Arrow Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Arrow Surgery on 28 April 2016. Overall the practice is rated as good.

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

- The practice used an effective system for reporting and recording significant events. It took a transparent, open approach to safety.
- Staff effectively assessed and managed risks to patients.
- The practice used current evidence based guidance to assess patients' needs and deliver care. Training was provided to staff to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with respect and they were impressed with the professional standard of care they had received.
- Details of services and information about how to complain were clearly displayed and easy to understand. Complaints and concerns were analysed and used to improve the quality of care provided.
- Patients told us they found it easy to make an appointment with their named GP and that urgent appointments were available the same day.
- The practice had modern facilities which met patients' needs.
- The practice had a clear leadership structure and management supported staff to carry out their roles. The practice asked staff and patients for input and was proactive in adopting changes.
- The practice was familiar with the conditions of the duty of candour and exercised an open and honest culture.

We saw one area of outstanding practice:

- The practice's lead for end of life care lead had introduced a structured approach to identifying patients nearing the end of life and looking at their individual needs and wishes. As a result the number

Summary of findings

of patients on their end of life register had increased from just five in 2011, to 75 in 2016. The practice told us this allowed them to plan a better experience for patients and their carers during the last days of their lives. The practice was able to evidence the positive outcome this had had for patients as people were more likely to be able to die at home if this was their preference. During 2015 the practice had recorded that 54% of patients who had died were on their end of life register. This represented a total of 18 patients, 14 of whom had been able to die in their preferred place.

The areas where the provider should make improvement are:

- The practice should review and strengthen its overall system for monitoring responses to safety alerts to ensure that any required actions are addressed.
- The practice should keep a written record of verbal information they obtain about job applicants to confirm they have obtained satisfactory evidence of conduct in relevant previous employment.

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?

Good

The practice is rated as good for providing safe services.

- Staff knew how to raise concerns and report incidents and near misses. Significant events were thoroughly investigated and we saw that significant events were a standing item on the practice's regular staff meeting agendas. These discussions were used to ensure action was taken and to share lessons learned to improve safety in the practice.
- The practice had a transparent approach to dealing with errors. Patients were given a written apology providing a truthful explanation when things went wrong and they were offered reasonable support. The practice also told patients about any actions taken to improve processes and prevent the same thing from happening again.
- Staff we spoke with had a good understanding of their safeguarding responsibilities and knew how to report incidents. The practice had robust procedures and measures in place to keep patients safe and help protect them from abuse.
- Risks to patients were assessed and well managed. There were adequate arrangements in place to respond to emergencies and major incidents.
- The practice received safety alerts from external agencies which were circulated to staff and discussed informally.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. The practice had a system to update clinical staff with new guidance as it arose.
- Clinical audits demonstrated quality improvement and monitoring. The practice also collaborated with other local practices and participated in local benchmarking.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. GPs in the practice had lead roles across a range of areas and training was monitored and updated consistently. Staff communicated well as a team to deliver personalised care to patients.

Summary of findings

- There was evidence of appraisal and personal development plans for all staff. Staff we spoke with expressed confidence in using appraisal as an opportunity to progress.
- There was a commitment to collaborating with healthcare professionals from external services both formally and informally to understand and meet patients' needs.
- The service was aware of its obligations regarding consent and confidentiality.
- The patient participation group were proactive in their approach to supporting patients to live healthier lives.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they felt the practice offered an excellent level of service and staff always treated them with dignity and respect. They were involved in decisions about their care and treatment.
- Results from the national GP patient survey published in January 2016 showed that patients were happy with how they were treated and that this was broadly in line with CCG and national averages.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff at a local care home said the practice provided very personalised care and staff had a good manner with their patients.
- The practice worked with external services such as Age UK and Springfield Mind to help provide support to patients experiencing a range of concerns.
- Staff told us that when a patient or the near relative of a patient died their GP contacted the family and sent them a sympathy card. GPs continued to support patients through consultations and by offering information about support services.
- A sign in reception asked patients to register if they were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (1% of the practice list). The practice offered carers an annual flu vaccine. Written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered telephone consultations and appointments outside normal hours to assist those unable to attend at these times. Longer appointments were available for patients who required these and same day appointments were provided for children and urgent cases.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- Staff had undergone IRIS (Identification and Referral to Improve Safety) training in domestic violence and the practice had made individual arrangements to support patients as necessary.
- The practice had implemented a confidentiality policy specifically regarding teenagers to assist staff in dealing with the sensitivities around young people making decisions themselves.

