Bridgewater Family Medical Practice

Quality Report

Bridgewater Family Medical Practice
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bridgewater Family Medical Practice on 11 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients and staff were comprehensively assessed and well managed.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients spoke of a very high level of service that was supported by a large quantity of complimentary written patient feedback. 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.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The Advanced Nurse Practitioner and Clinical Pharmacist provided home visits to care home patients and had completed additional training in order to complete advanced care planning for these patients.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.

Summary of findings

- Patients said they found it easy to make an appointment, patients with a named GP or preferred to see a specific GP saw them within a reasonable period of time, there was continuity of care, with urgent appointments available the same day.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The GPs had completed clinical audits and used findings as an opportunity to drive improvement.The Clinical Pharmacist at the practice supported medicines management, monitoring and auditing.
- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.
- The practice had strong links and co-working arrangements with local community services, for example, Relate and the Community Mental Health Trust substance misuse teams.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified frail and vulnerable patients. These patients were referred to the Community and Care Coordinator staff member who offered signposting and supportive information where required.
- The practice held a carers' register and had systems in place, which highlighted to staff patients who also acted as carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the 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 had shared care arrangements in place for substance misuse patients in conjunction with the Community Substance Misuse Team. A weekly clinic was also held at the practice by a Community Mental Health Team staff member.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There was an established Whitchurch wide patient participation group (PPG) and a practice specific PPG that actively engaged with the practice to maintain and improve patient experience.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all over 75s had a named GP
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were encouraged to see the same GP for follow-up and telephone consultations, for example for test results (by the GP or nurse requesting them) which, in turn reduced the number of practice visits the patients needed to make.
- The frailest two per cent of the practice patients had in place an admission avoidance care plan which highlighted their needs and wishes and was reviewed regularly. All admissions of patients on this plan were discussed to see if they were avoidable.
- The practice provided GP services to local care homes. Patients in care homes had a Care Home Advanced Scheme (CHAS) plan and the clinical staff analyse admissions and any deaths in these groups in order to maintain high standards of care.
- The practice worked closely with their local Community and Care Coordinator who signposted patients to supportive organisations when appropriate to do so.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had developed in-house templates for each long-term condition prompting clinicians to conduct a more comprehensive review.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Over 95% of patients on four or more medicines have had a medicines review in the last 12 months and the practice was working towards 100% with six monthly reviews for patients with more complex medicine regimes.
- The frailest 2% of practice patients had an admission avoidance care plan in place, which included many patients with long-term conditions. The practice had systems in place to "flag" patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.
- The practice held a list of patients who required palliative care and their GP acted as the lead. The gold standards framework was used for the coordination of end of life care. The practice provided eligible patients with anticipatory medicines as indicated by their long-term condition or end of life needs.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice held regular clinical meetings where children at risk, child welfare concerns and safeguarding issues were discussed to ensure awareness and vigilance. The practice had a system in place to highlight patients of concern, as well as those who were considered at risk and these were discussed at clinical multi-disciplinary meetings.
- The practice contraception and sexual health service included chlamydia screening and provision of condoms.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87%, which was slightly higher than the local CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided a telephone consultation system. All patients requesting same day help were offered a telephone consultation and following that, a face-to-face appointment if required.
- 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. Appointments and prescriptions could be booked online and telephone language translation was available for patients with limited English.
- The practice provided an extended hours service until 7pm each weekday with the exception of Bank Holidays and Wednesdays.
- The practice provided NHS health checks to those in the over 40 to 74 age groups.

People whose circumstances may make them vulnerable

Good

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

- We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice frail and vulnerable register also included carers.
- The practice offered longer appointments for patients with a learning disability and with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.
- All patients on the practice palliative care register were reviewed at a monthly multidisciplinary meeting.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- Patients diagnosed with dementia who had received a face-to-face review in the preceding 12 months was 84%, which was comparable with the local CCG average of 85% and national average, 84%.
- The majority of practice staff had undertaken dementia friends training to support patients living with dementia and their carers.
- Performance for poor mental health indicators was higher than the national averages. For example, 92% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- One of the GP partners had a specialist interest qualification in substance misuse management. A small number of patients receive medicines support from this GP as part of the Shropshire shared care scheme and the practice also referred patients to the weekly substance misuse drop in clinic.
- Practice patients could access twice-weekly counselling sessions provided by the Relate service.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing better than local and national averages. Two hundred and twenty-eight survey forms were distributed and 108 were returned, a 47% response rate.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 85% and national average of 78%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 37comment cards, 36 of which were positive about the standard of care received. One patient commented on the need for longer opening times. Patients' comments included that staff were excellent, caring, approachable, friendly, respectful, highly professional, attentive, understanding and willing to go the extra mile.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, professional and caring.

