

# Ombersley Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



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 Ombersley Medical Centre on 30 September 2016. The practice is rated as outstanding for the caring and responsive domains and good for all other domains. The overall rating for this service is outstanding.

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

- The practice was aware of and provided services according to the needs of their patient population.
- Processes and procedures kept patients safe. This included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. Patients told us that they knew how to complain if they needed to.
- There was a clear leadership structure and staff told us they felt supported by management.

- The practice proactively sought feedback from patients, which it acted on.
- The practice had an active Patient Participation Group (PPG). The PPG were proactive in representing patients and assisted the practice in making improvements to the services provided.
- Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure patients received the best care and treatment in a coordinated way.
- Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice.
- The practice was aware of the requirements of the duty of candour and systems ensured compliance with this.
- There was a culture of openness and accountability.

We saw areas of outstanding practice which included:

- The practice had identified a large number of carers within their patient population, with 247 carers

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registered (6% of the practice population). They worked holistically to identify and support carers which included all members of the practice team and the integrated care team. This holistic approach had seen an increase in the numbers of carers identified within the patient list from 2% to 6% over the last five years.

- The practice had reviewed the building environment to make this more dementia friendly for patients. For example, clear signage had been introduced in the

reception area, picture cards were available to use with patients to help them communicate and a suitable clock had been installed in the reception area that indicated the day and date.

- Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with services provided by the practice was significantly higher than local and national levels.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events and this 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 learned were shared throughout the practice with all relevant staff at weekly clinical meetings and monthly team meetings so that improvements made could be monitored.
- The practice had systems, processes and practices to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Risks to patients were assessed and well managed.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.
- Meetings took place each week with the health visitor and information was shared accordingly.
- The dispensary had arrangements for managing medicines including emergency medicines and vaccines to ensure patients were kept safe.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had improved the quality of care and treatment it provided through clinical audit and ongoing monitoring.
- They also participated in local audits, national benchmarking, accreditation and peer review. The practice took part in the Clinical Commissioning Group (CCG) programme of monitoring and audit assessment called Improving Quality and Supporting Practices (IQSP). As part of the IQSP process the practice met three times per year with the CCG to discuss audits, interpret the results and plan areas for future monitoring.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to or above average for the locality and the national average.
- Staff worked with other health care teams and there were systems to ensure appropriate information was shared.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw evidence that staff received appraisals and had personal development plans which identified future training needs.
- Patients were encouraged to attend national programmes for bowel and breast cancer screening, with results which were in line with or higher than local and national averages. Uptake for the cervical screening programme was 97% which was above the local average of 83% and above the national average of 82%.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone.
- We saw that patients were treated with dignity and respect.
- Information to help patients understand and access the local services was available. Information was also available in easy to read formats where needed.
- Results from the National GP Patient Survey published in July 2016 showed that the practice scored significantly higher than average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses.
- Patients were very complimentary about the practice and commented that staff were very friendly, they were treated well by all staff, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.
- Patients told us they were fully involved in their treatment including making decisions about their care and treatment options. The practice had supported 90% of palliative patients to fulfil their preferences for their place of care in the last days of their lives.
- Patients receiving palliative care who moved out of the practice area had remained on the practice register so their continuity of care could be maintained. Four patients were supported in this way during 2016.
- Staff were motivated and inspired to offer kind and compassionate care and demonstrated their willingness to go the extra mile for their patients. For example, most staff lived

**Outstanding**



# Summary of findings

locally and often delivered medicines to patients if they had been unable to collect these, or facilitated access to the practice building by the weekend nursing team for supplies to avoid contacting the out of hours team.

- The practice had identified a large number of carers within their patient population, with 247 carers registered (6% of the practice population). They worked holistically to identify and support carers which included all members of the practice team and the integrated care team. Their holistic approach had seen an increase in the numbers of carers identified within the patient list from 2% to 6% over the last five years.
- Dispensary staff supported patients and their carers to manage their medicines in ways which ensured they took their medicines as prescribed and helped them to maintain their independence.
- The practice manager was the countywide primary care representative on the Carer Support Group and was instrumental in the schemes inception and development.
- The practice had invited a representative of the local carers association to talk to patients in the waiting room every month. The representative's photograph was displayed in the waiting room so patients knew who they could approach for advice.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. This is because the population groups for patients whose circumstances make them vulnerable and patients experiencing poor mental health (including patients with dementia) were rated outstanding.

