

Nunwell Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Nunwell Surgery on 21 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded.
- Safe systems were in place for prescribing medicines and eligible patients were able to obtain their dispensed medicines from the practice.
- Staffing levels were monitored to ensure they matched patients' needs. Safe arrangements were in place for staff recruitment that protected patients from risks of harm.
- Risks to patients were assessed and well managed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training had been identified and planned.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.
- All patients who requested same day appointments were triaged to ensure they received appropriate and timely care.
- Information about how to make a complaint was readily available and easy to understand.
- The practice had good facilities and was well equipped to assess and treat patients.
- There was a clear leadership structure and staff told us they felt well supported by senior staff. Management proactively sought feedback from patients which it acted on.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learnt and communicated to all relevant staff to support improvement.
- Information about safety was recorded, monitored appropriately, reviewed and addressed.
- Risks to patients were assessed and well managed and these were re-visited when circumstances changed.
- Medicines were appropriately prescribed and dispensing procedures were safe.
- There was a recruitment policy and procedure in place to ensure patients safety was protected. We found that senior staff had adhered to the policy and procedure.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.
- Hygiene arrangements were in place that protected patients from unnecessary infections.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely.
- Staff had reviewed the needs of the local population and engaged with Herefordshire Clinical Commissioning Group (CCG) to secure improvements to patient care and treatment.
- Patient's needs were assessed and care was planned and delivered in line with current legislation.
- Staff had received training appropriate to their role and potential enhanced skills had been encouraged, recognised and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams through a range of meetings to provide up to date, appropriate and seamless care for patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice in line with or higher than others in all aspects of care.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.
- Patients had their care needs explained to them and they told us they were involved with decisions about their treatment.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us it was easy to make an appointment and urgent appointments were available the same day.
- The practice provided enhanced services. For example, assessment and early diagnosis of dementia and arrangements made to support these patients in having an improved lifestyle.
- 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.
- Evidence showed that senior staff responded quickly and appropriately when issues were raised.
- Learning from complaints was shared with all staff and other stakeholders and later reviewed for identification of trends.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

- Staff were clear about the practice vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management.
- GPs attended external senior clinical meetings to identify areas where improvements could be made and to keep up to date with current trends.
- There were policies and procedures to govern activity and these were accessible to all staff.
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them.

Good



Summary of findings

- The Patient Participation Group (PPG) was fully active and there were a positive relationship with practice staff. A PPG is a group of patients who represent the views of patients and work with practice staff to improve services and the quality of care.

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 good for the care of older people.

Good



- The practice had a much higher than average number of registered patients aged 50 to 85 years.
- Practice staff offered proactive, personalised care to meet the needs of older patients.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were offered to those who were unable to access the practice and patients with enhanced needs had prompt access to appointments.
- Practice staff worked with other agencies and health providers to provide patient support.
- Older patients were offered annual health checks and where necessary, care, treatment and support arrangements were implemented.
- Designated named GPs from the practice made regular, and when requested visits to two care homes to monitor resident's health needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- With the exception of diabetes nationally reported Quality and Outcomes Framework (QOF) data 2014-15 showed the practice had achieved good outcomes in relation to conditions commonly associated with this population group. Arrangements were in place to encourage patients who had diabetes to attend for their reviews.
- Clinical staff worked with health and social care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison with the health visitor to review those children who were considered to be at risk of harm.
- When needing an appointment all children were triaged and if necessary seen the same day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Extended hours were in place that allowed children to be seen outside of school hours, appointments were available until 8pm every Monday and from 9.15am until 11am every Saturday.

Good



Working age people (including those recently retired and students)

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

- The practice had adjusted its services to accommodate the needs of this population group. For example, via telephone consultations and extended hours.
- Telephone consultations assisted those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Patients could obtain their test results by telephone.
- Online services were available for booking appointments and ordering repeat prescriptions.
- The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.
- There was a full range of health promotion and screening that reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability. A GP had the lead role for organising and carrying out reviews and health checks of patients with a learning disability to promote effective relationships. The GP also visited patients with a learning disability who resided in three care homes.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- There was a process in place to signpost vulnerable patients had been signposted to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice staff were proactive in identifying carers and kept a register of the 6% of patients who were carers. Clinical staff offered them guidance, signposted them to support groups and offered them the flu vaccination each year.