The practice had identified that 11% of its patient list was aged over 75, and that they also had high rates of dementia diagnosis. The practice told us that its most vulnerable groups of patients were older people, those experiencing poor mental health including dementia, and those nearing the end of their lives. They had tailored their services to meet the needs of these groups in particular, to help improve their quality of life:

- The practice liaised with Age UK to offer support for elderly people on an over 75's project run with their GP Federation. This involved targeted intervention to patients most in need and offering a health check for the wider population aged over 75.
- The practice was also piloting the Fit for Frailty guidance launched by the British Geriatrics Society and the Royal College of General Practitioners in January 2015 to help recognise and manage the care of older patients with frailty in the community.
- The practice partners attended the Alcester Health and Wellbeing Board which was a new initiative aimed at increasing coordination of care (including the voluntary sector) and decreasing isolation of older people in the Alcester area.

Summary of findings

- The practice had committed to becoming a dementia friendly practice. Staff promoted a regular local memory café for patients living with dementia and their carers. The Alcester Café held regular sessions in the practice waiting room to increase awareness of their support group.
- The practice had arranged for a counsellor from the local charity Springfield Mind to offer a drop-in session for patients one afternoon per week. They provided use of a counselling room for these sessions free of charge, which a number of patients regularly attended.
- The practice also provided a room for a drug and alcohol counsellor from The Recovery Partnership to provide support to patients.

The practice's lead for end of life care had introduced a structured approach to identifying patients nearing the end of life and looking at their individual needs and wishes. The practice told us this allowed them to plan a better experience for patients and their carers during the last days of their lives.

Are services well-led?

Good

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

- The practice had a clear vision to deliver high quality care in a way that was responsive, courteous and timely. Staff displayed a commitment to team working and providing a high standard of service delivery in line with these values.
- 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 governance meetings.
- The practice effectively implemented the requirements of the duty of candour. The practice manager and GP partners encouraged an open culture.
- There were systems in place to manage notifiable safety incidents and share these with staff.
- Feedback by staff was encouraged at regular practice meetings. The practice was also proactive in acting on feedback from patients and its PPG.
- Staff were encouraged to undertake training and professional development. Specific areas for improvement were assessed at annual appraisals.

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

Good

The practice is rated as good for the care of older people.

- The practice recognised that it had a higher than average population of older people and offered proactive, personalised care to meet their needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was proactive in trialling the Fit for Frailty guidance launched by the British Geriatrics Society and the Royal College of General Practitioners in January 2015 to help recognise and manage older patients with frailty. The practice arranged patients over the age of 75 into risk groups to help identify frailty and plan care.
- The practice liaised with Age UK to target patients most in need of support and offered an over 75's health check.
- The practice partners attended the Alcester Health and Wellbeing Board to help coordinate care and offer additional support for older people experiencing isolation.
- The practice had a high prevalence of dementia among its older patients and so had committed to becoming a dementia friendly practice. Staff promoted a regular local memory café for patients living with dementia and their carers. The Alcester Café held regular sessions in the practice waiting room to increase awareness of their support group.
- The practice had patients who lived in two local care homes. The care home we spoke with described how responsive the practice was and commented on their positive approach in dealing with older patients and their families. The care home felt that personalised care was a priority for the practice

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were similar to the national average range. The percentage of patients with diabetes who had blood glucose levels and cholesterol within

