

Shawburch Medical Centre

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 Shawbirch Medical Practice on 2 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The staff assessed patients' needs and delivered care in line with current evidence based guidance. The staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients told us they were able to get 'on the day' appointments when they needed them, although they did have to wait for a pre-bookable appointment with their GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and the staff felt supported by the management. The GP partners had designated clinical and managerial lead roles.
- The practice proactively sought feedback from the staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there were also areas of practice where the provider should improve.

The provider should:

- Ask applicants about any physical or mental health conditions they may have as part of the recruitment process.
- Review how the water temperatures are checked and recorded in line with the legionella risk assessment.

Summary of findings

- Adopt a more proactive approach to identifying and meeting the needs of carers.

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



- There was an effective system in place for reporting and recording significant events. Patient safety was a standing agenda item at the weekly clinical meeting.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- The staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice slightly above other practices.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw the staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was scope to adopt a more proactive approach to identifying and therefore meeting the needs of carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The 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 was part of a six practice pilot looking at developing GP services for additional out of hours care in collaboration with Shropdoc (the out of hours provider for Telford and Wrekin).
- Minor ailment clinics were held every day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). A working group of the PPG was looking at disabled access to the building and had made a bid for monies to address the issues.
- Patients told us they were able to get 'on the day' appointments when they needed them, although they did have to wait for a pre-bookable appointment with their GP of choice.
- 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 the staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The staff were clear about the vision and their responsibilities in relation to this. The mission statement had been discussed and agreed with staff and the Patient Participation Group (PPG).
- There was a clear leadership structure and the staff felt supported by the management. The GP partners had designated clinical and managerial lead roles. The practice had a number of policies and procedures to govern activity.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with the staff to ensure appropriate action was taken.
- The practice proactively sought feedback from the staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice was self-critical and had identified a number of areas that required improvement and were taking action to address these.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register of patients who were identified as elderly and vulnerable, and their care was discussed at monthly multi-disciplinary team meetings attended by the community matron and community nursing team.
- Older patients could be referred to the Age Concern Care Navigator for guidance on benefits and support available in the community.
- Regular monthly reviews of patients living in a local care home were carried out by the same GP for continuity of care.

Good



People with long term conditions

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.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance for diabetes related indicators were comparable to the national average. For example, the percentage of patients with diabetes, on the register, who had had influenza immunisation was 97% compared with the national average of 94%.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- There were screening and vaccination programmes in place and the practice's immunisation rates
- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed that 81% of women aged 25-64 had received a cervical screening test in the preceding five years. This was comparable to the national average of 82%.
- The practice ran a Women's Health Clinic one day a week. Services included family planning and contraception services including implant/coil fitting.
- We saw positive examples of joint working with midwives and health visitors. Midwife clinics were held at the practice and bi-monthly meetings were held with the health visitor.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available from 8am through to 5.40pm. The practice also offered extended hours one evening a week, as well as telephone consultation and triage.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or identified as vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- The staff knew how to recognise signs of abuse in vulnerable adults and children. The staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Eighty-six percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice organised dedicated clinics to review the physical health needs and medicines for patients with mental health needs and those living with dementia. The practice had identified 73 patients with mental health needs and 74% had attended for their annual review.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Counselling services were available at the practice.

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 above national averages. Two hundred and forty-three survey forms were distributed and 126 were returned. This gave a response rate of 52%:

- 84% of patients found it easy to get through to this surgery by phone compared to the Clinical Commissioning Group (CCG) average of 71% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 70%, national average 76%).
- 95% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 96% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 completed comment cards which were positive about the service experienced. Patients said they felt the practice offered a good service and the staff were helpful, caring and treated them with dignity and respect.

We spoke with 16 patients during the inspection, six of whom were members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that the staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service **SHOULD** take to improve

Ask applicants about any physical or mental health conditions they may have as part of the recruitment process

Review how the water temperatures are checked and recorded in line with the legionella risk assessment.