Bridgewater Family Medical Practice

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 and an Expert by experience.

Background to Bridgewater Family Medical Practice

Bridgewater Family Medical Practice is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 4, 700. The practice has a higher proportion of patients aged 65 years and when compared with the practice average across England. For example, the percentage of patients aged 65 and above at the practice is 23%; the local CCG practice average is 24% and the national practice average, 17%. Bridgewater Family Medical Practice is located within easy reach of Whitchurch town centre in Shropshire and was established in 1929. In 1995, the practice was extended considerably to allow better disabled access, to provide facilities that are more modern and in 1998, they became a GP training practice. The practice had needed a few years later to increase the number of rooms to house a nursing team of three. The practice provides GP support for five of the 30-bedded community hospital beds and provides a daily hospital visit.

The staff team comprises two male GP partners, and a former partner GP who provides locum sessions when required, a salaried female GP (currently on long-term sick leave) and a female regular locum GP.

The practice is open each weekday from 8.30am to 7pm with the exception of Wednesday closure at 1pm. On Wednesday afternoons, a duty GP provides cover for the practice patients. The practice has opted out of providing cover to patients outside of normal working hours. Shropdoc provides these out-of-hours services.

There are 17 permanent staff in total, working a mixture of full and part times hours. Staff at the practice include:

- Two male GP partners providing 1.75 whole time equivalent (WTE) hours.
- One salaried female GP (0.25WTE)
- A Practice Manager providing 0.80 WTE hours.
- A Clinical Pharmacist and prescriber providing 0.5 WTE hours.
- An Advanced Nurse Practitioner and prescriber and two Practice Nurses, providing 2.05 WTE hours.
- A senior office administrator providing 0.8 WTE hours.
- Eight practice support staff including, receptionists, appointments, Community and Care Coordinator and secretarial support staff.

The practice provides long-term condition management including asthma and diabetes. It also offers child immunisations, minor surgery and travel vaccinations. The practice offers NHS health checks and smoking cessation advice and support. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services

to the local community or communities. They also provide a number of Directed Enhanced Services, for example they offer extended hours access, minor surgery and the childhood vaccinations and immunisation scheme.

One of the practice GP partners provides surgical procedures, working half a day a week in Shrewsbury performing skin surgery. The other GP partner also works in a drug and alcohol detox and rehabilitation centre. Bridgewater Family Medical Practice is a GP training Practice, the GP trainees are GP Registrars in the final part of their training.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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)

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 11 July 2016. During our visit, we spoke with a range of staff, which included the registered manager, practice manager, nursing staff, administrative/ receptionist staff and GPs. We spoke with the chair of the patient participation group and with 10 patients. We reviewed 37 comment cards where patients shared their views and experiences of the service.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

The practice operated an effective system to report and record significant events. Staff knew their individual responsibility, and the process, for reporting significant events.

- Significant events had been thoroughly investigated.
- When required action had been taken to minimise reoccurrence and learning had been shared within the practice team for example events were discussed at practice governance meetings.
- When things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, and a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and when needed changes were made to promote a safe culture.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that lessons were shared and action was taken to improve safety in the practice. The practice had a process in place to receive alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Clinical staff were aware of the most recent alerts.

There had been 24 recorded incidents/events. We saw that the practice reviewed their records and no trends were identified. All were concisely recorded, documented and the actions, learning, and people responsible were clearly stated. For example, a safeguarding issue had been picked up by staff, which had led to appropriate actions taken by the practice and the safeguarding team.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

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

- The practice had a number of systems in place to minimise risks to patient safety.
- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards. A GP partner was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. The practice had a system in place to highlight patients of concern, as well as those who were considered at risk and these were discussed at clinical multi-disciplinary meetings.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nurses used Patient Group Directions (PGDs) to allow them to administer

medicines in line with legislation. Blank prescriptions were securely stored and there were systems in place to monitor their use. The GPs did not routinely hold medicines in their bags.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Processes were in place for handling repeat prescriptions. The practice carried out regular medicines' audits. The practice had employed a Clinical Pharmacist and they worked closely with the local CCG medicine management teams to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed data in relation to a particular high-risk medicine prescribed to patients. We found they completed robust monitoring, regular auditing which ensured that safe systems were in place
- We reviewed five 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. The practice had medical indemnity insurance arrangements in place for relevant staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had 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 and there were emergency medicines available for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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 and stored securely.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice was proactive in using the electronic patient record for alerts and diary entries, which ensured effective, proactive care and regular reviews.
- The practice had developed in-house templates for each long-term condition prompting clinicians to conduct a more comprehensive review.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 98% of the total number of points available.

