control compliance in between audit cycles.
- Review and update the safeguarding policies in line with latest guidance.
- Ensure notifiable incidents are reported to CQC.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager advisor.

## Background to Bridgnorth Medical Practice

Bridgnorth Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS Shropshire Clinical Commissioning Group (CCG).

The practice is located within a two-storey purpose built health centre in Bridgnorth town in Shropshire. The practice treats patients of all ages and provides a range of general medical services and delivers regulated activities solely from this practice. Car parking is available locally.


At the time of the inspection there were approximately 16,400 patients registered at the practice. The practice local area is one of less deprivation when compared with the local and national averages. The area has similar outcomes to the local and national averages in the area profile data from Public Health England. The data compares outcomes living in the area including life expectancy and deprivation. The practice has a higher percentage of registered patients with a long-standing health condition, meaning more demand for services. The practice unemployment levels are lower than local and national averages. The practice population is

predominantly white (98.6%). The practice is a teaching practice for medical students. At the time of the inspection there were four registrars working at the practice.


The practice staffing comprises of:

- Nine GPs. (Eight partners and one salaried - 7.5 whole time equivalent)
- Four registrars
- Two full-time urgent care practitioners
- Five part-time practice nurses to include a nurse manager and two nurse prescribers
- Five part-time health care assistants
- One part-time practice pharmacist
- One practice manager and one assistant practice manager
- A team of 32 IT, administrative and reception staff to include three secretaries
- One part-time community and care co-ordinator and two part-time counsellors – funded by the CCG.

The practice is open between 8:30am - 6:00pm Monday to Friday. Extended opening hours are provided on a Tuesday and Wednesday evening between 6.30pm and 8pm. The practice has recently increased the extended hours provision and become a member of the South Shropshire Medical Group (SSMG). The group is made up of doctors, nurses and health care assistants working



collaboratively to bring more flexible evening and Saturday morning appointments to patients. When the practice is closed patients are directed to call NHS 111 service. Routine appointments can be booked in person, by telephone or on-line. Home visits are triaged by a clinician to assess whether a home visit is clinically necessary and the urgency for medical attention.



The provider is registered to provide the following regulated activities:

Diagnostic and screening procedures, family planning, maternity and midwifery, surgical procedures and treatment of disease, disorder or injury.

Additional information about the practice is available on their website: [www.bridgnorthmedicalpractice.co.uk](http://www.bridgnorthmedicalpractice.co.uk)

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. The practice had a safeguarding lead in place and contact details of external safeguarding agencies were readily accessible to staff. Although not all staff were up to date with safeguarding training, they knew how to identify and report concerns of potential abuse. Staff had access to safeguarding policies however, these did not reflect latest guidance for example, information on modern slavery and female genital mutilation (FGM).
- We saw vulnerable patients were flagged on the clinical computer system to alert staff of, for example, children on the child protection register, their parents and siblings. Safeguarding concerns were discussed in practice meetings held and recorded. A meeting had also been held with the Shropshire safeguarding lead nurse to discuss safeguarding procedures and provide staff with a general update.
- Staff we spoke with who acted as chaperones demonstrated a clear awareness of the procedure and had received training. Staff received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control. The nurse manager was the designated infection prevention and control (IPC) lead and was supported by a nurse. (CCG). The last IPC audit had been carried out by an external IPC specialist in July 2017. The report showed an overall compliance score of 81%. Most of identified issues had been addressed but not

documented. This was actioned during the inspection. The practice acknowledged the IPC audit was now overdue. We were advised a further audit was due to be carried out shortly in addition to a risk assessment.

- Clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons. Records showed that not all staff were up to date with training in infection, prevention and control.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. A rota manager coordinated cover in addition to scheduling staff supervision and tutorial times.
- There was an induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies and regular checks were undertaken to ensure medicines were fit for use. The practice had two oxygen cylinders in place, one on each floor. However, the cylinder on the first floor had less than a third of oxygen left with no recorded action taken to replace the cylinder. The other cylinder was over half full.
- Training records showed some staff were overdue training in basic life support. We were advised that training had been arranged for clinical staff and a separate training date for non-clinical staff was due to be arranged when all new staff had been recruited.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Colour coded sepsis posters were accessible to assist with clinical decision making.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

## Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Records we reviewed showed clinicians made timely referrals in line with protocols. Two-week referrals were regularly checked and followed up if necessary and a spreadsheet maintained.

### Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment helped minimise risks. Action had been taken following a recent cold chain breach and learning shared practice wide. The practice had carried out a risk assessment to determine the range of medicines held. For example, the practice chose not to stock a medicine used to treat croup as they had only occasionally used it and had a pharmacy on site where this could be obtained.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. There were systems in place for ensuring GPs accessed patient blood test results and patients received regular face to face medication reviews prior to prescribing.
- We found an excessive number of prescription pads were held at the practice despite the practice utilising the electronic prescription service. (A service that enables prescriptions to be sent electronically from the practice to the patients' chosen pharmacy). Although prescription pads were stored in a locked room, the key to the filing cabinet was not removed to provide additional security during practice opening hours.
- Antibiotic prescribing was below the local and national averages. The practice advised they were the fourth lowest prescribers in the county.

### Track record on safety

The practice had a good track record on safety but some aspects required further development.

- The practice monitored and reviewed safety using information from a range of sources.
- The practice had very recently received the fire risk assessment report and were in the process of acting on the recommendations identified.
- There were very limited risk assessments in relation to safety issues such as health and safety risk assessment and premises risk assessment. The practice had acknowledged this and had commissioned an external health and safety specialist company to visit the practice on 08/11/18 to develop all their policies and procedures and risk assessments in relation to health and safety.
- Planned fire drills had not taken place although the building had previously been successfully evacuated due to the fire alarms being activated. Other safety checks had been undertaken.

### Lessons learned and improvements made

The practice learned from and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses and were encouraged to do so.
- There were systems for reviewing and investigating when things went wrong. Staff told us the practice had a culture of reporting all incidents directly to a line manager and to the practice manager and these were recorded and investigated.
- The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw significant events were discussed in significant event meetings and outcomes shared with those directly involved. For example, there had been a recent breach in the cold chain policy and learning was shared practice wide.
- The practice had effective systems in place for acting on external safety events as well as patient and medicine safety alerts. Clinicians received alerts electronically and searches were carried out by the practice pharmacist to identify affected patients and actioned where necessary.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services overall .**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed patient needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, clinicians were able to access on-line guidance and regularly participated in protected learning training meetings organised through the clinical commissioning group (CCG) in addition to personal learning.

- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Patients over the age of 75 years had a named accountable GP.
- Designated GPs provided dedicated visits to three local residential and nursing homes to review the residents registered with the practice in addition to providing medical cover for the community hospital.
- Older patients received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Of the 274 patients on the frailty register, 98.8% had received a medication review.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Any patient that is severely frail and has a fall at home received a telephone call from the community and care co-ordinator to check on their wellbeing to ensure their safety, provide support and offer environmental suggestions and referred to other agencies if appropriate.

### People with long-term conditions:

- Patients with long-term conditions (LTC) had a structured annual review to check their health and medicines needs were being met. The practice had introduced a 'one stop shop' clinic from April 2018 to reduce patients having to attend for multiple appointments. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training and had been provided with a documented LTC guide, developed by the GP lead for LTC.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions for all but two indicators was above local and national averages. However, the practice exception reporting rate was higher than the CCG and the national averages in all but one indicator.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% Parents of children who failed to attend appointments were contacted and encouraged to rebook an appointment.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice provided family planning and sexual health services. Post-natal examinations were offered in addition to six-week baby checks and immunisations.

