

# Much Birch Surgery

## Quality Report

Much Birch  
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Date of inspection visit: 8 November 2016  
Date of publication: 16/01/2017

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?

Outstanding 

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 Much Birch Surgery on 8 November 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, monitored and reviewed and the results shared with staff including lessons learned.
- Safe arrangements were in place for staff recruitment that protected patients from risks of harm. Staff numbers were regularly reviewed to enable them to meet patients' needs and plans were in place to increase clinical sessions.
- There were robust on-going arrangements in place to protect patients and others from unnecessary infections.
- 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 encouraged and planned to enhance their skills.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.
- A good neighbour scheme was provided by volunteers who provided transport for patients who found it difficult to access the practice and other social services such as; delivering food.
- Information about how to make a complaint was readily available and easy to understand. Complaints received were dealt with appropriately and clear explanations given to complainants.
- The practice had good facilities and was well equipped to assess and treat patients.
- There was a clear and open culture and staff told us they felt well supported by senior staff. Management sought feedback from patients which it acted on.

# Summary of findings

- The provider was aware of the requirements of the Duty of Candour and we saw where this had been applied concerning a complaint.

We saw an area of outstanding practice:

There had been 26 significant events recorded from April 2015 until March 2016 and we saw that they had been dealt with appropriately. These were reviewed regularly during team meetings and quarterly during full staff

meetings to identify trends and ensure that no further actions were necessary. All significant events were forwarded to the National Reporting and Learning System (NRLS). This is a means of sharing lessons learned from safety incidents.

**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 learned 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 their circumstances changed.
- Medicines were prescribed and dispensed appropriately and safety measures were applied.
- There was an infection control protocol in place and infection control audits were regularly undertaken to prevent unnecessary infections.
- There were recruitment policies and procedure in place to ensure patients safety was protected. We found that senior staff had adhered to the policies and procedures.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.

### 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 for assessments and treatments.
- Staff had reviewed the needs of the local population and engaged with Herefordshire Clinical Commissioning Group (CCG) to secure improvements in patient care.
- GPs participated in CCG and the Royal College of General Practitioners research programmes improving patient care.
- Patient's needs were assessed and care was planned and delivered in line with current evidence based practice and legislation.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and planned for and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

# Summary of findings

- Senior staff were working with two other practices to identify ways for improving care of patients with long-term conditions.

## Are services caring?

The practice is rated as good for providing caring services.

- Data published in July 2016 from the National GP Patient Survey showed that patient satisfaction was mostly above the local and national averages regarding care.
- Patients we spoke with told us they were satisfied with their care and most said it was excellent. Comment cards we received showed patients were treated with compassion and dignity.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.
- Patients had their 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.
- Carers were encouraged to identify themselves to enable staff to provide them with appropriate levels of support.
- Information for patients about the services available to them was easy to understand and accessible.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- All patients told us it was easy to make pre-bookable and same day appointments.
- The practice provided enhanced services. For example, avoiding unplanned hospital admissions by carrying out health reviews and the development of individual care plans.
- An integrated care practitioner who was employed by the joint extended hours' provider provided pre-discharge packages of non-clinical care needs. This service continued for up to 30 days post discharge to promote the avoidance of unplanned admissions programme.
- Information about how to complain was available and easy to understand.
- Evidence showed that senior staff responded quickly and appropriately when issues were raised.
- Complaint forms were readily available and easy to understand. Learning from complaints was shared with all staff and other stakeholders.

Outstanding



# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.

## Are services well-led?

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

- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management.
- Meetings were held and information shared to identify areas where improvements could be made.
- There were policies and procedures to govern activity and these were accessible to all staff.
- There was a strong focus on continuous learning and improvement and transparency at all staff levels.
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them.
- The Patient Participation Group (PPG) was active, developed initiatives and staff responded positively to them when issues were raised or suggestions put forward.

**Good**



# 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



- There were a higher than average number of older patients registered at the practice with 12% above 75 years of age. Practice staff offered proactive, personalised care to meet the needs of older patients.
- There was a higher than average uptake of flu vaccinations of patients aged 65 or more years; 74% during 2015-2016.
- 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.
- Extended appointments were available to ensure all aspects of their care needs were assessed.
- GP carried out assessments and treatments for residents who lived in a care home and a nearby convent.
- Practice staff worked with other agencies and health providers to provide patient support.