an acceptable range was significantly higher than national averages. 95% of patients on the register had had a foot examination and risk classification in the previous 12 months, which was higher than the national average of 88%.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met.
- Patients with multiple conditions or complex needs received a multidisciplinary care package coordinated by their GP. The practice focused on one specific disease group each month to target patient recalls and encourage attendance for reviews.
- The practice's lead for end of life care had introduced a structured approach to identifying patients nearing the end of life and looking at their individual needs and wishes. The practice told us this allowed them to plan a better experience for patients and their carers during the last days of their lives.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. For example, the practice had a specific confidentiality policy for teenagers. The practice had implemented this to assist staff in offering appropriate advice.
- There was a children's area with drawing materials available in reception.
- Patients told us that GPs were good at dealing with their children.
- The practice's baby immunisations clinic was run by the practice nurse and one of the practice partners as a team. This offered reassurance to parents and gave them access to a GP for advice.
- QOF indicators showed that the practice's patient uptake of cervical screening was in line with national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The practice had considered the needs of its working-aged patients, including students and those recently retired, and offered extended hours and to assist them.
- Evening appointments were offered until 8pm on Mondays and Tuesdays.
- The practice also offered pre-bookable consultations and phlebotomy and INR clinic appointments from 8am daily. Patients taking medicines to reduce the risk of blood clotting must have regular blood tests to ensure that it is working effectively. This test is called the International Normalised Ratio (INR), and monitors how long it takes for the patient's blood to clot.
- Telephone appointments were available to provide flexibility.
- Patients could register with the online booking service to book routine GP appointment and order repeat prescriptions at a time that was convenient for them.
- The practice offered a range of screening and health promotions to meet the needs of working age people.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and older patients living alone.
- The practice had no travellers or homeless people on their patient list at the time of our visit but explained they would register and people from these groups as temporary or permanent patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of patients living in circumstances that made them vulnerable.
- The practice informed patients about how to access various support groups and voluntary organisations, including Age UK.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. They had also completed IRIS (Identification and Referral to Improve Safety) training in domestic violence and the practice had made individual arrangements to support patients as necessary. 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)

Good

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

- Clinical staff at the practice liaised with local multi-disciplinary teams to provide continuity of care to
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  The practice performed better than the national average in Quality Outcomes Framework mental health related indicators. For example, 97% of patients on the practice register with psychoses had a comprehensive agreed care plan documented in the past 12 months, compared with 88% nationally.
- The practice recognised that its population had high levels of dementia. There had been lengthy patient waiting times for referral to the local NHS Trust for diagnosis, so the practice had begun to diagnose patients in-house.
- Patients experiencing poor mental health were given information about how to access support groups and voluntary organisations. For example, the GPs promoted a regular local memory café to support patients living with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and sixty-one survey forms were distributed and 126 were returned. This represented 2% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 12 comment cards which were all positive about the standard of care received. A number of patients commented on the ease of making appointments and that the GPs were very good with children.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable and caring.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The practice should review and strengthen its overall system for monitoring responses to safety alerts to ensure that any required actions are addressed.
- The practice should keep a written record of verbal information they obtain about job applicants to confirm they have obtained satisfactory evidence of conduct in relevant previous employment.

Outstanding practice

We saw one area of outstanding practice:

- The practice's lead for end of life care lead had introduced a structured approach to identifying patients nearing the end of life and looking at their individual needs and wishes. As a result the number of patients on their end of life register had increased from just five in 2011, to 75 in 2016. The practice told us this allowed them to plan a better experience for patients and their carers during the last days of their lives. The practice was able to evidence the positive outcome this had had for patients as people were more likely to be able to die at home if this was their preference. During 2015 the practice had recorded that 54% of patients who had died were on their end of life register. This represented a total of 18 patients, 14 of whom had been able to die in their preferred place.

Arrow Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and included a GP specialist adviser and a second CQC inspector.

Background to Arrow Surgery

Arrow Surgery serves the market town of Alcester and its surrounding areas under a General Medical Services (GMS) contract with NHS England. The practice is based within the recently constructed Alcester Primary Care Centre and shares modern facilities with other local health services. The building has a large car park and accessible facilities for patients with disabilities. Arrow surgery has a patient list size of 5,150 including some patients who live in two local care homes. Alcester has a higher than average population aged over 65, and levels of social deprivation are well below the national average. The practice has expanded its contracted obligations to provide some enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers extended hours access, patient online access and facilitated timely diagnosis and support for people with dementia.

The clinical team includes three GP partners, two practice nurses, one senior healthcare assistant and one healthcare assistant. The team is supported by a practice manager, one administrative assistant and five receptionists.

Arrow Surgery's reception operates between 8am and 6.30pm from Monday to Friday. Appointments are available between 8am and 12.30pm, and 1.30 and 6pm daily.

Extended hours appointments are also offered until 7.20pm on Mondays and Tuesdays. There are further arrangements in place to direct patients to out-of-hours services when the practice is closed.