People experiencing poor mental health (including people with dementia)

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

- Patients who experienced poor mental health had received an annual physical health check.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experience poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems to promote patients well-being.
- Referrals to other health care professionals were made when necessary.
- Clinical staff offered opportunistic screening for dementia to ensure early diagnosis and support plans developed to improve patients' well-being and lifestyles.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line in most areas with local and national averages. A total of 239 questionnaires were distributed with 117 responses received, this equated to a 49% response rate.

- 90% of patients found the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 81% of patients found it easy to get through to this surgery by phone compared with a CCG average of 80% and a national average of 73%.
- 84% described their experience of making an appointment as good compared with a CCG average of 81% and a national average of 73%.
- 97% of patients said the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.

- 60% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 64% and a national average of 58%.

During our inspection we spoke with six patients. They told us they were satisfied with the care and treatment they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards all were positive about the standard of care they received. Some described their care as excellent. One comment expressed concern about the length of time they waited for their medicines to be dispensed. We also spoke with one member of the Patient Participation Group (PPG) who was also a registered patient. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were very satisfied with the care they received and that all staff were courteous and helpful.

Nunwell Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a practice manager, specialist advisors and a member of the CQC medicines team.

Background to Nunwell Surgery

Nunwell Surgery is located in the town of Bromyard and provides primary medical care to one fifth of the population of Hereford. There are approximately 9,400 patients registered at the practice. There is a significantly higher than average age group of 50 to 85 years of registered patients. Approximately 3% of registered patients are Eastern European. The practice holds a General Medical Services (GMS) contract, a nationally agreed contract commissioned by NHS England.

The practice is managed by seven part time GP partners (four male, three female) who between them provide 40.5 clinical sessions per week. Three salaried GPs provide an extra 15 clinical sessions. They are supported by two nurse practitioners and four practice nurses who carry out reviews of patients who have long term conditions such as, diabetes. They also provide cervical screening and contraceptive advice. There are three health care assistants (HCA) who carry out duties such as, phlebotomy, health checks and dressings. The practice employs a practice manager, an assistant practice manager, a reception manager, four receptionist staff, four administrators and three secretaries.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations.

The practice is a designated training practice for trainee GPs. These are qualified doctors who are learning the role of a GP. They currently have one qualified doctor (registrar) who is working at the practice and receiving GP training. The doctor is providing four clinical sessions a week.

In March 2016 work on the premises had been completed with the addition of two consulting rooms; providing a total of 12 consulting rooms to improve patient access.

The practice is open from 8am until 6.30pm each day and closes at the later time of 8pm every Monday.

Appointments times vary but on average are available from 9am until 12pm and from 4pm until 6pm. each day and until 7.45pm on Mondays. Further extended hours are provided every Saturday from 9.15am until 11am. Extended hours are by appointment only. The Monday extended hours are provided by two GPs and the Saturday morning session is provided by one GP. The practice operates a triage system for those patients who request a same day appointment. This means that a GP will contact the patient to assess their condition, give advice and if necessary provide a same day appointment. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance in person, by telephone or online.

Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. This equates to 50% of registered patients. The dispensary has six dispensing staff. On the day of our inspection there were two locum dispensers working at the practice to cover for the long term absence of three dispensers. The dispensary closes between 1 and 2pm each day.

Detailed findings

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by NHS Herefordshire Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

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.

How we carried out this inspection

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

- Is it safe?

