Station Drive Surgery

Quality Report

The Surgery
Station Drive
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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 Station Drive Surgery on 19 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.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice had instigated and shared Medical Advice Forms, now used across the Clinical Commissioning Group (CCG) to help improve efficiency and speed of advice.
- Feedback from patients about their care was consistently positive.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, patients could directly access physiotherapy and self-refer without GP authorisation. A Physiotherapy assessment service offered 15-minute physiotherapy assessment appointments bookable via the practice reception team every Thursday morning at the practice.
- 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. For example, they had improved opening times, conducted a patient waiting time audit, and completed surveys of extended access available at the practice since August 2015. They also completed building improvements with the PPG involved in the design, which was completed in 2016.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision, which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

However there were areas of practice where the provider should make improvements:

- Improve the documentation of actions taken following any risk assessments.
- Consider a system to support patients who may be hearing impaired in the absence of a hearing loop.
- Improve the visibility of information on the availability of interpreter services within the waiting room.

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 above average compared to the national average for the past two years.
- The practice had lower emergency admission figures across the range of long term conditions and cancer.
- The practice performance figures demonstrated that the practice ensured that patients were referred promptly on fast track categories of referrals known as 'two week wait' referrals.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were numerous clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice worked closely with their local Care and Community Coordinator who signposted patients to supportive organisations when appropriate to do so.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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 Care and Community 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 its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- The practice had no hearing loop in place or signposting information with regard to interpreter services. The practice put measures in place immediately following the inspection.
- The practice was proactive and provided anticipatory care, which included the use of heart rhythm monitors. If not otherwise provided patients may have to travel miles to Shrewsbury or Hereford.

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff together with a high level of staff satisfaction and enthusiasm.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group, which influenced practice development. For example, in improved access and in the design of improvements to the premises.
- The practice worked with and reached out to its local communities, with improving relationships with social services, bringing social services into the practice such as People2People. (People2People is an independent social work practice and not for profit enterprise working in partnership with Shropshire Council who provide social work and occupational therapy services).
- The practice was involved with the pilot for physiotherapy assessment services based within practices. This had resulted in improved local physiotherapy access for patients.
- The practice engaged with the Woodworking for health group supporting people with learning or social maladaptation who were now actively engaged in building garden planters for the practice.
- The practice used media such as the press to develop awareness of health topics, such as those applicable for school age children.

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 had a marked older demographic compared to national averages and the practice register showed that of their 8,045 patients, there were 1,100 patients aged 70-79, in the 80-89 age group, 530 patients and in the 90 and over age group 103 patients.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held regular visits to the largest care home in the area as well as providing GP services to 100 care home patients.
- We received feedback from a local care home manager about the GP services patients registered at the practice. This feedback was overwhelmingly positive in all areas, including for example: communication, dignity, respect and timeliness of response to concerns.
- The practice provided GP services to local care homes. Patients in care homes had a Care Home Advanced Scheme (CHAS) management plan and the clinical staff analyse admissions and any deaths in these groups in order to maintain high standards of care. The practice demonstrated that this had successfully impacted on their patients low accident and emergency admission rates.
- The practice held a frail and vulnerable register of patients and these were discussed at monthly multi-disciplinary meetings with other health and social care professionals.
- The practice flu vaccine rates were one of the highest in the Clinical Commissioning Group (CCG) area.

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 achieved 100% in the Quality Outcome Framework (QOF) for the last two years. QOF is a system intended to improve the quality of general practice and reward good practice.

Summary of findings

- 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.
- 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.
- Physiotherapy assessment appointments were available for patients to access at the practice.

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.
- 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 held regular clinical meetings where children at risk, child welfare concerns and safeguarding issues were discussed to ensure awareness and vigilance. The practice had conducted a safeguarding audit and 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 had a family planning service which included contraception and sexual health service.
- The practice's uptake for the cervical screening programme was of 80%, which was slightly lower than the local CCG average of 83% and national average, 82%.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a schools programme that targeted schools with healthy living/ health responsibility messages and there was a notice board highlighting this in the practice waiting room.

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).

- 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.
- The practice provided an extended hour's service from 8am until 8pm each weekday with the exception of Bank Holidays, and offered appointments to patients on alternative Saturday mornings.
- The practice provided NHS health checks to those in the over 40 to 74 age groups.
- The practice had engaged with new technologies in web consultation on their website and had plans for the potential use of televisual services.

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.
- 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.

Summary of findings

- 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, such as, information sharing, the documentation of safeguarding concerns and in how to contact relevant agencies both in and out of normal working hours.
- All patients on the practice palliative care register were reviewed at a monthly multidisciplinary meeting

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 90%, which was slightly higher than the local CCG average of 85% and national average, 84%.
- Clinical staff had received training in the Mental Capacity Act and used this when assessing appropriate patients and the practice carried out advance care planning with their carers for patients with dementia.
- Performance for poor mental health indicators was higher than the national averages. For example, 96% 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.