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

Before visiting, we reviewed a range of information we hold about the practice, and asked other organisations to share what they knew. We carried out an announced visit on 28 April 2016. During our visit we:

- Spoke with staff and patients.
- Reviewed patient comment cards.
- Reviewed the practice's policies and procedures.
- Carried out visual checks of the premises, equipment, and medicines stored on site.

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?

Detailed findings

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

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

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

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff were aware of the procedure for reporting incidents and had access to a policy and recording form on the practice's computer system. They told us they would inform the practice manager of any incidents. 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.
- The practice recorded eight significant events from April 2015 to March 2016. We reviewed the practice's significant event log, which included a summary of each event, key issues, areas of concern, actions and learning points. We saw that each of these had been analysed and appropriate action taken by the practice.
- Significant events and complaints were a regular standing item on the practice's bi-monthly meeting agendas.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and received a written apology.
- The practice received safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) and The National Institute for Health and Care Excellence (NICE). The practice manager received and saved the alerts on the practice computer system and emailed staff as appropriate to ensure they were aware of them. Clinical staff then discussed these informally. The practice had not identified a GP as the lead for actioning safety alerts. We found one example where an alert had been received regarding a prescription medicine which could cause abnormalities when taken by women during pregnancy. The clinical team had not taken action as they assumed hospital services would raise this with any patients during pregnancy checks.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses had completed level three safeguarding training in respect of child protection.
- A notice in the waiting room 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 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were visibly clean and tidy. One of the GPs was the infection control clinical. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines in the practice, (including obtaining, prescribing, recording, handling, storing, security and disposal), kept patients safe. This included the arrangements for emergency medicines and vaccines.
- The practice had applied processes for dealing with repeat prescriptions and reviewing high risk medicines. The practice used frequent audits of medicines to ensure its prescribing followed best practice guidelines for safety. GPs stored blank prescription forms and pads securely and monitored their use. The practice had adopted patient group directions to let nurses administer medicines in line with legislation. Health Care Assistants had received adequate training to administer vaccines and medicines using a patient specific direction from a prescriber.

Good

Are services safe?

- The practice did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). The practice indicated that the pharmacy service also located within Alcester Primary Care Centre could be used to obtain medicines if required.
- Staff turnover at the practice was low and it was two years since the most recent appointment. We reviewed one of the most recent staff recruitment files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identity, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had obtained verbal evidence of conduct in previous employment but had not recorded full details of this.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice used rigorous procedures to detect and minimise risks to staff and patient safety. A suitable health and safety policy was available. Staff had access to a poster in the reception office which identified the local health and safety representatives. The practice had records of recent fire risk assessments and told us they carried out regular fire drills. Frequent checks were carried out to ensure electrical equipment was safe to use and clinical equipment was working effectively. The practice used a variety of risk assessments to monitor the safety of the premises, including control of substances hazardous to health, infection control, and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The practice had made arrangements to ensure the number and mix of staff on duty met patients' needs. A rota system was used for each group of staff to ensure adequate numbers of clinical and non-clinical staff were always available to patients.

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. Clinical staff also had a panic button installed on their desks for use if they required urgent assistance.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice held a sufficient range of emergency medicines which were easily accessible to staff in a secure area of the practice. All staff knew the location of emergency medicines and those we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Three hard copies of the plan were kept off site so that the information was always available.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 the practice had achieved 98% of the total number of points available, with 7% exception reporting. The practice's exception reporting was significantly higher than the CCG and national averages in Osteoporosis. Exception reporting was also above the national average in Cardiovascular disease – primary prevention. The practice explained this was due to having only a very small number of patients on their register who required these treatments which distorted the percentage figure.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were between 72% and 95%, similar to the national average range of 78% to 94%. The percentage of patients with diabetes who had blood glucose levels and cholesterol within an acceptable range was significantly higher than national averages. 95% of patients on the register had had a foot examination and risk classification in the previous 12 months, higher than the national average of 88%.
- Performance for mental health related indicators was above the national average. For example, 97% of patients experiencing poor mental health had a comprehensive agreed care plan documented within the last 12 months. This was 9% above the national average.
- The percentage of patients with COPD (chronic obstructive pulmonary disease) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 95%. This compared favourably with the national average of 90%.

There was evidence of quality improvement including clinical audit and benchmarking.