- Ombersley Medical Centre reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for those patients at the end of their life.
- Patients said they found they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- Results from the National GP Patient Survey published in July 2016 showed that the practice scored significantly higher than average results in relation to access to appointments.
- All reception staff had received deaf awareness training this year to ensure that appropriate access for patients with a hearing impairment was offered.

**Outstanding**



# Summary of findings

- Specialist services available at the practice included physiotherapy, midwifery and access to a volunteer counsellor who provided free sessions for patients at the practice.
- The practice liaised with local businesses who employed transitional staff to coordinate support for patient appointments when needed which often included arranging interpreters.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- The practice had a higher than average proportion of patients with palliative care needs at 1.1% compared with the national average of 0.5%. GPs visited these patients out of core hours during evenings and at weekends to ensure they received continuity of care.
- The practice had reviewed the building environment to make this more dementia friendly for patients. For example, clear signage had been introduced in the reception area, picture cards were available to use with patients to help them communicate and a suitable clock had been installed in the reception area that indicated the day and date.

## Are services well-led?

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

- There was a clear vision and strategy to provide high quality care for all their patients. Staff were clear about the strategy and their role to achieve this.
- There was a clear leadership structure and staff understood their roles and responsibilities. Governance systems ensured that services were monitored and reviewed to drive improvement within the practice.
- The practice was aware of and complied with the requirements of the duty of candour.
- A culture of openness and honesty was encouraged.
- The practice had systems for responding to notifiable safety incidents and ensured this information was shared with staff so that appropriate action was taken.
- The practice had an active Patient Participation Group (PPG) and responded to feedback from patients about suggestions for service improvements. A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

**Good**



# Summary of findings

- A newsletter produced by the practice, in conjunction with the PPG gave patients current news including details of any staff changes and information about practice future plans.
- There was a strong focus on continuous learning and improvement at all levels. Formal clinical and full team meetings were held to share best practice or lessons learned.
- Training and development of the pharmacist role was in progress. It was planned for the pharmacist to become qualified to prescribe and respond to minor patient concerns and share the clinical workload to broaden the clinical time available to patients with GPs.
- Staff felt supported by management. They told us that should they have any concerns they would be able to speak to anyone about this as everyone at the practice was easy to talk to and approachable.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered personalised care to meet the needs of the older people in its population and was responsive to the needs of older patients.
- They offered home visits and rapid access appointments for those patients with enhanced needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Nationally reported data showed that outcomes for patients were generally above average for conditions commonly found in older patients.
- Staff liaised with Age UK to provide support and assess the social and health needs of older patients in the community.

### People with long term conditions

The practice is rated as outstanding for the care of patients with long-term conditions.

Outstanding



- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, such as asthma and diabetes.
- GPs attended annual specialist palliative care training to continually develop their skills to provide up-to-date care for patients requiring palliative care.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date care.
- NHS health checks were offered for early identification of chronic disease and proactive monitoring.
- The practice had a higher than average proportion of patients with palliative care needs at 1.1% compared with the national average of 0.5%. GPs visited these patients out of core hours during evenings and at weekends to ensure they received continuity of care.

# Summary of findings

- Palliative care patients who moved out of the practice area had remained on the practice register so their continuity of care could be maintained. Four patients were supported in this way during 2016. The practice had supported 90% of palliative patients to fulfil their preferences for their place of care in the last days of their lives.
- Dispensary staff supported patients and their carers to manage their medicines in ways which ensured they took their medicines as prescribed and helped them to maintain their independence.

## Families, children and young people

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

- Staff had been trained to recognise signs of abuse in vulnerable children and the action they should take if they had concerns. There were lead members of staff for safeguarding, and GPs were trained to an appropriate level in safeguarding children. All safeguarding concerns were discussed at the weekly GPs meetings.
- Same day appointments were offered to all children under the age of five.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were considered to be at risk of harm. For example, children and young people who had a high number of accident and emergency attendances.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- The practice worked with midwives and health visitors to coordinate care.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- The practice's uptake for the cervical screening programme was 97% which was above the local average of 83% and above the national average of 82%. Exception reporting at 11% was however higher than local and national levels of 7% and 6% respectively. The practice had taken action to address this which included letters to patients encouraging them to attend for screening and disclaimer forms for those patients who, after four attempts declined the opportunity.
- The practice offered a number of online services including requesting repeat medicines and booking appointments.

Good



# Summary of findings

## Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- Extended hours were provided for pre-bookable appointments two days per week from 7am to 8am for those patients who were unable to attend appointments during daytime hours. Telephone consultations were also offered to provide patients with more flexibility.
- Health promotion advice was offered such as smoking cessation and nutrition, with health promotion material available at the practice and on its website.