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

We also looked at how well services 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, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 June 2016. During our visit we spoke with a range of staff including three GP partners, the registrar, one nurse practitioner, one practice nurse, one health care assistant (HCA) the assistant practice manager, the reception manager, two receptionists, two administrators, one secretary and three dispensing staff. We spoke with six patients who used the service and one Patient Participation Group (PPG) member who was also a registered patient. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Significant events were a standing agenda item for the weekly business meetings to share lessons learnt and to identify where further improvements could be made.
- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave an accurate overview of safety. Practice staff were aware of the National Reporting and Learning System (NRLS) but did not use it routinely. This is a means of sharing lessons learned from safety incidents.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as; individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary following an alert to protect patients from inappropriate treatment.
- We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, confusion regarding a prescription issued on hospital discharge of a patient. The patient was notified

of the issue and a system was put in place that prevented inappropriate administration of the medicine. We saw evidence that the significant event had been shared with NHS England.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management. We saw that risks were addressed when identified and actions put in place to minimise them.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding who had received appropriate (level three) training to manage child and adult safeguarding. All staff had received training relevant to their roles. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated that they understood their responsibilities and we saw evidence of a referral that had been made to the appropriate investigating authority.
- A notice was displayed in the waiting room and in each consulting room, advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). (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). Some patients we spoke with were aware that they could request a chaperone and they confirmed that clinical staff offered them this facility.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual

Are services safe?

infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice nurse also carried out annual hand hygiene checks for all grades of clinical staff. They conducted regular visual checks of clinical rooms to ensure they hygiene standards were maintained. There were ample supplies of personal protective equipment (PPE) and we observed a test sample that was handled appropriately.

- We reviewed five personnel files for a range of staff including GPs 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 DBS checks.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.

Monitoring risks to patients

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.
- 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 (COSHH), clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped to deliver care and treatment to patients. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The assistant practice manager maintained a six week staffing rota to ensure there were sufficient staff. All non-clinical staff absences were

covered by other staff re-arranging or working extra shifts. Cover was provided by locum GPs, a locum health care assistant and senior staff had located a locum nurse practitioner.

Medicines management

Regular medication audits were carried out and the local CCG pharmacist visited the practice weekly to ensure the GPs were prescribing within the recommended parameters of best practice.

- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that had recently been reviewed and accurately reflected current practice. Systems were in place to ensure both acute and repeat prescriptions were signed by a GP before the medicines were dispensed and given to patients. Checks were made on the expiry dates of dispensary stock and all medicines we checked were within their expiry dates. There was a process in place to ensure patients were advised of review dates and reauthorisation of repeat medications was only actioned by clinicians. Systems were in place to deal with high risk medicines, to ensure necessary monitoring and tests had been done prior to medicines being dispensed.
- Staff completed an annual dispensary audit as part of the Dispensing Service Quality Scheme (DSQS) and were able to describe changes to practise as a result of these audits to improve the accuracy of the dispensing process. We saw evidence of second cycle audits that had been undertaken.
- Staff had responded to the significant events regarding dispensing inaccuracies. Those staff who carried out dispensing wore tabards with 'do not disturb' to prevent disruption of their concentration.
- To promote appropriate administrations staff dispensed medicines in dosette boxes for patients who experienced loss of memory.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- The arrangements for managing medicines; including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing and security). Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of a safe management of medicines and prescribing practices.

Arrangements to deal with emergencies and major incidents

- All staff had received annual basic life support training. There were emergency medicines available in the treatment room including those required to treat patients if they had adverse effects following minor surgery.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- 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. A copy of this was available off site to eventualities such as loss of computer and essential utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were up to date.

- The practice had systems in place to keep all clinical staff up to date with NICE and local guidelines to deliver care and treatment that met patients' needs.
- Clinical staff monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- An enhanced service included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles. The patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- The primary care mental health team held weekly sessions at the practice. Also a community psychiatric nurse held monthly memory clinics at the practice to provide further assistance for patients who had dementia.
- Monthly multidisciplinary meetings were held with district nurses, staff who work with high risk patients to prevent hospital admissions and social care professionals in attendance.
- Monthly palliative (end of life) care meetings included a member of the Macmillan Team to ensure these patients received joined up care.
- A practice nurse with specialist skills provided regular clinics for anticoagulant assessments and treatments for registered patients.
- A GP was the lead for care of patients who had a learning disability. This included care for patients who resided in three care homes. All of these patients had received annual health checks. This provided continuity of care and effective relationships for these patients. There were 57 patients on the practice register who had a learning disability.