- There had been seven clinical audits completed in the last year. Three of these were completed audit cycles where the improvements made had been implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice had shared its prescribing data with other practices to foster improvement across the CCG area.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included a change in antibiotic prescribing habits to better reflect local prescribing committee guidelines. A re-audit several months after implementing the changes reflected significant improvements.
- In April 2016 a review of cold chain recording identified several potential risks. As a result of this the practice had revised its system for monitoring fridge temperatures.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff which was tailored according to post. This covered such topics as child and adult safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured staff had completed role-specific training and updates by using a spreadsheet to track this. The spreadsheet was cross referenced with copies of staff training certificates. Staff also retained copies of their certificates and were mindful of the value of lifelong learning.
- Staff taking samples for the cervical screening programme had undertaken an appropriate training update every three years.
- The practice provided staff with suitable training for the scope of their role. Ongoing support was provided via

annual appraisals which were used to identify learning needs. Staff also supported one another with learning and development through regular team meetings. The practice helped to facilitate revalidation for GPs.

- Non role specific training was also provided to staff frequently to ensure they were equipped to deal with a variety of situations. For example child and adult safeguarding, fire safety, basic life support and information governance. Staff were also encouraged to complete e-learning training modules.

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 and computer systems.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. They took part in monthly meetings with other health care professionals such as palliative care nurses and district nurses. During these meetings care plans were routinely reviewed and updated for patients with complex needs. Staff explained that a number of external healthcare professionals were based in the same building as Arrow Surgery, which had improved networking and access.

Consent to care and treatment

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. Written consent for minor surgery was recorded.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support during consultations by reviewing hospital discharge letters. They maintained registers of specific patient groups to monitor treatment and direct them to the relevant services. This was managed by conducting specific patient recalls for one particular disease group each month to encourage patients to attend for reviews.

The practice told us that they worked with Age UK to help identify patients whose circumstances may make them vulnerable. This helped them identify patients at risk due to frailty and plan their care. The practice had an End of Life care lead and the practice was working towards achieving Gold Standards Framework accreditation.

Patients we spoke with on the day of the inspection informed us they had been offered lifestyle advice during their appointments. The practice's patient participation group provided patient newsletters twice a year which included healthy recipe suggestions. The newsletters also shared real life experiences of living with health conditions and coping with challenging situations.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice had an above average uptake for breast cancer screening; with 81% of invited patients attending in the past three years compared with the CCG average of 75% and the national average of 72%. 81% of these patients were screened within six months of invitation, whereas the CCG and national comparables were 77% and 73% respectively. The practice also encouraged its patients to attend the national screening programme for bowel cancer. 63% of the practice's patients aged 60 to 69 had been screened in the previous 30 months compared with the CCG uptake of 64% and the national 58%. Of these, 64% had attended within six months of invite, similar to the CCG and national averages of 62% and 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For

Good

Are services effective?

(for example, treatment is effective)

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93 % to 100% and five year olds from 91% to 96%. The practice's baby immunisations clinic was run by the practice nurse and one of the practice partners as a team. This offered reassurance to parents and gave them access to a GP for advice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- The practice had installed curtains in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Clinical staff closed consultation and treatment room doors during patient consultations, and conversations taking place in these rooms could not be overheard.

  Reception staff told us that they were able to offer patients a private room to discuss their needs if required.

All of the 12 patients who filled in Care Quality Commission comment cards were very positive about the care and treatment they experienced. Patients said they felt the practice offered an excellent level of service and staff always treated them with dignity and respect. Four of the comment cards said it was quick and easy to make an appointment, and three noted the GPs were good with children.

We spoke with the chairperson of the patient participation group (PPG). They told us they were impressed with the standard of care provided by the practice, particularly to older people, and said their dignity and privacy was always respected.

We spoke with the manager at a local care home who described the service the practice provided to people as very good. Staff commented that the GPs offered flexible appointments and person centred care, and that everyone at the practice was friendly and considerate.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us their GP listened to them and respected their wishes. They described how they had been given options to involve them in decision making about their care and treatment. Patients said that appointments ran on time and they felt they had sufficient time during consultations. Feedback given via patient comment cards we received was also very positive.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Good

Are services caring?

- A number of information leaflets were available.
- A large roll-up banner in reception informed patients that they could access their medical records online and signposted further information. This was an effective way to promote the information to people who may not be regular website users.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area. These told patients how to contact support groups and organisations for a variety of long term physical conditions and mental health services.