### 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 and patients at risk of hospital admission were identified as a priority.
- A diabetes specialist nurse worked at the practice for one session per month. They worked alongside practice nurses who managed patients with diabetes and saw patients who had complex needs. This system also served to enhance practice nurses skills.
- 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.
- Clinical staff worked with health care professionals to deliver a multidisciplinary package of care for patients.

# 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.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison and monthly meetings with the health visitor to review those children who were considered to be at risk of harm. The health visitor worked in the practice for one session every week and saw children to check their development.
- All children up to the age of 12 years were triaged and if necessary seen the same day.
- Patients and their children told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Childhood vaccinations were in line with the local and national averages.
- To avoid children missing lessons appointments were also available outside of school hours via extended hours. This service was provided from 8am until the practice commences appointments until 8pm from when appointments stop. This service is provided seven days a week. Patients may be seen by a GP or nurse from another practice who had access to patient records.

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.
- Telephone consultations were provided with a GP or a nurse for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Extended hours were provided to improve patient access.

Good





# Summary of findings

- Online services were available for booking appointments and ordering repeat prescriptions and 24% of patients registered at this practice used this service.
- The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.
- Patients we spoke with told us that clinical staff routinely provided healthy living advice to promote their well-being.
- 85% of eligible female patients had attended for cervical screening during 2014-2015. Clinical data told us this was 4% above the CCG average and 3% above the national average.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability. There was a higher than average number of patients with a learning disability who were registered with the practice.
- All 36 patients who had a learning disability had received their annual health checks for 2016-2017.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- 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 managing vulnerable adults and children.
- Meetings were held every two months with the allocated health visitor who also held weekly sessions at the practice.
- The practice was pro-active in identifying patients who were carers and had registered 3% of the practice population as carers. Clinical staff offered them guidance, signposted them to support groups and offered them a flu vaccination each year.
- There was a register to manage end of life care and unplanned admissions to hospital.

## 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).

Good



- 90% of patients who experienced poor mental health had received a mental and physical health check during 2014-2015 and had been involved in developing their care plans. This was in line with local and national averages.

# Summary of findings

- The practice hosted weekly sessions by a specialist mental health nurse and monthly sessions by a psychiatrist. Patients could be referred to this service.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with 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.
- A specialist dementia nurse held a session at the practice once a month. This permits face to face discussions and sharing of information with staff.
- Referrals to other health professionals were made when necessary.
- Staff had a good understanding of how to support patients with mental health needs including those with dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line in most areas with local and national averages. A total of 214 surveys had been distributed and there had been 127 responses, this equated to a 59% response rate and approximately 2.62% of the practice total population.

- 95% of patients found it easy to get through to this surgery by phone compared with the CCG average of 80% and the national average of 73%.
- 96% of patients found the receptionists at this surgery helpful compared with the CCG average of 90% and the national average of 87%.
- 95% of patients said last time they spoke with a GP they were good at giving them enough time compared with the CCG average of 91% and the national average of 87%.

- 98% of patients said the last appointment they got was convenient compared with the CCG average of 95% and the national average of 92%.
- 82% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 65% and the national average of 58%.

During our inspection we spoke with nine patients. All patients we spoke with told us they were satisfied with the care and treatment they received. Most patients told us the standard of care was excellent. They told us it was easy to make pre-booked and same day appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards and all indicated that patients were positive about the standard of care they received. Most patients described their care as excellent. They also described staff as professional, helpful and friendly.

## Outstanding practice

- There had been 26 significant events recorded from April 2015 until March 2016 and we saw that they had been dealt with appropriately. These were reviewed regularly during team meetings and quarterly during full staff meetings to identify trends and ensure that

no further actions were necessary. All significant events were forwarded to the National Reporting and Learning System (NRLS). This is a means of sharing lessons learned from safety incidents.

# Much Birch 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 specialist adviser.

## Background to Much Birch Surgery

Much Birch Surgery is located in a rural setting and provides primary medical care to people who also live on the edge of Hereford to Ross on Wye, extending into the villages of the Golden Valley. The practice holds a General Medical Services (GMS) contract, a nationally agreed contract commissioned by NHS England.

