

Wellington Road Surgery

Quality Report

The Surgery
Wellington Road
Newport
Shropshire
TF10 7HG

Tel: 01952 811677

Website: www.wellingtonroadsurgery.co.uk

Date of inspection visit: 7 September 2016

Date of publication: 21/10/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Wellington Road Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wellington Road Surgery on 7 September 2016. Overall the practice is rated as good.

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

- Each GP had their own individual patient list, which enabled continuity of care and the development of the doctor / patient relationship.
- Patients who met the criteria (who lived further than a mile away from the nearest pharmacy) were able to have their prescriptions dispensed at the practice
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that they were able to get appointments when they needed them.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by 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 are areas of practice where the provider should make improvements.

The provider should:

- Consider introducing a system to monitor the collection of prescriptions for controlled drugs.

Summary of findings

- Ensure all GPs complete their mandatory training, including training on infection prevention and control.
- Continue with the development of a patient participation group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The GP partners had lead roles for specialisms, for example, diabetes, women's health and minor surgery.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice above other practices.
- 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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice promoted the role of carers and provided information on the services available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was working closely with the other local GP practice and health and social care organisations regarding collaboration over working towards integration of community service for the Newport Neighbourhood.
- The practice operated an individual GP patient list, providing continuity of care for patients. Patients were offered appointments with the named GP unless they requested otherwise.
- The practice operated a fast track treatment scheme, whereby patients with specific conditions were seen by the practice nurses rather than the GPs.
- The practice offered a range of enhanced services including minor surgery, joint injections and spirometry (a test to see how well a patient can breathe).
- The practice co-hosted a number of services including diabetic eye screening and podiatry and the pain management clinic.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients who met the criteria (who lived further than a mile away from the nearest pharmacy) were able to have their prescriptions dispensed at the practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision to deliver the highest and most comprehensive level of medical care to the population of Newport and surrounding villages, with particular reference to supporting the community, and to deliver healthcare in a flexible and innovative way.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The practice manager and two of the GP partners had completed a Clinical Leadership Programme, and another GP partner was enrolled on the next programme.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels. This included the development of the staff team skills and knowledge.

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 visited patients who lived in the local care homes on a weekly / two weekly basis. Each care home had a named GP who visited to provide continuity of care.
- Patients who lived in care homes with long term conditions and / or dementia were offered regular reviews.
- The practice worked closely with the Age Concern Care Navigator who held drop in sessions bi-weekly at the practice. Care Navigators assist patients who may feel lonely or isolated, have little local support, have been recently bereaved or who wish to find out about services which may be available to them. They can help put in place support or find activities provided by voluntary and statutory services.

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and worked with the GPs to support patients with long term conditions.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance in the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 80% compared with the national average of 77%.
- Longer appointments and home visits were available when needed.
- 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.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans. .
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- There were screening and vaccination programmes in place and the practice's immunisation rates
- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed that 82% of women aged 25-64 had received a cervical screening test in the preceding five years. This was the same as the national average.
- The practice offered family planning and routine contraception services.
- The practice provided a weekly surgery for pupils who lived in at the local grammar school.

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).

Good



- 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 offered routine pre-bookable and on the day appointments. Appointments with GPs were available up to 6.45pm each week day.
- The practice operated as fast track treatment scheme, whereby patients with specific conditions were seen by the practice nurses rather than the GPs.
- 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.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or identified as vulnerable.

Summary of findings

- The practice offered longer appointments for patients with a learning disability and annual health checks.
- The practice provided medical services for temporary patients receiving care provided by a national veterans' mental health charity and children at the local grammar school.
- The staff knew how to recognise signs of abuse in vulnerable adults and children. The staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Eighty three per cent diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was similar the national average of 84%.
- The practice carried out advance care planning for patients with dementia.
- Performance for the mental health related indicators were comparable to the national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients and their carers were signposted to the care navigator.
- Patients had access to a number of local services at the practice to assist them with the management of their mental health, including a weekly memory clinic and counselling services.