A sign in reception asked patients to register if they were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (1% of the practice list). The practice offered carers an annual flu vaccine. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that when a patient or the near relative of a patient died their GP contacted the family and sent them a sympathy card. GPs continued to support patients through consultations and by offering information about support services.

Good

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.

- The practice offered appointments from 8am daily to assist working patients. They also offered extended hours appointments until 8pm on Mondays and Tuesdays for those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients.
- Same day appointments were available for children and those patients with medical problems that required an urgent consultation.
- There were facilities to assist patients with physical disabilities, a hearing loop for patients who used hearing aids and translation services were available for patients who did not speak or understand English with confidence.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes.
- Staff had undergone IRIS (Identification and Referral to Improve Safety) training in domestic violence and the practice had made individual arrangements to support patients as necessary.
- The practice had implemented a confidentiality policy specifically regarding teenagers to assist staff in dealing with the sensitivities around young people making decisions themselves.

The practice had identified that 11% of its patient list was aged over 75, and that they also had high rates of dementia diagnosis. The practice told us that its most vulnerable groups of patients were older people, those experiencing poor mental health including dementia, and those nearing the end of their lives. They had tailored their services to meet the needs of these groups in particular to help improve their quality of life:

- The practice liaised with Age UK to offer support for elderly people on an over 75's project run with their GP Federation. This involved targeted intervention to patients most in need and offering a health check for the wider population aged over 75.
- The practice was also piloting the Fit for Frailty guidance launched by the British Geriatrics Society and the Royal College of General Practitioners in January 2015 to help recognise and manage older patients with frailty in the community.
- The practice partners attended the Alcester Health and Wellbeing Board which was a new initiative aimed at increasing coordination of care (including the voluntary sector) and decreasing isolation of older people in the Alcester area.
- The practice had committed to becoming a dementia friendly practice. Staff promoted a regular local memory café for patients living with dementia and their carers. The Alcester Café held regular sessions in the practice waiting room to increase awareness of their support group.
- The practice had arranged for a counsellor from the local charity Springfield Mind to offer a drop-in session for patients one afternoon per week. They provided use of a counselling room for these sessions free of charge, which a number of patients regularly attended.
- The practice also provided a room for a drug and alcohol counsellor from The Recovery Partnership to provide support to patients.
- The practice's lead for end of life care had introduced a structured approach to identifying patients nearing the end of life and looking at their individual needs and wishes. As a result the number of patients on their end of life register had increased from just five in 2011, to 75 in 2016. The practice told us this allowed them to plan a better experience for patients and their carers during the last days of their lives. The end of life care lead held monthly meetings with palliative care nurses and district nurses to discuss the current and future needs of individual patients. The practice maintained a list at reception (but visible only to staff), using a system to identify patients on the end of life register. They also made use of a computer alert system to ensure staff were aware and could tailor their support to patients. The practice was able to evidence the positive outcome this had had for patients as people were more likely to be able to die at home if this was their preference.

Good

Are services responsive to people's needs?

(for example, to feedback?)

During 2015 the practice had recorded that 54% of patients who had died were on their end of life register. This represented a total of 18 patients, 14 of whom had been able to die in their preferred place.

Access to the service

The practice was open in the morning between 8.am and 12.30pm Monday to Friday. Afternoon opening hours were 1.30pm to 7.20pm on Mondays and Tuesdays, and 1.30pm to 6pm Wednesday to Friday. Appointments were from 8am to 12.30pm every morning; 3pm to 8pm on Mondays and Tuesdays and 2pm to 6pm from Wednesday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent same day appointments were available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The practice allowed for advance booking several months in advance and also offered GP appointment booking online. The practice did not regularly hold appointments to be booked on the day and felt that this helped reduce the pressure on morning call queues.

People told us on the day of the inspection that they were able to get appointments with their preferred GP reasonably quickly. They also commented that they could usually get an emergency appointment the same day.

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. This was displayed on a noticeboard in the patient waiting room, and it was also printed in the practice leaflet and published on the website.
- We saw evidence that the practice had responded to complaints in writing and invited people to discuss these face to face. This reflected the practice's willingness to be accountable to patients.