## People whose circumstances may make them vulnerable

Outstanding



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

- Staff had been trained to recognise signs of abuse in vulnerable adults and the action they should take if they had concerns. There were lead members of staff for safeguarding, and GPs were trained to an appropriate level in safeguarding adults. All safeguarding concerns were discussed at the weekly GPs meetings.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were added to patients records for staff awareness so that longer appointments could be allocated.
- Services were provided for vulnerable patients including a transient population of travellers, seasonal workers who were employed by nearby fruit farms and overseas visitors. The practice liaised with the employers to coordinate support for patient appointments when needed which often included arranging interpreters.
- All reception staff had received deaf awareness training to ensure that appropriate access for patients with a hearing impairment was offered. Patients commented that this helped them when they needed to see their GP or nurse.

# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- Longer appointments were available for patients with a learning disability. There were 15 patients registered and during 2015/2016 seven patients had attended for their health checks, with five patients invited but declined. A further three patients were monitored under the children's services for their health needs.
- Information was available in different formats, such as large print, braille and picture format.
- Interpreter and translation services were provided should patients need these.
- The practice had identified a large number of carers within their patient population, with 247 carers registered (6% of the practice population). They worked holistically to identify and support carers which included all members of the practice team and the integrated care team. This holistic approach had seen an increase in the numbers of carers identified within the patient list from 2% to 6% over the last five years. Support included a dedicated care telephone line to maintain regular contact with carers. Care navigators linked with other agencies depending on the type of support carers needed at the time; they sought views from carers on how to improve the support they provided and held events for carers at the practice.

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health.
- Clinical staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.
- Three members of staff were Dementia Friends. The practice staff were aware of local dementia cafes and signposted patients and their carers to these.
- The practice had reviewed the building environment to make this more dementia friendly for patients. Clear signage had

Good



# Summary of findings

been introduced in the reception area, picture cards were available to use with patients to help them communicate and a suitable clock had been installed in the reception area that indicated the day and date.

- The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system to follow up patients who had attended accident and emergency departments where they may have been experiencing poor mental health.
- Nationally reported data showed that outcomes for patients were higher than local and national averages for conditions commonly found for patients with poor mental health.

# 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 significantly higher than local and national averages. There were 214 surveys sent to patients and 130 responses which represented a response rate of 61% (compared with the national rate of 38%). This represented 3% of the practice's patient list. Results showed:

- 99% of patients found it easy to get through to this practice by telephone compared to the CCG average of 75% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 55 comment cards which were all extremely positive about the services provided by the practice. Patients commented that the practice provided good service; pharmacy and reception were always helpful and polite; this was a professional and caring service; and that GPs and nurses always gave patients the time they needed.

We spoke with a member of the Patient Participation Group (PPG) during the inspection. A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. They were very positive about the service they received. They told us this was an excellent practice and that all the staff were very kind, helpful and caring.

## Outstanding practice

We saw areas of outstanding practice which included:

- The practice had identified a large number of carers within their patient population, with 247 carers registered (6% of the practice population). They worked holistically to identify and support carers which included all members of the practice team and the integrated care team. This holistic approach had seen an increase in the numbers of carers identified within the patient list from 2% to 6% over the last five years.

- The practice had reviewed the building environment to make this more dementia friendly for patients. For example, clear signage had been introduced in the reception area, picture cards were available to use with patients to help them communicate and a suitable clock had been installed in the reception area that indicated the day and date.
- Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with services provided by the practice was significantly higher than local and national levels.

# Ombersley Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

## Background to Ombersley Medical Centre

Ombersley Medical Centre is a dispensing practice located in Ombersley, South Worcestershire and is an active member of the South Worcestershire Clinical Commissioning Group (CCG) and the GP federation. A federation is formed of a group of practices who work together to share best practice and maximize opportunities to improve patient outcomes. The practice serves a population of approximately 4,200 patients in Ombersley and the surrounding villages (an area of approximately 100 square miles). The practice area is one of lower than average deprivation with a larger population of older people compared with the county average.

The practice has two GP partners (one male and one female) and two female salaried GPs. The GPs are supported by a practice manager, three practice nurse, two healthcare assistants, a pharmacist, dispensers, assistant dispensers, administration staff, reception staff and cleaners.

The practice opens on Monday to Friday each week from 8am to 6.30pm with appointments between these times. Extended hours are provided for pre-bookable appointments two days per week from 7am to 8am. The practice is closed at weekends.