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

- Patients had access to appropriate health assessments and checks. These included new patient checks, health checks for patients aged 40 – 74 and patients over the age of 75.
- The practice's uptake for breast cancer screening was 81% which was comparable to the local average of 80% and higher than the national average of 70%. Bowel screening uptake in the last 30 months was 62.6%, which was comparable to the local average of 61% and the national average of 55%.
- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the



## Are services effective?

national screening programme. The practice actively encouraged female patients to attend for screening. All five nurses were trained to undertake cervical cancer screening. Appointments were available Monday to Friday to include late evenings for working women. Non-attenders were flagged on the practice clinical system so that the screening test could be discussed opportunistically and patients contacted directly if they failed to attend their invitation for screening.

- The practice had systems to inform eligible patients to have the meningitis vaccine.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice attended meetings with a range of professionals to ensure those who were approaching end of life had a cohesive plan of care.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Seventeen of the 75 registered patients with a learning disability had received an annual review since April 2018.
- Carers were offered a flu vaccination and signposted to support groups and the community and care co-ordinator who assisted patients of any age in need of help, support and advice by offering a signposting service. This included advice regarding care, transport, benefits, financial support, local support groups, housing and social isolation.

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

- The practice's performance on quality indicators for mental health was comparable or higher than both the local and national averages. For example, 90.8% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the local average of 92.4% and the national average of 90%. However, the practice overall clinical exception reporting rate of 21.7% was higher than the CCG average of 12% and national average of 12.7%.
- Ninety-five percent of patients diagnosed with dementia had their care plan reviewed in a face-to-face review in

the preceding 12 months compared with the local average of 85% and the national average of 83%. The practice exception reporting rate of 5% was lower than the CCG average of 5.9% and national average of 6.6%.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- 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 for 2017/18 showed the practice had achieved 98.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and the national average of 96%. The practice exception reporting was 16% compared to the local and national averages of 10%. The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity and had carried out a range of audits in the last 12 months. These were mainly one cycle audits, however the two cycle audits we reviewed demonstrated quality improvement.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.



# Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice team had a diverse mix of skills and leaders understood the learning needs of staff. However, we identified a number of staff were not up to date with all of their essential training. Clinicians reported that development was actively encouraged and training was available to them. For example, a nurse we spoke with had completed a diploma in respiratory conditions.
- The practice upskilled staff where possible. For example, a former receptionist had been promoted to a health care assistant and had been supported, trained and developed to perform their role.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. However, not all staff had received an appraisal in the last 12 months due to significant challenges in staffing and recruitment.
- GP Registrars had allocated time scheduled each day with a GP trainer to support them in their work. (GP registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine).
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community services, social services and carers for housebound

patients and had access to health visitors and school nurses located within the health centre and community services for children who have relocated into the local area.

- The practice carried out regular health and medication reviews at local care and nursing homes to include care homes advanced scheme (CHAS) assessments, a GP led proactive approach to the care of the residents to reduce the number of admissions into A&E and improve patient outcomes.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances. Meetings were held with external healthcare partners to discuss patients with complex needs for example patients nearing end of life.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Patients were invited to take their own blood pressure and pulse rate prior to their appointment using a machine within the waiting area and were provided with guidance to assist them.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

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

## Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Written consent was obtained for immunisations and minor surgery.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mainly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

The results of the National GP patient survey, published August 2018, showed the practice was in line with local and national averages for questions relating to kindness, respect and compassion.