- There was a named GP for each of the four care homes and we were told that the designated GPs made regular visits to monitor patients' health needs. We contacted the care home managers who confirmed this and they said that GPs responded quickly if staff expressed concern about a resident's health. GPs also provided care for up to 18 patients who may occupy beds in the local community hospital.
- A diabetes specialist nurse held clinics at the practice once a month. They worked alongside the practice nurse who carried out reviews of patients with diabetes. They saw patients who had been recently prescribed insulin and gave them advice about to administer insulin and care for themselves. The specialist nurse also saw patients with diabetic complex needs. This arrangement provided specialist care to patients and assisted the practice nurse in maintaining up to date skills in this field.
- Senior staff were engaging with Herefordshire Clinical Commissioning Group (CCG) and staff were actively striving to make on-going improvements. Quarterly meetings were held with the CCG to review performance and agree ways of making further improvements to patient care. For example, benchmarking of GP prescribing. A designated GP attended locality meetings and cascaded information to other GPs in the practice. The purpose of these is to improve patient care pathways to promote similar working practices.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). Comparisons were also made with the local Clinical Commissioning Group (CCG). QOF data published in January 2016 showed the practice was performing in line with CCG and national averages;

- The practice had achieved 96% overall for QOF rating, the CCG average was 98% and the national average 95%.

Are services effective?

(for example, treatment is effective)

- The atrial fibrillation (irregular heart beat) review rate was 100% which was the same as the CCG average and 2% above the national average. The practice exception reporting rate was 13% which compared with 10% CCG average and 11% national average.
- The mental health review rate was 99% which was 4% above the CCG average and 6% above the national average. The practice exemption rating was 6% which compared with 11% CCG average and 11% national average.
- Performance for asthma related indicators was 100% which was the same as the CCG average and 3% above the national average. The practice exception reporting rate was 1% which compared with 6% CCG average and 7% national average.
- Performance for patients with a learning disability was 100% which was the same as the CCG and national averages. The practice exception reporting rate was 0%.
- The overall performance for diabetes related indicators was 82% which was 11% below the CCG average and 7% below the national average. The practice exemption rating was 7% which compared with 11% CCG average and 11% national average
- Performance for chronic obstructive pulmonary disease (COPD) related indicator was 100% which was 1% above than the CCG average and 4% above the national average. The practice exception reporting rate was 8% which compared with 8% CCG average and 11% national average.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was 1% above both the CCG average and 2% above the national average. The practice exception reporting rate was 6% which compared with 4% CCG average and 4% national average.

We asked a GP and the assistant practice manager why the review rate for diabetes was lower than the local and national averages. Staff told us that they were aware of the problem and had investigated it. A problem in correct coding had been found and staff training was being arranged to correct the error. A practice nurse told us that patients did not always respond to the letter that was routinely sent requesting that they make an appointment and even when they made an appointment some patients

failed to attend. Unvalidated QOF data for 2015-16 indicated that the practice had achieved overall 87% for reviews. A salaried GP had recently taken on the responsibility to contact patients who had diabetes and encouraged them to attend. The GP kept a number of appointments free each day in order to accommodate patients prepared to attend for their review and for opportunistic reviews. Practice nurses were assisting by contacting patients and explaining the importance of reviews. The practice was also planning to introduce text reminders for patients who had made appointments.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improvements in patient care. They included:

- Clinical staff had undertaken an audit in 2015 regarding vitamin D prescribing. Changes had been made to the treatments of patients resulting in improvements in patient care. This audit had not been repeated to monitor on-going improvements.
- Another audit had been requested by the Clinical Commissioning Group (CCG) in relation to lung cancer. The learning from this audit was discussed at CCG level.
- We saw that a five year re-audit had been carried out about prescribing of one particular medicine by one GP. The patients had been contacted and three had agreed to stop taking the medicine. The GP presented their findings to other GPs in the practice and a systematic method of reviewing patients was established in order to make further care improvements.