The practice does not provide an out-of-hours service but has alternative arrangements for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) is available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions, book and cancel appointments and to view medical records.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice also provides minor surgery.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for women's health, childhood vaccinations and mental health services.

Ombersley Medical Centre is a research practice, a member of the local GP federation and has applied to become a training practice for medical students.

## 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 was meeting the

# Detailed findings

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 (QOF) data, this relates to the most recent information available to the CQC at that time.

## How we carried out this inspection

Before our inspection of Ombersley Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 30 September 2016. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.
- Spoke with a range of staff that included four GPs, the practice manager, a practice nurse, a healthcare assistant, pharmacist, dispensers, and reception and administration staff.
- Looked at procedures and systems used by the practice.

- Spoke with a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.
- Observed how staff interacted with patients who visited the practice. We observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 patients' 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).



# Are services safe?

## Our findings

### Safe track record and learning

Ombersley Medical Centre used an effective system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- Staff told us they were encouraged to report any incident and there was a no blame culture to support this. They knew how to access the appropriate form which was available on the practice intranet. Guidance was available for staff to follow and this included escalating incidents locally and nationally. All incidents were reported to the practice manager in the first instance.
- The 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).
- Learning identified from significant events was shared with all relevant staff at weekly clinical meetings and monthly team meetings. We saw minutes of meetings to confirm this.
- When things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- Systems ensured that findings from significant event investigations were shared with external agencies such as NHS England, the Clinical Commissioning Group (CCG), the GP federation and where appropriate the public health department. For example, an incident occurred on 20 September 2016 regarding the storage of vaccines. The investigation found that protocols had been appropriately followed. The incident and investigation outcome had been reported to NHS England and to the public health department even though no breach had occurred.

Patient safety alerts were effectively managed.

- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).

- Their medical alerts and safety advice protocol described the process to be followed for all alerts received.
- These were coordinated by the practice manager (with a nominated person identified for when the practice manager was not available) who ensured actions were taken and that details had been recorded.
- All actioned alerts were discussed in weekly clinical meetings and reviewed in six monthly meetings.
- GPs and nurses described examples of alerts where appropriate changes had been made as a result. For example, a recent alert advised that aspirin prescribed for patients with type two diabetes should be discontinued as this was no longer considered to be effective as a preventative measure. The alert had been acted upon, with medicine reviews completed for those patients affected.

### Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse and reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were GP leads for safeguarding adults and children and staff confirmed they knew who they were. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs had completed safeguarding training for adults and children to level three.
- Safeguarding was a standing agenda item for weekly clinical meetings. Minutes of meetings showed that discussions had taken place about children who were considered to be at risk of harm. Action taken had included liaison with paediatricians and the school nurse. The GP safeguarding leads told us they also met with the health visitor each week and shared information accordingly.
- Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse. They described an example where concerns about a patient had been reported to the lead GP. This had resulted in referrals to appropriate agencies including the social services safeguarding team.

## Are services safe?

- A notice advising patients that chaperones were available if required was displayed in the waiting room and in all consultation rooms. All staff who acted as chaperones were trained for the role. Training records confirmed this. Disclosure and barring check (DBS) had been completed for staff members who undertook the role of chaperone within their duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy with cleaning schedules to maintain this. There were also cleaning schedules for items of clinical equipment including the ear syringing device and vaccine fridge.
- The practice nurse was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Regular infection control audits were carried out and we saw that action was taken to address any improvements identified as a result. For example, the audit done by the CCG infection control lead in September 2016 identified that information on notice boards and posters should be laminated to ensure they were easy to clean and remained in a good state of repair. Action had been taken to address this.

The practice had a dispensary and had made arrangements for managing medicines including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Prescriptions were securely stored and the practice had systems to monitor their use.
- A standard operating procedure (SOP) folder was available in the dispensary for staff to refer to for guidance. We saw that procedures were updated regularly.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and dispensary staff followed SOPs to manage these. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted with

the keys held securely. There were arrangements for the safe destruction of controlled drugs. We observed that staff followed procedures to check patients' identity when prescriptions were collected.

- Processes for handling repeat prescriptions included the review of high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed to check that the frequency of reviews was carried out appropriately. These records showed that appropriate monitoring was maintained.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs. Other medicines were administered against a patient specific direction from a prescriber.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary. The practice had systems to confirm that staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contracted provider for the collection of clinical waste with suitable locked storage available for waste awaiting collection.

The practice had appropriate recruitment policies and procedures.