- Two hundred and thirty-four surveys were sent out and 114 were returned giving a completion rate of 49%. Results showed 88% of patients who responded said the healthcare professional they saw or spoke to at their last appointment was good at treating them with care and concern; compared with the local average of 92% and the national average of 87%.
- Ninety percent of patients who responded said the healthcare professional they saw or spoke to at their last appointment gave them enough time; compared with the local average of 91% and the national average of 87%.
- Ninety-eight percent of patients who responded said they had confidence and trust in the last healthcare professional they saw; compared with the local average of 97% and the national average of 96%.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. Most staff were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- We saw the new patient health questionnaire required new patients to identify if they had any communication needs and a hearing loop system was available to assist patients with a reduced range of hearing. Information in larger print was made available upon request, and pictorial information was available to support patients with a learning disability for their reviews.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice pro-actively identified carers and supported them.
- Ninety-seven percent of practice patients who responded to the national GP survey said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment; compared with the local average of 96% and the national average of 93%.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- We found through observation that staff interactions with patients promoted the privacy and dignity of patients. All the patients we spoke with considered their privacy and dignity was respected by reception and medical staff.
- Telephone calls were taken in a back-office area away from the patient waiting area and reception desk to help promote patient confidentiality.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs and following feedback gained from patients.
- The practice was equipped to treat patients and meet their needs.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- Designated clinicians provided dedicated weekly visits to three local care and nursing homes to review the residents registered with the practice.
- The practice was responsive to the needs of older patients. Same day emergency appointments were available for older patients in addition to home visits for patients who were physically unable to attend the practice.

### People with long-term conditions:

- Patients with a long-term condition received regular reviews to check their health and medicines needs were being appropriately met. A 'one stop shop' had been introduced to reduce patients having to attend multi-appointments.
- The practice held regular meetings with external agencies to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- Systems were 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The premises were suitable for children, babies and breastfeeding mothers.
- Child health surveillance services were held and appointments offered outside school core hours.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice provided extended hours on a Tuesday and Wednesday evening between 6.30pm and 8pm. Patients could also access appointments with Shropshire Medical Group (SSMG) between 6.30pm and 8pm Monday to Friday and Saturday mornings between 8.30am and 12.30pm.
- The practice promoted and provided on-line services for example booking of appointments and repeat prescription ordering. An electronic prescription service (EPS) was also available.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Longer appointments were made available.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had 262 patients registered as carers and signposted carers to support groups and offered them a flu vaccine.
- The community and care co-ordinator assisted patients of any age in need of help, support and advice by offering a signposting service. This included advice regarding care, transport, benefits, financial support, local support groups, housing and social isolation.

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

# Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with dementia were offered an annual care review and screening.
- Patients were encouraged to book a double appointment to be given time to discuss their concerns, health and general mental wellbeing.
- The practice performance for mental health indicators was comparable to or higher than local and national averages. However, exception reporting was higher in two of the three indicators meaning more patients had been excluded.

## Timely access to care and treatment

Patients shared mixed views about accessing care and treatment from the practice within an acceptable timescale for their needs.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients had access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Most patients reported that the appointment system was easy to use.

Results from the national GP patient survey, published in August 2018, showed that patients' satisfaction with how they could access care and treatment was lower than the local and national averages. Data showed:

- Fifty percent of patients who responded described their experience of making an appointment as good; compared with the local average of 76% and the national average of 69%.
- Fifty-two percent of patients who responded said they were offered a choice of appointment; compared with the local average of 60% and the national average of 62%.

- Sixty-two percent of patients who responded said they were satisfied with the type of appointment they were offered; compared with the local average of 79% and the national average of 74%.
- Fifty-one percent of patients who responded said they were satisfied with the general practice appointment times available compared with the local average of 71% and the national average of 66%.

The practice was aware that patients' satisfaction levels in relation to access were lower than local and national averages. They told us they had experienced some significant recruitment challenges. As a result, they had reviewed their staff skill set and employed two full-time urgent care practitioners (UCP) who joined the clinical team in mid-October 2018 to provide additional clinical appointments. An additional nurse and GP were due to commence in January 2019. Sit and wait appointments had been replaced with UCP appointments. Should a patient arrive at the practice and there are no minor illness or UCP appointments available, patients were requested to sit and wait whilst the on-call GP was contacted.