Good



Summary of findings

What people who use the service say

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. Two hundred and twenty survey forms were distributed and 123 were returned. This gave a return rate of 56%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 85%.

Patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 94% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 90% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 39 completed comment cards and these 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 11 patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

Areas for improvement

Action the service **SHOULD** take to improve

Consider introducing a system to monitor the collection of prescriptions for controlled drugs.

Ensure all GPs complete their mandatory training, including training on infection prevention and control.

Continue with the development of a patient participation group.

Wellington Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Wellington Road Surgery

Wellington Road Surgery is registered with the Care Quality Commission (CQC) as a GP partnership provider in Newport, Shropshire. The practice 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 area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 14,108 patients. The practice had a lower than average number of patients aged 0 to 44 year and a higher number than average of patients aged 45 years and over.

The practice staffing comprises of:

- Seven GP partners (five male and two female) and one salaried male GP.
- Four female practice nurses and two female healthcare assistants.
- Four dispensary staff.
- A practice manager, supported by a team of secretarial staff, receptionists and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. The telephones are answered between 8.30am and 6pm. GP clinics run between 8.30am and 11.30am and 4.30pm to 6pm, with the option to book appointments up to 6.45pm, or 7pm with the duty GP. The dispensary is open Monday to Friday, from 8.30am to 1pm and 2.30pm to 6.30pm.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Shropdoc.

Why we carried out this inspection

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

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?

Detailed findings

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

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

Before inspecting the practice we reviewed information we held and asked key stakeholders to share what they knew

about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 7 September 2016.

We spoke with a range of staff including the GPs, a practice nurse, a health care assistant, dispensary staff, the practice manager and members of reception staff. We spoke with patients, looked at comment cards and reviewed survey information. We contacted two local care homes to obtain their views on the service provided by the practice.

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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Staff told us they were informed of any learning and action points from significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient on the palliative care register was unhappy and made to feel uncomfortable when questioned about why they wanted to make an appointment. As a consequence, alerts had been added to patient notes to alert staff they were on the register and a priority for appointments.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw evidence that these had been actioned appropriately by the clinicians.

Overview of safety systems and processes

The practice had 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 abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Flow charts which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare were

displayed in consulting rooms and treatment rooms. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received the appropriate level of training in safeguarding children and vulnerable adults relevant to their role.

- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The safeguarding lead met with the health visitor regularly to discuss patients and all meetings were minuted for future reference.
- Notices in the waiting areas and in the consultation/treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse manager was the infection control clinical lead. There was an infection control protocol in place and the nursing staff had completed infection control training during the previous 12 months. Not all of the GPs had completed training within the previous 12 months. An infection control audit had been undertaken in September 2015 and we saw evidence that action was taken to address any improvements identified as a result.
- We looked at the arrangements for managing medicines, including emergency drugs and vaccinations (including obtaining, prescribing, recording, handling, storing and security). Patients who met the criteria (who lived further than a mile away from the nearest pharmacy) were able to have their prescriptions dispensed at the practice. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning. The practice had signed up to the Dispensary Services quality scheme. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held a quantity of stock of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they

Are services safe?

were managed. These were being followed by the dispensary staff. For example, controlled drugs were stored appropriately, access to them was restricted, the keys held securely and stock checks completed regularly. There were arrangements in place for medicine expiry date checking and the safe destruction of patient returned and out of date medicines including controlled drugs. All of the medicines we checked within the dispensary were in date.

- Systems were in place for the GPs to collect emergency medicine boxes from the dispensary when they carried out home visits. Records were in place to check these boxes in and out of the dispensary. Two of the GPs held their own supply of emergency medicines and were responsible for the safe keeping of these. Following the inspection, a decision was made that all GPs would collect emergency medicines from the dispensary rather than hold their own supply.
- Systems were in place in the dispensary to deal with any medicines recalls, and records kept of any actions taken. We checked medicines stored in the dispensary, controlled drugs cupboard and medicine refrigerator and found they were stored securely and were only accessible to authorised staff. The temperature in the medicines refrigerator was monitored to show that these medicines were stored within the recommended ranges which ensured medicine was stored at the appropriate temperature. There was a policy in place which described what to do in the event of a refrigerator failure and the staff we spoke to were aware of the actions to take.
- Blank prescription forms and pads were securely stored and systems were in place to monitor their use.
- We looked at the way the practice stored vaccines (not in the dispensary) and found that the necessary checks had been applied. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We noted that the practice did not have a system to monitor the collection of prescriptions for controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Systems were in place to monitor the ongoing registration of clinical staff with their professional bodies.