- We looked at files for different staff roles including a receptionist, a practice nurse, and a GP to see whether recruitment checks had been carried out in line with legal requirements. Appropriate recruitment checks had been carried out prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. Although the practice had not employed locum staff for 18 months, processes were followed should locum GPs be required.
- There was a system to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Detailed rotas for each staffing group

## Are services safe?

showed that enough cover was available each day. Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly on sick leave.

### Monitoring risks to patients

There were procedures for monitoring and managing risks to patient and staff safety.

- All electrical and clinical equipment was checked to ensure it was safe to use and that it was working properly. The latest electrical and equipment checks had been done in June 2016. This included equipment such as blood pressure monitoring machines and weighing scales.
- The practice also had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment had been reviewed in August 2016.
- The practice had an up to date fire risk assessment, completed in September 2016.
- Regular fire drills were carried out.
- Staff had completed fire training in September 2016.
- There was a health and safety policy available with a poster in the reception office.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- Emergency medicines and equipment were easily accessible in an area of the practice and all staff knew of their location. Medicines were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate pads and masks for adults and children.
- There was a system of checks to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- A first aid kit and an accident book were available.
- All staff had received annual basic life support training.
- A disaster plan was available to guide staff on how to deal with a range of emergencies that may affect the daily operation of the practice. Assessments of risk had been completed where potential risks may disrupt the provision of service to patients. For example, procedures were available to guide staff should the need for alternative premises become necessary. Copies of the plan were kept within the practice and offsite by key members of the practice (GPs and practice manager). Contact details for all staff were included.

# 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.

- There were systems to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- Records showed that the practice ensured guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for patients

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

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.
- Results for 2015/2016 showed the practice had achieved 100% of the total number of points available, compared with the local average of 98% and the national average of 95%.

Data showed the practice performed significantly above local and national levels:

- Performance for diabetes related indicators were above average. For example, patients who had received an annual review including a foot examination was 97%, which was above the local average of 92% and the national average of 89%. The practice exception reporting rate of 8% was in line with the Clinical Commissioning Group (CCG) average of 6% and the national average of 8%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other

psychoses with agreed care plans was 100% which was above the CCG average of 93% and national averages of 89%. The practice exception rate was 11% which was 2% below the CCG and national averages.

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 91% which was higher than the local and national averages of 86% and 83% respectively. The practice exception rate was 0% which was below the CCG and the national averages of 5% and 7% respectively.

The practice had a system for completing clinical audits where they considered improvements to practise could be made.

- The practice had completed 12 audits during the last year. Audits demonstrated that where the improvements had been identified they had been implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, audits had been carried out when NICE or local guidance had been updated so that the practice could be sure they followed the latest guidance at all times. For example, an audit had been completed in 2015 to assess antibiotic prescribing in relation to local guidance. A further audit was carried out in June 2016 to monitor whether guidance had been followed and to determine what further changes, if any were needed in approaches to prescribing since the initial audit. The findings of the original audit identified 70 patients where prescribing of antibiotics had occurred for a variety of conditions. The repeated audit showed that the latest guidance had been followed and appropriate prescribing had seen a reduction of over 30% to 48 patients. Actions had been identified to ensure findings were shared with clinical staff at team meetings and with the local prescribing team. These actions had been completed.
- They also participated in local audits, national benchmarking, accreditation, peer review and research.
- GPs held monthly locality meetings where information was exchanged with other care professionals.
- The practice took part in the CCG programme of monitoring and audit assessment called Improving Quality and Supporting Practices (IQSP). As part of the IQSP process the practice met three times per year with the CCG to discuss audits, interpret the results and plan

# Are services effective?

## (for example, treatment is effective)

future areas to consider. The practice maintained a spreadsheet with dates when reviews of audits were due highlighted to ensure re-audits were completed accordingly.

### Effective staffing

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

- There was a comprehensive, structured training programme for all staff.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety, bullying and harassment and complaints.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice nurses attended annual updates for cervical screening. Staff who administered vaccines kept up to date with changes to the immunisation programmes, through access to online resources and discussion at practice meetings.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.
- Protected learning time was made available for staff.
- Educational meetings were held at the practice. Visiting consultants attended these meetings to share knowledge and updates with clinical staff.
- Staff told us that the GPs were supportive of their training needs and were happy to arrange training opportunities for them as they become available.

### Coordinating patient care and information sharing

The practice had systems to provide staff with the information they needed through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results.

- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

There were systems to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Multi-disciplinary meetings were held monthly to discuss patients with palliative care needs. These were attended by GPs, hospice representatives and district nurses.

### Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- Staff had access to guidance on obtaining consent for treatment, immunisation or investigation.
- We saw evidence that showed informed consent was documented. Completed forms were scanned to patient records.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.
- The GPs and the practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability (15 patients were registered) and ensured that longer appointments were available for them when required.
- Staff told us that being a small practice they got to know their patients well and would be able to use this knowledge and their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, they would carry out opportunistic medicine reviews and encourage patients to attend for screening or immunisations.

Cervical screening and child immunisation results for 2015/2016 showed the practice had achieved above local and national averages.

- Childhood immunisation rates for the vaccinations given to under two year olds averaged from 94% to 100% and five year olds from 97% to 100%. This compared with local averages of 90% and 93% to 95% respectively.
- The practice's uptake for the cervical screening programme was 98% which was above the local average of 83% and above the national average of 81%. The practice exception reporting rate was 10% which was higher than the local rate of 8% and the national rate of 7%. There was a policy to offer telephone reminders for patients who did not attend for a screening test and patients were reminded at appointments to make arrangements for the screening to take place. The practice had taken additional action to encourage patients to attend for screening where telephone reminders and opportunistic opportunities had been

unsuccessful. Letters advising the importance of screening were sent to patients together with disclaimer forms for those patients who, after four attempts declined the opportunity to be screened. Transitional patients such as seasonal workers and students were offered screening but had declined where they had arrangements in their home practices for the screening to be done.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening, with results which were higher than local and national averages.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 76% which was in line with the local and the national averages of 75% and 72% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months at 66% was above the local average of 62% and the national average of 58%.

It was practice policy to offer a health checks to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The practice had completed 423 of the 599 patients eligible for health checks for the year 2015/2016. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

There were processes for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. GPs described the processes to schedule further investigations if needed.





# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Patients were treated with dignity and respect.

- We spent time in the waiting area observing how staff engaged with patients. We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We received 55 comment cards which were all extremely positive about the standard of care received by patients. Patients were very complimentary about the practice and commented that:

- Nursing staff were excellent, caring and thorough.
- GPs were sympathetic and caring.
- Staff were very friendly and helpful.
- Patients were treated well, with dignity and respect.
- Patients could always get an appointment when they needed one.
- Patients said that staff listened to them and that they were given enough time by GPs.
- GPs cared about their patients.

Eight patients provided specific details of how the GPs and nursing staff had helped them during difficult times and had been supportive. They said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five patient comments referred specifically to the care and support they had received from the pharmacy team.

Results from the National GP Patient Survey published in July 2016 showed that the practice scored significantly higher than average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Patients told us they were fully involved in their treatment including making decisions about their care and treatment options.

Results from the National GP Patient Survey published in July 2016 showed that patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided support so that patients could be fully involved in decisions about their care.

- Care plans were completed for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns.



## Are services caring?

- Care plan reviews had been completed for all 15 patients on the learning disability register for 2015/2016.
- Information was available in different formats, such as large print, braille and picture format.
- Interpreter and translation services were provided should patients need these.
- Staff told us that they had worked at the practice for some time and had got to know their patients which helped them to provide continuity of care.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

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

The practice engaged with patients and various organisations to help patients cope with their care and treatment.

- Notices and leaflets were available in the waiting area which explained to patients how to access a number of support groups and organisations.
  - The practice had supported 90% of palliative patients to fulfil their preferences for their place of care in the last days of their lives.
  - Patients receiving palliative care who moved out of the practice area had remained on the practice register so their continuity of care could be maintained. Four patients were supported in this way during 2016.
  - The dispensary team actively engaged with patients and their carers to monitor whether patients were coping with their medicine management. They offered alternative support particularly where patients were prescribed multiple medicines. A medicine box was offered which provided patients with a more convenient way of managing their medicines while enabling them to maintain their independence. The practice told us they had received positive comments from patients who had been supported in this way.
  - Practice nursing staff provided educational sessions for local champions in this program.
  - The practice worked with the CCG and Age UK to provide a network of support for patients locally. They understood their patient demographics particularly those who were vulnerable and/or isolated and they were visited to review their needs.
  - Three members of staff were Dementia Friends. The practice staff were aware of local dementia cafes and signposted patients and their carers to these.
- The practice had identified a large number of carers within their patient population, with 247 carers registered (6% of the practice population).
- The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. An information pack was available for carers which gave them contact details of local support networks.
  - The practice worked holistically to identify and support carers which included all members of the practice team and the integrated care team. This approach had enabled the practice to identify their higher than average number of patients who were also carers. The holistic approach had seen an increase in the numbers of carers identified within the patient list from 2% to 6% over the last five years.
  - The practice identified carers as part of end of life care so the practice could make sure they addressed their needs regularly.
  - Carers were discussed during monthly multidisciplinary meetings when new palliative care patients and those with chronic diseases were discussed, so carers could be identified earlier in the care process.
  - Carer information was also shared with the out of hours and ambulance service.
  - The practice manager was the countywide primary care representative on the Carer Support Group and was instrumental in the schemes inception and development.
  - The Care Navigator role commenced as part of a promoting clinical excellence service within the CCG during 2016. Two staff had trained as care navigators and regularly attended CCG workshops to help them provide appropriate support to carers. A dedicated care telephone line was provided. The navigators were in regular contact with carers and linked with other agencies depending on the type of support carers