Effective staffing

Staff had the skills, knowledge and experience to deliver appropriate care and treatment. There was evidence of a strong ethos for staff training.

- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff were provided with a handbook at the commencement of employment that provided them with practice information and policies that they could refer to.
- The practice had a training programme in place and extra courses were provided that were relevant to roles. For example, administration of vaccines, the cervical

Are services effective?

(for example, treatment is effective)

screening procedure and reviews of patients with long term conditions. Staff who administered vaccines could demonstrate how they stayed up to date with changes of the immunisation programmes.

- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they were able to ask for additional support at any time. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with told us they had the opportunity to build on their knowledge and development to enhance services provided to patients. For example, a health care assistant had obtained agreement by senior staff for ear syringing training. A nurse practitioner was undertaking a three year Masters' degree course in therapeutic care.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and the out of hours care team.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs in an appropriate and timely way. Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when

patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis.

- Practice staff regularly had protected learning time they shared knowledge and received training.

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 (MCA) 2005. All GPs had received MCA and Deprivation of Liberties training. GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines.
- Written consent was obtained before each minor surgery procedure commenced.

Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity. Patients were then signposted to relevant services.

Are services effective?

(for example, treatment is effective)

- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The practice's uptake for the cervical screening programme was 77%, which was 1% above both the CCG and 3% above the national average. The practice exemption rating was 3%.
- Patients who had not attended reviews were contacted and asked to make an appointment. Letters for patients who had a learning disability were in easy read format to assist them in understanding the need for their health check. Patients who failed to attend for their appointments were sent reminders advising them of the need to attend.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data told us that 78% of eligible female patients had attended for breast screening during a 36 month period, which was 4% higher than the CCG average and 6% above the national average. Also 62% of eligible patients had undergone bowel screening in the last 30 month period, which was 1% above the CCG average and 4% above the national average.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed. We spoke with a patient who had recently registered. They told us they had received a health check and medicine review and that these had been very thorough.
- Childhood immunisation rates for the vaccinations given were comparable with the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 98% and five year olds from 89% to 99%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Regular newsletters were distributed to patients. These included changes in the way that the practice worked and health information. For example, the newsletter dated February 2016 informed patients that it was not too late for them to have a flu vaccination.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and treated them with dignity and respect. This included face to face contact and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consulting and treatment room doors were closed during consultations.
- Reception staff told us they responded when patients wanted to discuss sensitive issues or appeared distressed by offering them a private room to discuss their needs.
- The six patients we spoke with and the PPG member were very complimentary about the way in which all staff communicated with them.
- All of the 22 patient comment cards we received were positive about the service they received and about how staff liaised and kept patients informed.
- Patients told us that staff provided either a good or an excellent service.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 92% and 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 98% and national average of 95%.
- 93% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 97% of patients said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.

- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 98% and national average of 97%.
- 96% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.

Care planning and involvement in decisions about care and treatment

We spoke with four patients and reviewed 22 comment cards on the day of our inspection which confirmed that patients felt involved with decisions about their healthcare and treatment. Patients spoke positively about the way that GPs and nurses explained their condition and the options available to them about their care needs.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 80%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

We saw a range of health promotion advice and information leaflets about long term conditions in the waiting area that provided patients with information and support services they could contact.

Staff told us that translation services were available for patients who did not have English as a first language. We were shown recordings that demonstrated the service of translators had been regularly requested by practice staff.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement service. Following a bereavement a letter of condolence was sent to the family/carers and a GP offered them support and if necessary referral to a counselling service. We spoke with a patient who told us a GP had visited them following their bereavement.