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 in line with local and national averages. Two hundred and eighteen survey forms were distributed and 123 were returned, a response rate of 56%.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% 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%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 56 comment cards, which were all positive about the standard of care received. The majority of patients had chosen to write a significant amount about how much they valued the practice, the GPs, nurses and all staff inclusively. Their comments included words such as; excellent service, helpful and caring, spotless reassuring, and professional, prompt and that they work tirelessly to get their concerns sorted out quickly. GPs were singled out for praise by their patients. One patient commented on the lack of availability of female GP staff, the practice planned to discuss and take action on this.

We spoke with 10 patients during the inspection and a member of the practice participation group. All patients said they received excellent care and treatment and found staff to be professional, diligent, approachable, committed and caring.

Station Drive Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Station Drive Surgery

Station Drive Surgery is located in Ludlow, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 8,045. The practice has a higher proportion of patients aged 65 years and above (29%) compared with the practice average across England (17%) and has the second oldest demographic in the local CCG. The practice provides GP services in areas of rural deprivation within its locality and its service takes account of the distance required by patients to access secondary care.

The Practice is based in a purpose built building adjacent to the town centre of Ludlow. All patient areas are on the ground floor, and there is an automatic entrance door and a handrail to assist patients to gain access to the building. The practice recently extended the building in response to feedback from patients and the patient participation group about improved access and sustainability of local services and minor injury requirements in the future. This extension provides two further consulting rooms at car park levels, the ground floor consulting rooms are therefore accessible to wheelchairs directly from the disabled bay and purpose built to transfer into minor injury facilities if required. There are fourteen dedicated consulting rooms, which can be used by GPs or Nurses.

The practice is open Monday to Friday 8am to 8pm (excluding bank holidays) and every other Saturday morning in the practices involvement with NHS England's West Midlands Primary Care Workforce and Improved Patient Access Plan (WMPA). In addition, the practice offers pre-bookable appointments that can be booked in advance. Urgent appointments are also available for patients that need them. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice is a training practice and often has GPs in training or medical students.

The staff team comprises 33 permanent staff in total, working a mixture of full and part times hours. Staff at the practice include:

- Four full time GP partners (three male and one female).
- One female GP associate providing six sessions per week.
- Two full time GP Registrars.
- Four managerial staff including: finance manager, patient services manager, office manager and administration manager providing 2.52 whole time equivalent (WTE) hours per week.
- Four practice nurses, providing 2.68 WTE hours.
- Three healthcare assistants, providing 1.21 WTE hours.
- Seven reception staff providing 4.64 WTE hours.
- Two secretarial staff providing 1.43 WTE hours.
- A Care and Community Co-ordinator providing 0.41 WTE hours.
- A term time data summariser and a data input administrative support staff member
- Three cleaning staff members providing 0.81 WTE hours.

Detailed findings

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 some Directed Enhanced Services, for example, they offer minor surgery, phlebotomy (taking blood samples) and extended opening hours from 8am to 8pm to offer patients better access. The practice provides a number of clinics, for example long-term condition management including asthma, diabetes, high blood pressure and physiotherapy. The practice offers NHS health checks and smoking cessation advice and support.

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 hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 July 2016. During our inspection, we spoke with a range of staff, which included the practice management, nursing staff, administrative and receptionist staff and GPs. A care manager opportunistically visiting the practice at the time of the inspection gave us feedback about the GP services provided to patients living in the care registered at the practice. This feedback was extremely positive in all areas. We spoke with 10 patients who used the service and a member of the patient participation group. We reviewed 56 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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, 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 significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in the preparation for insertion of a female contraceptive device, a similar device to that prescribed had been inadvertently selected. This was immediately discussed with the patient's involvement, appropriate measures were taken and the learning from the event shared within the practice to prevent the risk of reoccurrence.

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 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, for GPs this was level three in safeguarding children. The lead GP 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 conducted a child protection audit following which the practice had enabled an up to date list of children on child protection plans, ensured their electronic records had flagged patients and families at risk appropriately and removed those who were no longer on the register. They also established clear codes for each process to be used on the electronic records.
- 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 annually, with the most recent one completed in March 2016. Staff had their handwashing technique assessed regularly and feedback was given when appropriate. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff. We were assured that actions on such areas as elbow taps and some carpeted areas were planned.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads

were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice held controlled drugs (medicines that require extra checks and special storage because of their potential misuse) for use in the event of an emergency and had procedures in place to manage them safely. There were arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Improvement was needed to review annually GPs registration with their appropriate professional bodies. Remedial action to address this was taken immediately.