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. The practice had up to date fire risk assessments and carried out regular fire drills. A number of staff had been trained as fire marshalls. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. All staff groups covered holidays and sickness.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. There were emergency medicines
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff told us that new guidelines were discussed at the practice meetings.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment of patients with long term conditions.

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 achieved 98.6% of the total number of points available (which was 2.5% above the local Clinical Commissioning Group (CCG) average and 3.9% above the national average), with 8.1% clinical exception rate (which was 1.9% below the CCG average and 1.1% below the national average). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance in the five diabetes related indicators were comparable to the Clinical Commissioning Group (CCG) and the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 80% compared with the CCG average of 78% and the national average of 77%.
- Performance in the three mental health related indicators were comparable to the CCG and national averages. For example, the percentage of patients with

schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the CCG average of 87% and the national average of 88%. The exception reporting rate for mental health indicators was below the CCG average.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 76%, which was comparable to the CCG average of 78% and national average of 75%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average of 84%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- There had been five clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented and monitored. One of these audits related to the frequency of blood function tests for patients prescribed a particular medicine. The first audit identified not all patients had not received blood monitoring tests in line with nationally recognised guidance. As a consequence the practice introduced a register of patients prescribed this medicine and a recall system for blood tests. The repeat audit identified that all patients had received blood monitoring tests in line with nationally recognised guidance.
- The Practice ran a fast track treatment scheme which allowed patients to obtain medicines to treat illnesses from the practice nurse without having an appointment to see the GP. The practice carried out an audit to identify if patients were being seen appropriately by the correct clinician in the practice. The audit showed an increase in the percentage of patients seen appropriately in the fast track treatment scheme from 91% in 2014 to 95% in 2015. The audit also showed as reduction in the number of patients returning to see the GP within three days.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.
- The practice nurses involved in the fast track treatment scheme had received appropriate training.
- The learning needs of the staff were identified through a system of appraisals, meetings and reviews of practice development needs. The staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and facilitation and support through the revalidation process for GPs and nurses. Staff had protected learning time, either in house or at training events organised by the CCG. All of the staff had had an appraisal within the last 12 months.
- The practice supported clinical staff to extend their skills and knowledge in order to improve outcomes for patients. The GPs had lead roles for specialisms, for example diabetes, women's health and minor surgery. One of practice nurses told us they were hoping to study towards the Warwick Diabetes course. One of the health care assistants told they had been supported to develop their skills and knowledge whilst working at the practice. For example they had attended training on wound care and dressings.
- The staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The staff had access to and made use of e-learning training modules and in-house training.
- 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 practice participated in the hospital admission avoidance scheme and had identified 259 patients who were at high risk of admission. The care of these patients was proactively managed using care plans. The GPs contacted patients on the hospital admission avoidance scheme following any discharge from hospital and carried out a review of their care if required. Monthly meetings were held to discuss the care of patients admitted during the previous month. Patients with multiple admissions during the previous 12 months were discussed to ensure they were receiving appropriate support, for example under the care of the community matron.

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. The practice had 23 patients who had been identified with palliative care needs and held bi-monthly meetings attended by the GPs, palliative care nurse and community nurses. The practice worked closely with the out of hours service to flag patients with complex needs.

We spoke with representatives from two local care homes. They told us they enjoyed a good working relationship with the practice, and their named GP visited on regular basis and was responsive to the needs of the patients. Visits on request were also available. They said the GPs supported patients on end of life care pathways and ensured that all relevant services were in place, particularly over weekend periods.