We looked at seven complaints received in the last 12 months and found that they were dealt with in a satisfactory and timely way. Actions and learning points from complaints were recorded and these were discussed at practice meetings every two months.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care in a way that was responsive, courteous and timely. Staff we spoke with displayed a commitment to team working and providing a high standard of service delivery in line with these values. The practice had a mission statement which was displayed in the waiting areas and on the website. Staff worked in a way that supported the ethos of the practice.

The practice leadership team had been instrumental in the planning and delivery of the current premises. These provided modern facilities fit for the purpose of providing a range of primary medical services. For instance the practice was equipped with a purpose built counselling room. The premises were also shared with other healthcare professionals which encouraged multidisciplinary working.

The practice recognised their future challenges of a growing patient list and planned to take on more clinical staff. They also had a positive view of exploring innovations such as increasing their skill mix with the use of clinical pharmacists. The practice was a member of a GP Federation and had a proactive approach to developing new ways of working with other practices.

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:

- Practice staff had a clear understanding of their own remits and felt supported by the wider team in meeting these.
- Staff were able to locate the practice's policies and showed understanding of how to use them.
- The practice monitored its performance and carried out frequent auditing to identify areas for improvement.
- Each of the GP partners had lead roles and specific areas of interest and expertise. These roles included leadership for safeguarding, information governance, prescribing, minor surgery, learning disability, and end of life care.
- One of the GPs was actively involved with the clinical commissioning group and helped the practice to link with other services.
- Clinical Quality and Governance meetings were held at regular intervals to discuss significant events, complaints, audits and training needs.
- We saw that the practice was aware of the legal requirements about protecting patients' confidential information. Staff induction training included confidentiality and information governance. Medical records were kept securely in lockable cabinets in a secure room solely for this purpose. Access to this room was restricted to appropriate staff.

Leadership and culture

The practice partners met with the inspection team and provided assurance that they had the experience and capability to run the practice and ensure a good quality care. They told us they prioritised safe, responsive care and courtesy to patients. Staff we spoke with told us the practice manager and partners were very approachable and always made time to discuss any concerns and support their team.

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 specific legal requirement 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 for knowing about notifiable safety incidents.

The practice had a system for dealing with sudden or accidental safety incidents:

- The practice provided reasonable support, information and a written apology to the people affected.
- The practice kept records of serious events and discussed and revisited these at staff meetings to consolidate learning outcomes.

Staff felt supported by management and the practice's well defined leadership structure reinforced this:

- Staff told us they were invited to attend regular team and whole practice meetings. They said they felt confident in actively participating in meetings and raising issues with the rest of the team.

Are services well-led?

Good

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

- Staff told us that the practice manager and partners were approachable, and there was an open culture within the practice.
- Staff said they felt appreciated and respected in their roles. Staff members had opportunities to put forward ideas for improvement and contribute to the development the practice.

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

The practice actively sought to engage with and obtain feedback from patients, the public and staff.

- The practice had an active patient participation group (PPG) which carried out annual surveys to gain input from patients. For example, it had recently conducted a patient survey to gather feedback about the online appointments system. The PPG met regularly and submitted proposals for improvements to the practice management team.
- The practice used the feedback generated by complaints to resolve underlying issues.
- The practice had welcomed feedback from staff through appraisals, regular meetings and informal discussion. Staff told us they would feel confident giving feedback and discussing any issues or concerns with colleagues and management. Staff told us they felt able to help improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and keen to improve outcomes for patients in the area. For example, they had taken the initiative to offer a space for Springfield Mind to provide a counselling drop-in session on a weekly basis. The practice was also piloting the Fit for Frailty guidance launched by the British Geriatrics Society and the Royal College of General Practitioners in January 2015 to help recognise and manage older patients with frailty in the community. They were also working with Age UK to provide better resources for their elderly population and those with dementia.

The practice's lead for end of life care had introduced a structured approach to identifying patients nearing the end of life and looking at their individual needs and wishes. The practice told us this allowed them to plan a better experience for patients and their carers during the last days of their lives.

The practice recognised its future challenges and was proactive in their approach to these. The surgery had an increasing patient list and planned to recruit more medical and nursing staff. The management team also showed awareness of the increasing value of skill mix in general practice and the use of clinical pharmacists. The practice was eager to begin auditing on a wider basis and collaborating more as a GP federation to provide primary care 'at scale'. Further plans included the introduction of a system to facilitate direct phone access between GPs and consultants in hospitals for immediate advice.