## Are services caring?

needed at the time. They were also involved with the CCG and Turning Point to promote a city initiative of local community champions from the community who advised on health and social issues.

- They also sought views from carers on how to improve the support they provided and planned to hold information sharing events for carers at the practice.
- The practice planned to review the outcome of the care navigators role by April 2017. Results of this review would be shared with the practice, the Patient Participation Group (PPG) and through the practice newsletter to their patients.

The practice had invited a representative of the local carers association to talk to patients in the waiting room every month. The representative's photograph was displayed in

the waiting room so patients knew who they could approach for advice. They also attended the practice's influenza clinics to talk with patients and had attended practice meetings to discuss carers and the ways in which they could work with the practice to identify and support carers.

Staff told us that when families experienced bereavement the GPs telephoned them, wrote letters of condolence and often visited to offer support and information about sources of help and advice. GPs also made their mobile telephone number available to patients who were nearing the end of their life and their families. Leaflets about bereavement support were available in the patients waiting area.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.

- The practice understood the needs of the patient population and had arrangements to identify and address these.
- The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments were provided for vulnerable patients including a transient population of travellers, seasonal workers who were employed by nearby fruit farms and overseas visitors. The practice engaged with the fruit farm employers to coordinate support for patient appointments when needed which often included arranging interpreters.
- They supported patients with alcohol or substance misuse problems and signposted them to the relevant services to obtain help.
- Home visits were available for patients who were too ill to attend the practice for appointments.
- There was an online service which allowed patients to order repeat prescriptions, book and cancel appointments, obtain test results and access medical records.
- Telephone consultations were offered to provide patients with more flexibility.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this.
- There were 15 patients with a learning disability registered with the practice. During 2015/2016 seven patients attended for their health checks, with five patients invited but they declined. A further three patients were monitored under the children's services for their health needs.
- Longer appointments were offered for those patients with complex needs, and for patients attending for annual review of their condition. For example, patients with a learning disability.
- A telephone reminder system was available for those patients with appointments booked for longer than 10 minutes, to limit the number of failed appointments.
- Mobile telephone numbers of GPs were given to those patients who were assessed to be likely to need a GP for urgent care.
- GPs visited patients with palliative care needs during the weekend if this was necessary to ensure consistency of care.
- There were facilities for patients with disabilities and translation services available. Baby changing and breast feeding facilities were available.
- All reception staff had received deaf awareness training this year to ensure that appropriate access for patients with a hearing impairment was offered. A hearing loop was also available and there was suitable access for patients who used a wheelchair.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease.
- Specialist services available at the practice included physiotherapy, midwifery and access to a volunteer counsellor who provided free sessions for patients at the practice.
- The practice had reviewed the building environment to make this more dementia friendly for patients. For example, clear signage had been introduced in the reception area, picture cards were available to use with patients to help them communicate and a suitable clock had been installed in the reception area that indicated the day and date.

### Access to the service

The practice opened Monday to Friday each week from 8am to 6.30pm with appointments between these times. The practice did not close at lunch time and had a duty GP available if needed. Extended hours were provided for pre-bookable appointments two days per week from 7am to 8am. The practice was closed at weekends. Appointments were available for booking up to four weeks



# Are services responsive to people's needs?

## (for example, to feedback?)

in advance and it was also possible to book appointments up to six months in advance if required. The practice told us that the staggered surgery times gave patients more access and flexibility to appointments.

The practice did not provide an out-of-hours service but had alternative arrangements for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) was available on the practice's website and in the patient practice leaflet.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages. For example:

- 99% of patients said they could get through easily to the practice by telephone which was above the CCG average of 75% and the national average of 73%.
- 94% of patients described their experience of making an appointment as good which was above the CCG average of 78% and the national average of 73%.
- 71% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 64% and the national average of 65%.