There are 4,821 registered patients. There is a higher than average age group of registered patients of both sexes aged between 50 and 85+ years with 12% of patients aged 75+ years. There are lower than average patients registered who are new born to 39 years old for both sexes.

The practice is managed by four GP partners (one male, three female) and they are supported by two salaried GPs. The practice employs two practice nurses. They carry out reviews of patients who have long term conditions such as, diabetes, asthma and hypertension. They also provide cervical screening and contraceptive advice. A lead practice nurse has been appointed and is due to commence employment in December 2016. There are two health care assistants (HCAs) who carry out duties such as, phlebotomy (taking blood for testing), health checks and vaccinations.

There is a practice manager, two medical secretaries, two administrators and three receptionists.

There is a specialist diabetes nurse who works at the practice for one session per month. A health visitor holds a session one a week to see children and monitor their progress. The practice hosts a visiting psychiatrist for one session per month, a specialist mental health nurse for one session per week and a specialist dementia nurse for one session per month.

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

There is dedicated parking for patients including disabled spaces located at the front of the premises. The premises are step free and suitable for access by wheelchair users. There is a toilet that is adapted for use by people who have restricted mobility. There are five consulting rooms and two treatment rooms available.

The practice is open from 8am until 6.30pm every weekday.

Appointments times vary between GPs:

- From 8.30am or 9am until 11.30am or 12pm.
- Clinical staff contact patients by phone and receive phone calls from patients during the morning.
- Afternoon appointments are from 3pm until 5.30pm or until all patients have been seen.
- Requests for home visits may be contacted by phone to enable GPs to prioritise which patients should be visited first.

The practice has joined up with other local practices as part of Taurus Healthcare. Patients from this and other practices can be seen at three locations (two of these are local for Much Birch patients) from 8am until 8pm every day including bank holidays. This means that patients may not

# Detailed findings

be seen by a GP or nurse from their own practice but clinical staff have access to all patient's records to ensure that appropriate assessments and treatments are provided.

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 96% of registered patients. Medicines can also be collected at a designated outlet. The dispensary has a dispensary manager and five dispensers. The opening hours are from 8am until 6.30pm each day.

The practice has opted out of providing GP services to patients out of hours during night times. During these times GP services are provided currently by a service commissioned by NHS Clinical Commissioning Group (CCG), Primecare. 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 the inspection, 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 inspection on 8 November 2016. During our inspection we spoke with a range of staff including four GP partners, a salaried GP, a practice nurse, a health care assistant (HCA), the dispensary manager and the visiting health visitor. We also spoke with the practice manager, a secretary, the carer lead/secretary and one receptionist. We spoke with nine patients and two Patient Participation Group (PPG) members who were also registered patients. 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 15 comment cards where patients shared their views and experiences of the service.

# 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). Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, a power cut to a fridge located in the dispensary. Practice staff confirmed that no patients had received a medicine that had been stored at an inappropriate temperature.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again. Senior staff carried out a thorough analysis of significant events.
- There had been 26 significant events recorded from April 2015 until March 2016 and we saw that they had been dealt with appropriately. These were reviewed regularly during team meetings and quarterly during full staff meetings to identify trends and ensure that no further actions were necessary. All significant events were forwarded to the National Reporting and Learning System (NRLS). This is a means of sharing lessons learned from safety incidents.
- We reviewed safety records, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts; incident reports patient safety alerts and minutes of meetings where these were discussed. Alerts received were checked for twice a day. Practice staff demonstrated that appropriate actions had been taken as a result of alerts received.

### 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.

- 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 and all GPs had received appropriate (level three) child safeguarding training. All other staff had received training that was appropriate to their role. 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 they understood their responsibilities in relation to safeguarding processes. We saw documentation which confirmed that appropriate action had recently been taken.
- A notice was displayed in the waiting room and in each consulting room and in the patient information pack, 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). Only clinical staff carried out chaperoning duties. Staff we spoke with demonstrated that they would carry out the role appropriately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse had recently been allocated the lead for the infection control and they liaised with the local infection prevention teams to keep up to date with best practice. They were arranging to undertake specialist training for the role. All staff had received training in infection control and regular refresher training to keep them updated. There was an infection control protocol in place for staff to follow. An infection control audit including hand washing was carried out annually; any actions identified were

# Are services safe?

addressed. The latest audit was dated October 2016. The weekly report produced by the cleaning company was used as a tool for visual checks and these were recorded. We saw that cleaning schedules were in place.