The frailest two per cent of the practice patients had in place an admission avoidance care plan which highlighted their needs and wishes and was reviewed regularly. All admissions of patients on this plan were discussed to see if they were avoidable.

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

- Performance for poor mental health indicators was higher than the national averages. For example, 92% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%. Clinical exception reporting was higher at 17%; (however, this only represented five patients) when compared with the CCG average of 12% and national average of 13%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.
- Performance for diabetes related indicators was higher than local CCG and national averages. For example, 84% of patients with diabetes had received a face-to-face review in the last 12 months, which was comparable with the CCG average of 80% and national average of 78%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 84%, which was comparable with the local CCG average of 85% and national average, 84%.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months, was 86%, which was better than the local and national average of 75%.
- The percentage of patients with hypertension having regular blood pressure tests was 86%, which was slightly better than the national average of 84%.
- We saw that over 95% of patients on four or more medicines have had a medicines review in the last 12 months, the practice was working towards 100% and six monthly reviews for patients with more complex medicine regimes.

There had been a wide range of clinical audits completed in the last two years. A Examples included:

- An audit was completed in May 2014 of patients with Barrett's oesophagus to ensure they were being treated according to the British Society of Gastroenterology (BSG) guidelines. (Repeated damage from stomach acid over many years can eventually cause changes in the cells lining the oesophagus. This is called Barrett's oesophagus). The findings showed that 14% were actively following BSG guidelines in full and others were mixed. Following the audit all patients were reviewed. A follow up to this audit was completed in May 2015 where the improvements made had been implemented, monitored and reviewed. Evidence was seen of regular clinical audits were being used to assess, improve and monitor performance.

Good

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, a more recent audit was completed on the long-term use of a specific medicine used to treat urinary tract infections (Nitrofurantoin) which was highlighted to the practice by the local CCG in May 2016. The practice identified patients through the audit and sought appropriate advice from the microbiologist about alternative treatments.
- The practice used complaints and significant events to trigger audits, and was reflective in assessing where care could be improved.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff had access to and made use of e-learning training modules and in-house training.
- 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, administering vaccinations and taking samples for the cervical screening programme. The practice prioritised training and development for the whole team.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, best practice guidance and discussion at practice meetings.
- The majority of practice staff had undertaken dementia friends training to support patients living with dementia and their carers.
- The learning needs of staff were identified through a system of appraisals, 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 ongoing support, one-to-one meetings, clinical supervision for the nurses and pharmacist and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- There was adequate clinical capacity within the practice to meet anticipated demand, including internal cover for holiday leave and other planned absences.

Working with colleagues and other services

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. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Minuted meetings took place on a monthly basis.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day, and routine referrals were sent within 24 to 36 hrs.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed. The practice worked with the Community and Care Coordinator to ensure that their patients' health and social care needs were being assessed and met. This staff member spoke with the inspection team explaining the practice was very effective at working with them to improve outcomes for patients and partner organisation colleagues and gave examples of excellent partnership working to the inspection team.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had also been in receipt of training in the Mental Capacity Act 2005. 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through patient records.

Health promotion and prevention

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.

New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.

The practice's uptake for the cervical screening programme was 87%, which was slightly higher than the local CCG average of 83% and national average of 82%.

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 73% of females patients aged 50 to 70 years had been screened for breast cancer in last 36 months and 59% of patients aged 60 to 69 years had been screened for bowel cancer in last 30 months.

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 96% to 100% and five year olds from 85% to 96%.

Good

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.

Of the 37 patient Care Quality Commission comment cards we received 36 were positive about the service experienced. One patient had commented on the need for longer opening times. Patients said the practice offered an excellent service and staff were professional, attentive and caring and all staff treated them with dignity and respect. An example of the extra mile staff went to support their patients was noted in one of the comment cards received where they noted that practice staff were a credit to the community as a whole.

We spoke with the acting chair of the patient participation group (PPG). The PPG told us they were satisfied with the care provided by the practice and said patients dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%).
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%).
- 85% of patients said the last GP they spoke to was good at treating them with care and concern, which was comparable to the national average of, 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern, which was comparable to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% 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 staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Good

Are services caring?