Patients we spoke with told us they were happy with the appointments system and were able to make appointments without any difficulty. They told us they could always see a GP if the appointment was urgent. We received 55 comment cards which were all positive about the appointment system and availability at the practice. Patients commented there was never a problem in getting an appointment when they wanted to see a GP.

The practice had a system to assess requests for a home visit. This included deciding whether a home visit was clinically necessary and the urgency of the need for medical attention. All visit requests were assessed by the duty GP as they were received. Appropriate arrangements were made according to the assessment. There were protocols in reception for staff to follow and staff were clear about their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- We found there was an open and transparent approach towards complaints.
- Accessible information was provided to help patients understand the complaints system on the practice's website and in the complaints form made available at the practice.
- The practice manager was the designated person for responding to all complaints.
- We looked at the seven complaints received in the last 12 months. Complaints had been responded to in an open and transparent way. They had been fully investigated in accordance with the practice's complaints policy and procedure.
- The procedures for handling complaints ensured that where lessons were learned and that these were recorded and shared accordingly.

# 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 vision for Ombersley Medical Centre was to deliver excellent personalised, continuous patient centred care in a safe and effective environment. The practice aimed to involve patients throughout their journey to improve the health status of the patients they cared for. To achieve this they acknowledged they had to develop and maintain a happy and adaptive working environment and workforce that moved forward with the changing times in primary care.

The practice had undergone major changes in the past 18 months, with the retirement of a long standing senior partner and the recruitment of a new partner. There were plans to recruit a third partner as the patient list continued to grow. There had also been changes within the nursing team during this time with two nurses leaving the practice and the recruitment of replacement nurses.

Forward thinking plans included consideration for the future retirement of GPs and the action needed to accommodate their increasing patient list.

### Governance arrangements

The practice had a governance framework that supported the delivery of the strategy and quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- Appropriate arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share information, to look at what was working well and take action where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- They used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national

performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly above or in line with local and national standards. We saw that QOF data was regularly discussed at monthly meetings and action taken to maintain or improve outcomes.

- The practice took part in the CCG programme of monitoring and audit assessment called Improving Quality and Supporting Practices (IQSP). As part of the IQSP process the practice met three times per year with the Clinical Commissioning Group (CCG) to discuss audits, interpret the results and plan future areas to consider.

### Leadership, openness and transparency

During the inspection the GPs and the management team demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- They prioritised safe, high quality and compassionate care.
- The provider was aware of and had systems which ensured compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice encouraged a culture of openness and honesty.
- There was a low staff turnover which gave stability to the staff teams.
- The management team told us they appreciated the way in which all members of staff worked together as a team to provide the best service for their patients.
- Staff told us that the management team enabled them to be a small, caring practice who worked as a larger practice in a modern and efficient way to provide their services for their patients.
- Staff told us they felt valued by the practice and were able to contribute to the progress and development of services, such as developing their skills towards developing new services for patients.

The GPs and the practice manager were visible in the practice:

- Staff told us that they were approachable and always took the time to listen to everyone.

# Are services well-led?

Good 

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

- Staff told us that they all worked together and supported each other. The practice manager spent time working with reception staff to keep in touch with staff and patients and provided additional support if needed.
- Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at their regular team meetings.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG). PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- The PPG met every three months with the practice manager and a GP partner.
- Despite regular campaigning the membership of the PPG mainly reflected the older patient population groups.
- The PPG were instrumental in working with the Alzheimer's Society and had arranged for a walk through the practice to be carried out to see if the environment was appropriate for patients with dementia. An action plan was drawn up to address issues identified as a result of the walk through. This included additional clear signage in the reception area; picture cards to use with patients if they found communication difficult and to source a suitable clock for the reception area that indicated the day and the date.

- Minutes of PPG meetings were made available to patients on a board in the waiting area and on the practice website.
- A newsletter produced by the practice, in conjunction with the PPG gave patients current news including details of any staff changes and information about practice future plans.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- They felt involved and engaged to improve how the practice provided services for patients.
- Many of the staff who worked at the practice were long serving members of the team. They told us they enjoyed their job and felt everyone was supportive of each other and they worked well as a team.
- They told us they were confident they would be supported if they needed to raise any issues or concerns.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice which included training and development of the pharmacist role. This would enable the pharmacist to prescribe and respond to minor patient concerns, share the clinical workload and broaden the clinical time available to patients with GPs.