- We reviewed three personnel files including the recently appointed salaried GP and found that 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. We saw that appropriate checks were carried out when the practice used locum GP cover and that a role specific induction was provided.
- 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. Regular environmental risk assessments were carried out to ensure the premises were safe for patients and staff. A fire safety risk assessment had been carried out and 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 particular bacteria which can contaminate water systems in buildings).
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated and tested in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. GPs used locum GPs who were familiar to them. There was an induction pack that was role specific and appropriate for the locum GPs. The practice used nurses from other local practices to provide cover during the practice nurse vacancy.

Nurses worked extra, longer or changed their sessions to cover for each other and arranged patient appointments accordingly. Reception staff helped each other during absences.

## Medicines management

Regular medication audits were carried out and GPs and dispensing staff liaised with the CCG Medicines Optimising Team regarding their practices. An average prescribing cost was 84p per item; which is three pence less than other local practices.

- 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 before the medicines were dispensed and given to patients. We observed this working in practice. 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 re-authorisation of repeat medications was only actioned by clinicians.
- Arrangements were in place to deal with high risk medicines, to help ensure necessary monitoring and tests had been done and were up to date prior to medicines being dispensed. We were able to evidence that this system was in place. Safety alerts concerning medicines were dealt with jointly by the dispensary manager and a GP. A methotrexate audit was carried out in June 2016 and it identified that the monitoring systems were effective. A second audit was carried out October 2016; it confirmed that the updated prescribing guidance from the first audit had been complied with throughout the practice.
- Practice staff had 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.



## Are services safe?

- Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were kept on the premises. These were stored, dispensed, recorded and checked in line with legal requirements.
- Dispensary staff had negotiated with and gained agreement from the CCG about proposals to make changes in the way the dispensary worked. For example, when patients collected their repeat prescriptions they were asked if they wanted the next request to be actioned without the need for them to contact the pharmacy or to make an online request. The new systems were being monitored for their effectiveness.
- The arrangements for managing medicines; including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, 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.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in

line with legislation. The practice also had Patient Specific Directives (PSDs) to allow healthcare assistants (HCAs) to administer medicines by injection and vaccinations.

### **Arrangements to deal with emergencies and major incidents**

Appropriate arrangements were in place to deal with emergency situations.

- All clinical and non-clinical staff received regular basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and these were checked regularly.
- Appropriate 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. A significant event informed us that staff had recently administered emergency medicines appropriately.
- 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. Copies of this were held 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

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records.
- During 2015 GPs sent a list of suggested patients to the Clinical Commissioning Group (CCG) who had organised for patients from practices to receive an education and health assessment session at their own practice by an external professional. From the invitations sent 35 patients had attended. As a result clinical staff commenced anticoagulation therapy for five patients.

### 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 with the CCG. The practice's overall QOF achievement for 2014-2015 was 99%. The practice overall exception rating was 7%; compared with the CCG average of 9% and the national average of 9%.

Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines.

QOF data published in July 2016 showed the practice performed in line with CCG and national averages;

- The review rate for dementia was 84%; compared with the CCG average of 87% and the national average of 84%. The practice exception reporting rate was 0% compared with 5% for the CCG and 8% nationally.

- The review rate was 94% for patients on the diabetes register with a record of foot examination within the preceding 12 months; compared with the CCG average of 90% and the national average of 88%. The practice exception reporting rate was 4% compared with 5% for the CCG and 8% nationally.
- Performance for chronic obstructive airways disease (COPD) related indicators were 97%; compared with the CCG average of 93% and the national average of 90%. The practice exception reporting rate was 6% compared with 10% for the CCG and 12% nationally.
- Performance for asthma was 81%; compared with the CCG average of 78% and the national average of 75%. The practice exception reporting rate was 2% compared with 6% for the CCG and 8% nationally.
- The review rate was 85% for patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less; compared with the CCG average of 84% and the national average of 84%. The practice exception reporting rate was 2% compared with 4% for the CCG and 4% nationally.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improved patient care. We saw that audits had been repeated (some more than once) to evidence that improvements made had been sustained and where necessary further changes made. For example:

- An audit was in relation to a specific high risk medicine. The audit was dated June 2016 and had been repeated to check that the improvements made in patient care from the first audit had been carried out.
- A further audit had been carried out in response to a medicine alert received by the practice. The first audit in October 2015 made recommendations for changes in prescribing. The second audit carried in March 2016 confirmed that appropriate prescribing was in place practice wide.
- Clinical staff also carried out monthly 'after death analysis' audits to share information and to review the care provided and identify where improvements could be made. Regular audits of end of life care were also carried out to identify where improvements could be made.

# Are services effective?

## (for example, treatment is effective)

Dedicated nurse led clinics were held for patients who had long term conditions. Extended appointments were offered so that patients with more than one long term condition could have their health checks carried out at the same time. A practice nurse was a tissue viability nurse specialist and did dressings for patients who had leg wounds. Their success rate from April to October 2016 was 63%. Data informed us that all 36 patients who had a learning disability had received their annual health checks in their own environment during 2014-2015. A GP informed us that all reviews for 2016-2017 had also been carried out.

A specialist diabetic nurse held monthly sessions at the practice and saw those patients who had complex needs. A practice nurse worked along-side them and gained knowledge and skills in diabetes care. A specialist mental health nurse held weekly sessions and a psychiatrist held monthly sessions at the practice. A health visitor provided a weekly session to monitor child development progress. These permit face to face discussions with staff about patients' care needs.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. This included a dedicated induction for locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, policies and procedures and confidentiality.
- The practice had a training programme in place and extra courses were provided that were relevant to specific roles to enhance staff skills. For example, both health care assistants had recently completed spirometry (measuring breathing) training.
- 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. All staff had received an appraisal within the last 12 months.

- The practice held quarterly protected learning time when all staff discussed clinical issues, safeguarding, patient care and operational matters. They invited speakers to these events to talk about specific health conditions to enhance their knowledge and skills.

### 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 leaflets were available.
- All referrals were monitored by staff to ensure that patients received a timely response. Non-clinical staff alerted GPs so that actions could be taken if delays were evidenced.
- 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.
- An enhanced service included 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 readmission. The local federation employed an integrated care practitioner who contacted patients prior to their hospital discharge and put a non-clinical package of care in place. This meant patients had social support from a range of agencies such as Age UK to assist them and to promote their well-being. This service was available to patients up to 30 days following their discharge from hospital.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance, although we noted one exception.

# Are services effective?

## (for example, treatment is effective)

- All staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Younger patients we spoke with told us they were treated in an age appropriate way, their health explained to them and they gave consent for treatment.
- When consent was obtained, it was recorded in patient records. We were provided with templates used to record patient consent, for example, when contraceptive implants were fitted.

### 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 smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity. Patients were signposted to relevant services.
- 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 also encouraged its patients to attend national screening programmes for cancer screening. Data published July 2016 told us that;
  - 85% of female patients aged between 25 and 64 years had attended cervical screening with the preceding five years; compared with the CCG average of 81% and 82% national average.
  - 76% of female patients had attended for breast screening during a 36 month period; compared with the CCG average of 73% and 72% national average.
  - 67% of patients had undergone bowel screening in the last 30 month period, compared with the CCG average of 62% and 58% 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.
  - 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 91% to 94%, the CCG average was from 94% to 97% and from 73% to 95% national average. Immunisations for five year olds were from 82% to 90%, the CCG average was from 89% to 96% and from 81% to 95% national average.
  - 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. Clinical staff had completed 57% during the last 12 months; compared with an uptake of 51% countywide.

# 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 15 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- We spoke with two members of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. All patients we spoke with told us that staff were courteous and helpful.

Results from the National GP Patient Survey published in July 2016 showed how patients felt about how they were treated regarding compassion, dignity and respect. The practice was comparable with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them; compared with the CCG average of 93% and the national average of 89%.
- 98% of patients said they had confidence and trust in the last GP they saw; compared with the CCG average of 98% and the national average of 95%.
- 98% of patients said the last GP they saw or spoke with was good at treating them with care and concern; compared with the CCG average of 90% and the national average of 85%.