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.
- Staff received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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.

Are services effective?

(for example, treatment is effective)

- 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, advance nurse practitioner or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.
- The representatives from two local care homes told us the GPs were fully involved in advance care planning for patients with dementia, end of life care or complex care needs. They told us they spent time speaking with patients and families to support informed decision making.
- Written consent forms were used for minor surgery.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet and smoking cessation. Patients who wished to stop smoking could be referred to an advisor from Quit51. Quit51 is an organisation that provides help and support to smokers who wish to stop smoking or smoke less.

The practice worked with a health trainer from the Healthy Lifestyle Hub, a service commissioned by the local CCG. The health trainers worked with patients to make changes to their lifestyle. The health trainer visited the practice twice a week and saw patients by appointment only.

The practice's uptake for the cervical screening programme was 81%, which was lower than the national average of 82%. (Exception reporting for cervical screening was 2%,

which was 3.3% below the CCG average and 4.3% below the national average). The practice offered family planning and routine contraception services including implant and coil insertion.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was comparable to or higher than local and national averages:

- 80% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was higher the CCG average of 71% and national average of 72%.
- 67% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was higher than the CCG average of 57% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 96% to 99.2%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. During the previous 12 months, 376 patients had been invited for a health check and 233 patients had attended. Of these, 120 patients had been identified as requiring further investigation.

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. Staff knew patients by their names and asked about their wellbeing when they presented at reception or the dispensary.

- 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.
- We observed a member of reception staff writing down instructions for a patient with memory difficulties, and taking the time to clearly explain what the patient needed to do. The member of staff offered reassurance that the patient could call in the practice at any time to seek advice and guidance.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 39 completed comment cards and these 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 11 patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. Two hundred and twenty survey forms were distributed and 123 were returned. This gave a return rate of 56%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 85%.

Care planning and involvement in decisions about care and treatment

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

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 above the local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 94% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 90% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. However, the practice did not display information in the reception areas informing patients this service was available.
- Information leaflets were available around the practice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice worked closely with the Age Concern Care Navigator, who had completed a bereavement course through Cruse bereavement care. Staff could refer patients for support when required. Two patients told us through the comment cards that the practice had supported them through difficult periods in their lives.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 162 patients as carers (1.1% of the practice list). The practice encouraged patients to inform them if they were also carer through notices displayed around the building. Information about local support networks, including the carers centre, Alzheimer's society and care navigator was also on display. Carers were offered an annual health check and flu vaccination. Carers could also be signposted to the Care Navigator for advice regarding services in the community.

Patients had access to a number of local services at the practice to assist them with the management of their mental health. Weekly memory clinics were held at the practice, which provided support for patients living with dementia and the families. Patients also had access to counselling services and a cognitive behavioural therapist.

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. Clinical staff attended the protected learning events organised by the CCG.

- The practice operated an individual GP patient list, providing continuity of care for patients. Patients were offered appointments with the named GP unless they requested otherwise.
- The practice operated a fast track treatment scheme, whereby patients with specific conditions were seen by the practice nurses rather than the GPs.
- Patients with minor injuries were seen at the practice reducing the need for patients to attend the local accident and emergency department in Telford.
- The practice visited patients who lived in local care homes on a regular basis. Each care home had a named GP who visited to provide continuity of care.
- One GP provided a weekly surgery for pupils who lived in at the local grammar school.
- There were longer appointments available for patients with a learning disability or those who needed them.
- The practice worked closely with the Age Concern Care Navigator, who held drop in sessions bi-weekly at the practice. Care Navigators assist patients who may feel lonely or isolated, have little local support, have been recently bereaved or who wish to find out about services which may be available to them. They can help put in place support or find activities provided by voluntary and statutory services.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a range of enhanced services including minor surgery, joint injections and spirometry (a test to see how well a patient can breathe).

- The practice provided a primary care endoscopy service, which was available to any patient registered with a GP with the Telford and Wrekin CCG.
- The practice co-hosted a number of services including diabetic eye screening and podiatry and the pain management clinic.
- A number of secondary care consultants visit the practice to see patients, reducing the need to travel to the local hospital in Telford.