Adopt a more proactive approach to identifying and meeting the needs of carers

Shawburch Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Shawburch Medical Centre

Shawburch Medical Centre is registered with the Care Quality Commission (CQC) as a partnership provider in Telford. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 11,660 patients. The practice has an age distribution greater in patients aged 40 – 54 years old but lower in patients aged 20 – 39 years old compared to the national and CCG area. The percentage of patients with a long-standing health condition is 52% which is slightly lower than the local CCG and national averages. The practice offers a variety of clinics such as smoking cessation, child health and sexual health clinics. It also offers clinics for patients with long term conditions such as asthma and diabetes. The practice is a training practice for GP registrars and medical students to gain experience and higher qualifications in general practice and family medicine.

The practice staffing comprises of:

- Five GP partners (four male and one female) and four salaried GPs and one GP registrar.
- Three female advanced nurse practitioners
- Three female practice nurses and two health care assistants
- A practice manager
- An assistant practice manager
- Members of reception / administrative staff working a range of hours.

The practice was open from 8am - 6pm Monday to Friday. The telephones were answered between 8.30am and 1.30pm and 2pm and 6pm. Appointments are available from 8am until 5.40pm and last 15 minutes. Extended surgery hours are offered every Tuesday between 6.30pm and 8pm and are by appointment only. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Shropdoc out of hours services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

Detailed findings

How we carried out this inspection

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 2 March 2016.

We spoke with a range of staff including the GPs, the practice manager, office manager, the advanced nurse practitioners, practice nurses and members of reception/administration staff during our visit. We spoke with six members of the patient participation groups who were also patients, looked at comment cards and reviewed survey information.

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

- Is it safe?
- Is it effective?

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

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

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

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 Care Quality Commission (CQC) at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant event meetings took place every three months. The meetings were minuted so the information could be shared with all staff. The records supported that learning had taken place and become embedded into practice.
- Staff told us that patient safety was a standing agenda at the weekly clinical meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, it was noted when a patient attended the practice with chest pain that the aspirin in the emergency bag and cupboard were out of date. As a consequence a spreadsheet recording the medicine and expiry date was introduced, alongside monthly checks to ensure medicines remained in date.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. Safeguarding posters and contact numbers were on display in the clinical rooms. There were lead and deputy members 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 the advanced nurse practitioners (ANPS) were trained to child protection level three, and the practice nurses trained to level two.

- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The practice met bi-monthly with the health visitor to discuss children on the registers and any other families they had concerns about.
- 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. This member of staff attended infection control link meetings every three months. There was an infection control protocol in place 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, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The ANPs had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical

Are services safe?

conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Information regarding any physical or mental health conditions that applicants may have had not been recorded.
- The practice occasionally used GPs who had worked at the practice previously or worked at other practices in the locality when locum GP cover was required. The practice also booked locum GPs through the Shropshire Locum register. The practice assured themselves that these GPs were fit to practice and had indemnity insurance and a DBS check in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for

a particular bacterium which can contaminate water systems in buildings). The records of the water temperatures suggested that these were not being checked and recorded correctly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice recognised that due to staff leaving additional reception staff were required. Two new members of staff had been recruited but had not commenced their employment at the time of the inspection. In the interim, the practice had an arrangement in place with the out of hours provider (Shropdoc) to answer the telephones as Shawbirch Medical Practice three mornings a week.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. The staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Clinical staff had access to templates to assist with the assessment of long term conditions.
- New guidance was a standing agenda item at the practice meeting. For example, new guidance would be summarised and the action points disseminated at the meeting.

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 were 99.4% of the total number of points available (which was 3.3% above the local Clinical Commissioning Group (CCG) and 4.6% above the national average), with 12.1% clinical exception rate (which was 2.1% above the CCG average and 2.9% above the national average). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice told us patients were invited by letter three times to attend for reviews. Only patients who had received three invite letters and not attended for a review were exception coded. They also told us that for the GP led reviews (mental health and rheumatology) patients had been contacted by telephone to make an appointment to attend for their review. This practice was not an outlier for any QOF (or other national) clinical target.