- 94% of patients said the nurse was good at listening to them; compared with the CCG average of 93% and the national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw or spoke with; compared with the CCG average of 98% and the 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 with the CCG average of 93% and the national average of 91%.

### Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey published July in 2016 showed how patients felt about their involvement in planning and making decisions about their care and treatment. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments; compared with the CCG average of 91% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care; compared with the CCG average of 87% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments; compared with the CCG average of 93% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care; compared with the CCG average of 88% and the national average of 85%.

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

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

## Are services caring?

provided information on how to treat minor ailments. The practice had produced leaflets regarding specific facilities and long-term conditions such as; the dispensary service and diabetes.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about counselling services offered within the practice was available on the practice website. GPs offered relatives/carers support and if necessary an appointment was offered or a home visit and referral to a counselling service.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of patients as

carers of the total practice list. We spoke with the carer lead/secretary who told us that they identified carers from the patient registration form and by carrying out monthly computer searches. They told us they made contact with carers and offered referrals to various support groups. There was a dedicated carer's notice board and the practice had developed a carer's leaflet for patients to take away with them, which included the days and time when individual clinical staff were available and the contact details of support groups. Information was also available on the practice's website. The quarterly patient newsletter included regular information for carers. Flu vaccinations were offered to carers. The Herefordshire Carers Support displayed a stand during the practice flu clinics to promote awareness. Shortly after our inspection the practice was awarded 'highly commended' by Herefordshire Carers Support.



# 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.

- Face to face appointments were available with a GP or practice nurse or by telephone.
- There were longer appointments available for people with a learning disability and patients with other long-term conditions.
- 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.
- Letters and text reminders were sent to patients when their health review was due. Patients received text messages to remind them of their pending appointment.
- A good neighbour scheme was provided by volunteers who provided transport for patients who found it difficult to access the practice and other social services such as; delivering food, help with filling in forms and pet walking and feeding. The Patient Participation Group (PPG) liaised with the voluntary service.
- Regular meetings took place to discuss and plan care for vulnerable patients and those with complex needs.
- Patients who were at risk of unplanned admission to hospital were closely monitored.
- There were facilities for patients with a disability, a hearing loop and translation services available. A member of staff had converted and produced practice leaflets in Polish and Lithuanian and they acted as an interpreter for patients whose Russian was their first language.
- GPs provided assessments and treatment for an assigned care home and a convent.

### Access to the service

The practice was open from 8am until 6.30pm every weekday.

Appointments times varied between GPs:

- From 8.30am or 9am until 11.30am or 12pm.
- Clinical staff contacted patients by phone and received phone calls from patients during the morning.
- Afternoon appointments were from 3pm until 5.30pm or until all patients had been seen.
- Requests for home visits could be contacted by phone to enable GPs to prioritise which patients should be visited first.

Appointments could be made in person, by phone or online. The uptake of the online system was 24% and the PPG and practice staff were working towards increasing the usage.

The patient leaflet included details of which clinical sessions were provided by each GP. This enabled patients to make appointments with a GP of their choice.

The practice had joined up with other practices as part of 'Taurus Healthcare. Patients from this and other practices could be seen at three locations (two of these were local for Much Birch patients) from 8am until 8pm every day including bank holidays. This meant that patients may not be seen by a GP or nurse from their own practice but clinical staff had access to all patients' records to ensure that appropriate assessments and treatments were provided. We spoke with two patients who had used this service; they told us it was a good and efficient service.

The practice registered patients who were not permanent residents.

Results from the National GP Patient Survey published July 2016 showed the degree of patient satisfaction with how they could access care and treatment. For example:

- 95% of patients said they could get through easily to the surgery by phone; compared with the CCG average of 80% and the national average of 73%.
- 94% of patients said they were able to get an appointment to see or speak with a nurse or GP; compared with the CCG average of 89% and the national average of 85%.
- 95% of patients described their experience of making an appointment as good; compared with the CCG average of 80% and the national average of 73%.





# Are services responsive to people's needs?

## (for example, to feedback?)

- 92% of patients reported they were satisfied with the opening hours; compared with the CCG average of 79% and national average of 76%.