The practice's computer system alerted GPs if a patient was also a carer. There were 574 carers on the register which

equated to 6% of registered patients. Staff told us that the high numbers of carers could be attributed to the much higher than average age group of 50 to 85 year old patients who were registered with the practice. There was a dedicated notice board and forms available for patients to complete if they considered themselves to be a carer. The information displayed included details of various support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that practice staff were responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and arrangements were in place to address the identified needs of patients. Many services were provided from the practice such as; diabetic clinics ante natal care and smoking cessation advice. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- All patients who requested a same day appointment were contacted by a GP for assessment (triage), advice and if they needed a face to face appointment they were given one.
- The triage service allowed home visits to be prioritised for urgency.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Urgent access appointments were available for children and those with serious or complex medical conditions. These patients were seen on the day even if the clinical sessions were fully booked.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- Easy read letters and leaflets including how to make a complaint were available for patients who had a learning disability to enable their understanding.
- There were extended hours and telephone consultations available to assess patients care needs.
- There were facilities for patients with a disability and translation services available.
- There were 38 patients registered with hearing impairment, non-clinical staff were able to communicate with those patients by using the hearing loop. Written information was available that provided details about the out of hours and emergency services.

Access to the service

The practice was open from 8am until 6.30pm each day and closed at the later time of 8pm every Monday.

Appointments times varied but on average were available from 9am until 12pm and from 4pm until 6pm. each day and until 7.45pm on Mondays. Further extended hours were provided every Saturday from 9.15am until 11am. Extended hours were by appointment only. The Monday extended hours were provided by two GPs and the Saturday morning session by one GP.

The practice operated a triage system for those patients who request a same day appointment. This means that a GP would contact the patient to assess their condition, give advice and if necessary provide a same day appointment. Urgent appointments were available on the day. Routine appointments could be pre-booked in advance in person, by telephone or online.

There was a duty GP available each day to deal with any urgent requests.

Results from the national GP patient survey published January 2016 showed that patients' satisfaction with how they could access care and treatment were mostly above local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 81% of patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and national average of 73%.
- 81% of patients said they were able to get an appointment to see or speak with a GP or nurse last time they tried compared to the CCG average of 83% and the national average of 76%.
- 84% of patients described their experience of making an appointment as positive compared to the CCG average of 81% and national average of 73%.
- 81% reported they were satisfied with the opening hours compared to the CCG average of 83% and national average of 76%.

We spoke with patients about the system. Most were satisfied with it although one person commented that it reduced patient time when their health was dealt with via telephone contact with a GP. The extended hours for Monday evening and Saturday mornings were introduced as a result of the patient survey.

Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke with on the day of the inspection about the triage system and comment cards we received told us that they were able to get appointments when they needed them and that they were satisfied with the opening hours.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.
- The practice kept a complaints log and there had been eight formal complaints received over the past 12 months.
- We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were reviewed regularly during staff meetings to ensure that appropriate actions had been taken.

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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff understood.

- Clinical staff met regularly with another practices through the Clinical Commissioning Group (CCG) and Local Medical Council (LMC) meetings to share achievements and to make on-going improvements where possible. A GP told us they would ask for advice through these groups when a problem arose.
- An extension to the practice had recently been completed to improve patient access and privacy during consultations.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff told us they worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- Staff attended a range of meetings to discuss issues, patient care and further develop the practice.
- Practice specific policies were implemented and were available to all staff.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice effectively and promote high quality care.

- All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well- run practice. They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they were encouraged to consider their training needs with a view to enhancing their roles.
- The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology. We saw evidence of where 'Duty of Candour' had been applied when staff had openly explained and gave apologies to patients.

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.

- Practice staff had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. There was an active PPG which met regularly and regularly liaised with senior staff between these times. The PPG member we spoke with said they felt the staff listened to them and that changes would be facilitated whenever practicable. For example, the PPG had suggested improvements to the signage regarding chaperones to make them more visible for patients. They had also suggested implementation of text reminder for patients to attend for their appointments.
- Information was gathered from patients, theme specific PPG questionnaires and from staff through meetings

Are services well-led?

Good 

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

and appraisals about issues, concerns or where improvements could be made. Staff and the PPG members were asked to comment before changes were implemented.

Continuous improvement

There was focus on continuous learning and improvement at all levels within the practice. Discussions were in progress through annual meetings about how they would implement the proposed Herefordshire Clinical Commissioning Group (CCG) model of caring strategy.