Data from 2014/2015 showed;

- Performance for diabetes related indicators were comparable to the national average. For example, the percentage of patients with diabetes, on the register, who had had influenza immunisation was 97% compared with the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was comparable with national average of 84%.
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86% compared with the national average of 84%. There was a practice exception reporting rate of 2% which was below the national average of 8.3% meaning a higher than average rate of patients had been included.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last three years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. One completed audit looked at the prescribing of anticoagulation (blood thinning) medicines and monitoring procedures in place prior to issuing prescriptions. The first audit cycle found that patients were receiving prescriptions with appropriate monitoring (blood tests), it was not possible to always identify those patients who had not attended for a blood test, or who were using a self-monitoring system. As a consequence the system was changed and prescriptions were only issued if there was evidence that appropriate monitoring had taken place. The second audit cycle demonstrated a reduction in the rate of patients who did not attend for regular monitoring, and that clinicians were aware when they issued prescriptions when the monitoring had taken place or was due. Prescriptions were not issued to patients if appropriate monitoring had not taken place.
- The CCG benchmarked practices in the locality and had identified that the practice was a high prescriber of certain types of antibiotics. The practice was working closely with medicines management team for the CCG to address this issue and reduce the number of prescriptions issued.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.
- The learning needs of the staff were identified through a system of appraisals, meetings and reviews of practice development needs. The staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support through the revalidation process for GPs and nurses. All of the staff had had an appraisal within the last 12 months.
- The nurse meetings included an educational element, with outside speakers invited to attend.
- The staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

- The practice held clinical meetings, which were attended by the GPs and nurses, as well as separate nurse team meetings.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had identified 253 patients on the hospital admission avoidance scheme, as well as an additional 14 patients who were identified as elderly and vulnerable. We saw evidence that the care of these patients was discussed at multi-disciplinary team meetings which took place every month with the community matron and community nursing team. The practice currently had 20 patients who had been identified with palliative care needs and held monthly meetings with the palliative care team. Bi-monthly meetings were held with health visitors to share information about children or parents they had concerns about.

Consent to care and treatment

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

- The staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff were provided with training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- When providing care and treatment for children and young people, the 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.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. The practice worked with a health trainer from the Healthy Lifestyle Hub, a service commissioned by the local CCG. The health trainers worked with patients to make changes to their lifestyle. The practice offered an in house smoking cessation programme.

Are services effective?

(for example, treatment is effective)

The practice maintained registers of patients with long term conditions (for example diabetes and asthma) and offered them at least an annual review of their condition. The practice also identified patients who were living with a learning disability, dementia, or a mental health condition. These patients were offered an annual review of their medication and physical health needs. There were 27 patients identified on the learning disability register and 41% patients had attended their annual review so far this year.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. (Exception reporting for cervical screening was 2.1%, which was 3.2% below the CCG average and 4.2% below the national average).

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

- 70% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was comparable to the CCG average of 71% and national average of 72%.

- 68% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was above the CCG average of 57% and national average of 58%.

The practice ran a Women's Health Clinic one day week. Services included family planning and contraception services including implant/coil fitting.

One of the GP partners had a special interest in the care of patients with mental health needs and organised dedicated clinics to review patients with mental health needs or those living with dementia. The practice had identified 73 patients with mental health needs and 74% had attended for their annual review.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 96% to 99%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Notices in the waiting room informed patients that a private room was available if they wanted to discuss sensitive issues.
- We saw that maintaining confidentiality at the reception desk was a challenge due to the size and layout of the waiting room. One patient also referred to this on their completed comment card. A distance barrier was in place to encourage patients to stand away from the reception desk to provide privacy for the patient at the desk.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and the staff were helpful, caring and treated them with dignity and respect.

We spoke with 16 patients during the inspection, six of whom were members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that the staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The survey invited 243 patients to submit their views on the practice, a total of 126 forms were returned. This gave a return rate of 52%. The practice was slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.3% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were

Are services caring?

identified on the electronic patient record. The care of these patients was proactively managed using care plans and regular communication with the community matron and district nursing team.

The staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 116 patients (1% of

the practice population) who were also carers. The practice recognised that this number was low and that carers were not always coded on the electronic system, although the information was recorded in their notes. In addition, carers were not offered an annual health check. Written information was available in the practice booklet to direct carers to the various avenues of support available to them. The newsletter produced by the carers centre was also available in the waiting room.

The staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. Patients could also seek support from the Age UK care navigator, who would arrange home visits if required.

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 was part of a six practice pilot looking at developing GP services for additional out of hours care in collaboration with Shropdoc (the out of hours provider for Telford and Wrekin). One of the GP partners organised the education and training for the CCG, and the practice manager was the practice manager representative on the CCG board. Another one of the GP partners was the Director of Undergraduate Programmes at Keele University.