## Listening and learning from concerns and complaints

The practice had a culture of reporting and recording all informal and formal complaints and took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to share comments, compliments and complaints was detailed in the new patient information leaflet, at the practice and on the practice website.
- The practice learned lessons from individual concerns and complaints to improve the quality of care. Complaints were discussed in practice meetings held to share learning.
- Staff treated patients who made complaints compassionately.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as requires improvement for providing a well-led service.**

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice had experienced significant recruitment challenges which had impacted on patient access. Leaders were taking action to expand their clinical staff skill mix.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes in place to develop leadership capacity and skills.

## Vision and strategy

The practice had a vision and credible strategy to deliver high quality, sustainable care.

- The practice had a mission statement with an aim to provide a professional and high quality primary care medical service to their patient population. In delivering the service the practice aimed to be knowledgeable, caring, compassionate and competent at all times.
- Practice leaders were able to explain their strategy and had a documented three-year development plan in place to support their vision and strategy and achieve priorities.
- Regular meetings were held with staff to communicate to share information and practice performance. Meetings were recorded.

## Culture

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

- Staff we spoke with told us they felt respected, supported and valued and were proud to work in the practice. There were positive relationships between staff and teams.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency was demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they needed. This included career development opportunities. Staff were supported to meet the requirements of professional revalidation where necessary. However, not all staff had received an appraisal within the last 12 months.
- The safety and well-being of all staff was not fully embedded as not all staff were up to date with essential training to include health and safety, fire safety, infection control, moving and handling and basic life support
- The practice promoted equality and diversity. Staff felt they were treated equally and some staff had received training in equality and diversity.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, there were areas where these needed to be strengthened.

- Structures, processes and systems to support good governance and management were not always effective. For example, we did not see any clear oversight of staff training and health and safety arrangements. For example, there was a lack of risk assessments undertaken, staff essential training was not up to date, fire drills were not scheduled, no clear oversight of oxygen cylinder levels and the infection control audit was overdue. The safeguarding policy did not include latest guidance. The practice had identified that their health and safety risk assessments did not meet the required standards and had therefore commissioned an external health and safety specialist company to visit the practice to review and develop the health and safety documentation. A date for this to be completed had yet to be confirmed.

## Managing risks, issues and performance



# Are services well-led?

There were processes in place for managing risks, issues and performance but these were not always consistently applied.

- Practice leaders had oversight of safety alerts, incidents, and complaints except for one incident that had not been notified to us as required. However, the incident did not impact on patient safety or care.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place but not all staff had been trained for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data to external organisations as required, with the exception of one notification to CQC. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, not all staff were up to date with their training in information governance.

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice used a range of formats available to gain patient views and experiences. These included a patient satisfaction survey, the friends and family test (FFT), compliments and complaints and feedback from the community and care co-ordinator about the services provided.
- The practice no longer had an active patient participation group (PPG). We were advised that the former group had disbanded about a year ago. Practice leaders told us a patient had since come forward and expressed an interest in developing a new PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was working collaboratively with other practices. For example, the practice had become a member of the South Shropshire Medical Group (SSMG) to bring more flexible evening and Saturday morning appointments to patients.
- A number of staff had been trained in workflow optimisation, a process for the way clinical correspondence was managed in the practice to free up clinical time.
- The practice had trained reception staff in care navigation so they were able to actively signpost post patients to the most appropriate clinician or service.

**Please refer to the evidence tables for further information.**

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b> The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:</p> <p>Staff were not up to date with all essential training.</p> <p>There was a lack of documented health and safety risk assessments.</p> <p>Fire drills were not scheduled.</p> <p>The infection control audit was overdue.</p> <p>There was no oversight to act on low oxygen cylinder levels.</p> <p>There was an excessive number of prescription pads held at the practice and they were not held securely during opening hours.</p> <p>The practice did not have an active patient participation group (PPG) to represent the needs of the patients.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>