We discussed the above results with the practice manager. They told us that in response to patient feedback they had installed a new telephone system in August 2015 that included two additional lines. They also ensured that extra staff were available during peak times to answer the calls. A number of on the day appointments were reserved for each GP and at least one with a nurse, pre-bookable appointments were available for up to 12 weeks and online appointments could be made up to one month in advance. The practice operated a telephone triage system. Urgent appointment requests were always accommodated. The appointments system was monitored daily by senior staff. The practice population was predominantly retired therefore, could usually be seen during practice session hours. For those who work the Taurus system provided a convenient alternative, which can be pre-booked.

The practice regularly carried out their own patient survey such as; the 2015 survey concerning how staff treated patients, the appointment system and if patients would like a dispensary home delivery service. We saw that the results were displayed in the waiting area and on the practice website.

### 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 at reception.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to and was available in two languages. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint. There was a named lead for dealing with complaints.
- The practice kept a complaints log and there had been 11 formal complaints received during 2015-2016 and from April 2016 five complaints received. We saw that complaints had been dealt with in an effective and timely way. Explanations were given to patients.
- Complaints were discussed with staff during meetings 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

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

- The practice's objectives included the delivery of safe, high quality services for patients at all times. Staff we spoke with knew and understood the practice values.

### Governance arrangements

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

- There was a staffing structure in place and staff were aware of their own roles and responsibilities. Clinical staff had allocated lead roles and had received relevant training for them. Staff 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.
- A range of meetings were held throughout the practice and the minutes of these shared with other staff to ensure that a streamlined service was provided to patients. It was an opportunity to suggest improvements.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clinical audits were undertaken to improve and monitor quality of patient care.
- Clinical staff maintained close links with the Clinical Commissioning Group (CCG) Medicines Optimising Team to ensure their prescribing was in line with national and local guidelines.

All staff spoken with had a comprehensive understanding of the governance arrangements and performance of the

practice. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and practice manager.

### Leadership and culture

On the day of the inspection the GP partners demonstrated they had the experience, capacity and capability to run the practice to promote high quality care.

- They prioritised safe, high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well-run practice. On-going service improvements and compassionate care was provided. The partners were visible in the practice and staff told us they were approachable at all times and encouraged honesty.
- Staff were aware of the requirements within the Duty of Candour and clinical staff encouraged openness and honesty. We saw an example where this had been complied with when communicating with a patient.
- 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.

### 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 the national GP patient survey and from the practice's own in-house annual patient surveys. The in-house survey dated November 2015 had resulted in 304 responses. The analysis included an action plan of where improvements should be made. For example, improving patient's online access and implementation of an extra disabled car parking space.
- The Patient Participation Group (PPG) held meetings every two months and actively contributed to improvements of the services provided. For example,



# Are services well-led?

Good 

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

they had recommended that a payment card system should be introduced for patients who wanted to use this facility to pay for their prescribed medicines and other services provided. They had also suggested another disabled parking should be implemented. These were actioned.

- Patients who had difficulty in accessing the practice could contact the Good Neighbour Scheme who provided assistance. For example, provision of transport for GP and hospital appointments, prescription collection, shopping and other light tasks. We spoke with two members of the PPG who told us they were arranging a meeting for the end of January 2017 with voluntary transport members, church members and other organisations to discuss ways of improving voluntary services for patients who lived remotely and alone. The purpose of the meeting was to encourage all the parishes within Much Birch Surgery catchment area to establish a Good Neighbour Scheme.
- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they felt involved and engaged in how the service was delivered.

## Continuous improvement

Quarterly patient newsletters were developed and distributed. The summer 2016 newsletter provided health advice and information. It included information about the forthcoming 'healthier you' programme due to commence in the spring of 2017. It was a programme for patients who had been identified as at risk of developing diabetes. It involved provision of opportunities for health and well-being at local sports and leisure centres to assist patients in achieving a healthy weight and to adopt a healthy diet.

Senior staff participated in regular meetings with all 24 local practices. The aim was to consider joint ventures that would meet the future needs of patients as well as the cascading of secondary care to primary care services.

Clinical staff carried out research on behalf of the Royal College of General Practitioners (RCGP) and the Clinical Commissioning Group (CCG) and the West Midlands Clinical Research Network (WMCRN) and took part in clinical trials. For example exacerbation (deterioration) of asthma and a treatment comparison for gout.