- Extended surgery hours were offered every Tuesday between 6.30pm and 8pm and were by appointment only.
- Routine appointments were 15 minutes.
- The practice maintained a register of patients with a learning disability, and offered these patients an annual health check and longer appointments.
- The practice maintained a register of vulnerable and elderly patients and discussed their needs on a monthly basis with the multidisciplinary team.
- Home visits were available for older patients and patients who would benefit from these.
- Older patients could be referred to the Age Concern Care Navigator for guidance on benefits and support available in the community.
- Regular monthly reviews of patients living in a local care home were carried out by the same GP for continuity of care.
- The advanced nurse practitioners held minor ailment clinics every day.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered a dedicated Women's Health clinic one afternoon / evening a week.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recognised the challenges regarding access from the car park into the building for disabled or infirm patients due to steps. The practice was working with the Patient Participation Group (PPG) to look at ways to address this issue.

- The practice hosted eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body and counselling services).

Access to the service

The practice was open from 8am - 6pm Monday to Friday. The telephones were answered between 8.30am and 1.30pm and 2pm and 6pm.

Appointments could be booked in person, over the telephone and on line. Appointments could be booked up to eight weeks in advance. The practice offered a number of appointments each day with the GPs and advanced nurse practitioners (ANPs) for patients who needed to be seen urgently, as well as pre-bookable appointments with the GPs, ANPs and practice nurses. There was a dedicated on call GP triage and advice service every day. Telephone advice was also available. Appointments were available from 8am until 5.40pm and lasted 15 minutes. Extended surgery hours were offered every Tuesday between 6.30pm and 8pm and were by appointment only. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Shropdoc out of hours services.

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

- 84% of patients found it easy to get through to this surgery by phone compared to the CCG average of 71% and the national average of 73%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.

Patients told us on the day of the inspection that they were able to get 'on the day' appointments when they needed them. However, they did comment that they had to wait for a pre-bookable appointment with their GP of choice.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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. The practice manager handled complaints and was supported by two of the GP partners.
- Information was available to help patients understand the complaints system and complaint forms were available from reception and information included on the practice website.
- The practice encouraged feedback through the NHS Friends and Family Test, patient surveys and a suggestion box was available in the reception area.
- Patients we spoke were aware of the complaints procedure and how to make a complaint.

We looked at the summary of the 13 complaints received in the last 12 months, and one complaint in detail and found they had been satisfactorily handled and demonstrated openness and transparency. Complaints were a standing agenda item at the weekly business meeting and also discussed at the significant event meeting. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient received a letter giving them notice to register with a different GP as they lived outside the practice boundary. It transpired that the local hospital had used an old address when corresponding with the practice. A full apology was offered and the protocol updated to ensure that appropriate checks are made prior to giving notice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which the staff knew and understood the values. The mission statement had been discussed and agreed with staff and the Patient Participation Group (PPG).
- The practice had a robust strategy and supporting business plan which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP partners had designated clinical and managerial lead roles.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice performance was discussed at the weekly clinical meeting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the ANP appointment system had been reviewed and appointment times increased to 15 minutes to allow time to discuss health education and self-management.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a very active PPG, who met every three months, carried out patient surveys and took forward suggestions and improvements identified through the patient survey. As a consequence, four working groups had been established to look at facilities, communication, patient access and data security. One of the questions asked in the latest patient survey was how to improve access to the preferred GP. One suggestion made was that the working hours and availability of the GPs was publicised so that patients knew when their preferred GP was working. This was discussed and agreed by the partners and was to be implemented in the near future.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example: additional appointments for telephone calls / administration had been introduced into the appointment system for the nursing team.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice

was part of a six practice pilot looking at developing GP services for additional out of hours care in collaboration with Shropdoc (the out of hours provider for Telford and Wrekin).

The practice was self-critical and had identified a number of areas that required improvement and were taking action to address these. One of these areas was diabetic foot screening as the number of patients being screened had fallen, partly due to the screening service moving to a location outside of the practice. To address this issue, the practice had taken the decision to bring the service back in house, and to train the nursing team so they would be able to opportunistically screen patients as well as provide dedicated clinics. The practice also planned to hold additional Saturday clinics in March 2016 so that more patients could be seen.