Access to the service

The practice was open between 8am and 6pm Monday to Friday, and the telephones were answered between 8.30am and 6pm. The dispensary was open Monday to Friday between 8:30am and 1.00pm and 2.30pm and 6.30pm. GP clinics ran between 8.30am and 11.30am and 4.30pm to 6pm, with the option to book appointments up to 6.45pm, or 7pm with the duty GP. Nursing team appointments were available between 8.10am and 12 noon, and 4.30pm and 6pm, although nursing staff were on the premises and available to see patients until 7pm if required.

Appointments could be booked in person, over the telephone and on line. The practice offered routine pre-bookable and on the day appointments. Pre-bookable appointments could be booked up to six weeks in advance. Reception staff had criteria to follow when booking patients into the fast track treatment scheme.

Results from the national GP patient survey showed high levels of patient satisfaction with how they could access care and treatment when compared to local and national averages.

- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 86% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the national average of 76%.
- 94% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 90% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the CCG average of 68% and national average of 73%.
- 72% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 56% and national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Staff told us that if patients said they needed to be seen by a GP they would be offered an appointment with their GP (if available) or with one of the other GPs working that day. Patients were fitted in during surgeries if they needed to be seen. Home visits requests were recorded in the visit book, and GPs visited patients on their personal list. Home visits were shared out amongst the GPs if one GP had more visits than could be fitted in during the allocated time. If the patient said they needed an urgent home visit, their GP if available would visit them straight away, even during surgery time. The duty GP would carry out urgent visits if the named GP wasn't available. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information included leaflets for patients and information on display on the notice boards. Patients spoken with were aware of the complaints procedure.

We looked at a summary of 10 complaints received in the last 12 months and found they had been satisfactorily handled and demonstrated openness and transparency. The practice carried out a thorough analysis of complaints. A number of complaints related to the attitude of a locum GP. The clinical lead for complaints had spoken with the locum GP about the issues and their contract terminated.

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 the highest and most comprehensive level of medical care to the population of Newport and surrounding villages, with particular reference to supporting the community, and to deliver healthcare in a flexible and innovative way. The practice vision also made reference to providing a rewarding place to work within a supportive team. The practice vision was supported by the practice aims and objectives.

- The practice vision and aims and objectives were included in the statement of purpose.
- Staff knew and understood the vision statement and the aims and objectives which supported it.
- The GP partners clearly described their plans for the future and how they hoped to achieve these. The partners were developing a strategy which took into account the needs of the local population as well as the proposed changes to secondary care provision within Telford and Wrekin and Shropshire.

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. The GP partners had designated clinical lead roles, as well as areas of special interest.
- Each GP was supported with the management of their individual patient list by a dedicated attached receptionist. This member of staff answered patient queries, chased results and hospital appointments. Each GP managed their own work load in relation to their patient list, unless they were on leave when alternative arrangements were in place.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice performance was discussed at the practice meeting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management, both professionally and personally.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held twice a year.
- 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 had carried out patient satisfaction surveys for each of the GPs during 2015 and the feedback was

Are services well-led?

Good 

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

possible. Action following feedback was displayed on the notices boards, in form of 'you said – we did'. The practice had reviewed the most recent national GP survey results and compared themselves against other local practices. Again the results were positive.

- The practice did not have a Patient Participation Group (PPG) but was actively trying to form a PPG. Invites to join the PPG was on display around the practice and two patients had expressed an interest.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example: members of the nursing team expanding their skills and knowledge to enable the practice to meet the needs of the patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice invested in the staff team to develop their skills and knowledge to improve outcome for patients. For example: one of the practice nurses was hoping to attend the Warwick Diabetes course one of the health care assistants had been supported to attend training on wound care and dressings.

The practice was working closely with the other local GP practice and health and social care organisations regarding collaboration over working towards integration of community service for the Newport Neighbourhood. The aim was to have integrated health and social care teams providing services for the local community.