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 support groups was available on the practice website and via the assistance and support of the practice Community and Care Coordinator.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a frail and vulnerable register, which included patients who were carers. The practice had identified 88 carers, 1.8% of the practice list. The register was reviewed, monitored and care and treatment discussed in multi-disciplinary meetings. The practice had revised its patient registration forms to include a question about carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them; this call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours to 7pm each weekday with the exception of Wednesdays.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were prioritised in line with NHS England's guidelines. Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- Patients were encouraged to see the same GP for follow-up and telephone consultations, for example for test results (by the GP or nurse requesting them) which in turn reduced the number of practice visits the patients needed to make.
- The Advanced Nurse Practitioner made a weekly visit to one care home and the practice Clinical Pharmacist to the other three care homes to conduct medication reviews, aiming to more proactively manage care. Both had undertaken the CCG 'Care Home Advanced Scheme' training to provide person specific care and treatment plans.
- The Clinical Pharmacist completed hypertension reviews and supported patients prescribed complex medicine regimes via specialists.
- The practice provided eligible patients with anticipatory medicines as indicated by those with long-term condition management needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had a close working relationship with Community Mental Health Trust (CMHT) staff and they provide a staff member to conduct a weekly clinic in the practice which appropriate patients were referred to.
- The practice hosted services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as diabetic foot screening and 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).
- One of the GP partners had a specialist interest qualification in substance misuse management. A small number of patients receive medicines support as part of the Shropshire shared care scheme and the practice referred patients to the weekly substance misuse drop in clinic.
- The practice patients benefited from twice-weekly counselling sessions provided by Relate.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required supported by the practice Community and Care Coordinator.

Access to the service

The practice was open Monday to Friday between 8.30am and 7pm (excluding bank holidays) with the exception of Wednesday's closure at 1pm. On Wednesday afternoons, a duty GP provided cover for practice patients. The practice had opted out of providing cover to patients outside of normal working hours. Shropdoc provided these out-of-hours services.

Results from the national GP patient survey July 2016 showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG national averages of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 85% and national average of 73%.
- 74% of patients usually get to see or speak to their preferred GP, which was better than the CCG average of 62% and national average, 59%.
- 76% of patients said they usually waited 15 minutes or less after their appointment time to be seen which was better than the local CCG average of 64%, and national average of 65%.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were

Good

Are services responsive to people's needs?

(for example, to feedback?)

made by contacting the appropriate emergency service to meet their needs. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Patients could book appointments in person, by telephone and on line access. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with GPs and nurses available on the same day, or with a specific named GP within three days.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system which included a summary leaflet.

We looked at three complaints and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency when dealing with the complaint which included the complainants' involvement. Lessons were learnt from individual concerns and complaints. There was an analysis of trends, and action was taken as a result, to improve the quality of care. There had been 13 complaints made since June 2015. Complaint records demonstrated that complaints were recorded and well documented.

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.

- Although the practice did not display a mission statement, staff knew and understood the practice ethos and values.
- The practice engaged each Friday with local Whitchurch practices. The practice met at the north locality CCG events on a six weekly monthly basis to consider and develop local robust health strategies and discuss supportive business plans to meet the needs of the local population.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- 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.
- The two partners were reconsidering the need to give notice on their role at the hospital after September 2016 to focus on their practice commitments, as they had not been able to successfully recruit to a recent vacant GP post.

Leadership and culture

The practice had gone through a period of change with the Lead GP recently retired and a salaried GP on long-term sick leave. The practice had reviewed its staffing skill mix and been innovative in its appointment of a Clinical Pharmacist to post. One patient comment card remarked on the effectiveness of the pharmacist's appointment on their care and medicines support.

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 found the practice manager to be approachable and nursing staff reported that the GPs always took the time to listen to all members of staff and provide support and advice.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. The practice had identified staff for key leadership roles within the practice. Staff attended regular meetings and held whole staff meetings on a quarterly basis.

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). Staff 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, 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 various meetings, which were minuted. Meetings included; clinical, clinical governance, administration, management and multi-disciplinary team meetings. We were able to review minutes of the meetings held.
- 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.

Are services well-led?

Good

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

- The practice had received positive feedback from trainees such as GP registrars who had been in receipt of training support at the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) established for approximately a year and through national GP surveys, compliments and complaints received. The practice has had a joint group (with all three Whitchurch practices) since 2012 with a focus on local health promotion events.In 2015/16 they formed their own PPG to meet contractual requirements. The PPG met regularly. The agenda items ranged from practice specific topics to discussion on wider issues likely to impact on the practice and its community, as well as involvement with the wider PPG network.
- The PPG said they were proud of the practice's "whole community" approach and were keen to increase both its activities and the diversity of the group to encompass and reflect the community.
- The practice had gathered feedback from staff through staff meetings, appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and were told by that staff that they could add to the practice meeting agenda and in meetings discuss their thoughts and ideas. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, in the appointment of the Clinical Pharmacist to improve medicines monitoring and management and therefore optimise the effectiveness of patients medicines to improve their health.

The practice was insightful about current and potential future challenges and planned towards meeting them; for example, skill mix and recruitment in their succession planning. The practice demonstrated awareness of the risks of an expanding list size, patient migration from other practices and population growth.