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 with a poster in the reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We found that the action plan following the legionella risk assessment had not been signed off as completed although we saw that the majority of these actions had clearly taken place. We received confirmation following the inspection that the specific responses remaining in legionella risk assessment were planned for or had been addressed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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. The practice was to consider the storage and/or refrigeration and expiry date system in place for a specific medicine for use in low blood sugar levels and the strength of medicines for use in seizures. The layout of the building had been considered when siting emergency medicines, for example, where immunisations took place, emergency allergy medicines were to hand.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the practice realised there were some gaps such as pandemic supplies, which needed to be added to their plan and planned for these to be addressed. The practice assured us that a hard copy of the plan would also be held off site following the inspection.

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.
- Changes to guidelines were shared and discussed at practice meetings.

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 100% of the total number of points available.

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

- Performance rates for all of the diabetes related indicators was higher than the local and national averages. For example, 84% of patients with diabetes had received a face-to-face review in the last 12 months, compared with the CCG average of 80% and national average of 78%
- Performance rates for all the mental health related indicators were slightly higher than both the local and national averages. For example, 96% 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 also lower at 3%; (however, this only represented two patients) 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.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months was 84%, which was higher than the CCG average and national average of 75%. Clinical exception reporting was also lower at 3%, compared with the CCG average of 6% and national average, 7.5%.

The practice used local and nationally recognised pathways for patients whose symptoms may have been suggestive of cancer. Data from 2014/15 from Public Health England showed that 56% of patients with a newly diagnosed cancer had been via a fast track referral method (commonly known as a two week wait). This was higher than the CCG average of 49% and national average of 48%. Earlier identification and appropriate referral is generally linked with better outcomes for patients in this group.

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 data related to patient attendance at A&E departments showed that the number of patients attending A&E as an emergency was lower than the CCG and national average. For example, the number of emergency admissions for 19 ambulatory care sensitive conditions (ACSCs) in 2014/15 per 1,000 population was 11, when compared with the CCG average of 14 and national, 15. ACSCs are conditions where effective community care and case management can help prevent the need for hospital admission.

There had been a wide range of clinical audits completed in the last two years There was evidence of quality improvement including clinical audit. The practice had an appointed GP Lead for clinical audits and we saw summaries of 14 completed within the last 12 months (excluding audits such as the practices monthly new cancer diagnosis audit, and nursing/cleaning audits for Infection Prevention and Control). We reviewed four audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services and information about patients' outcomes was used to make improvements, for example:

Good

Are services effective?

(for example, treatment is effective)

- Recent action taken because of an audit included wider use of HbA1c as a diagnostic tool for earlier intervention for pre diabetic patients. (HbA1c measures blood glucose levels over a period and it helps to show how well a person's blood glucose levels are being controlled).
- The practice had completed an audit in the use of a specific antibiotic medicine. The purpose of this was to reduce prescribing as per Public Health England (PHE) guidance. In the subsequent re-audit, the practice found a significant reduction in the total prescribing rate of this medicine of 50%.

Effective staffing

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

- 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. Nursing staff had undertaken additional training in areas including respiratory care and diploma in managing diabetes in primary care.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. 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 and discussion at practice meetings.
- 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, facilitation, and support for revalidating GPs. The majority of nursing staff had not had a regular annual appraisal although the majority had had an appraisal in the last few months and planned dates were in place for staff who had yet to receive an appraisal. All said that their training and development needs had been met and that they had been able to approach the senior management team if they had had any concerns.
- 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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.

- This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- 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 identified patients approaching the end of their life and there were processes in place to monitor and appropriately discuss the care of patients with end of life care needs.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- 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 signposted them to partner organisation colleagues and gave examples of excellent partnership working to the inspection team.

The practice provided a regular visits to the largest local care home and had instigated and shared Medical Advice Forms (now used across the CCG) to help improve efficiency and speed of advice. All care home patients were supported through CHAS and a GP visited proactively soon after admission to ensure advance care planning and anticipatory care was in place.

The practice had a strong liaison relationship with the voluntary sector and third parties (such as the local Housing Associations) and this was strengthened by the practice's Care and Community Coordinator. A good recent example of joint support working was the woodworking for health group which was supported by the practice PPG. the group supported people with learning or social maladaptation and were building wooden garden planters for the practice. The practice was also considering a "men in sheds" initiative and volunteers were being sought.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Supporting patients to live healthier lives

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

- 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. Patients were signposted to the relevant service.
- Appointments with a physiotherapist were available for patients with musculoskeletal conditions.
- Help2Change (a local health initiative) support and advice was available at the practice such as, smoking cessation advice and help to slim advice as well as NHS Health checks for eligible patients.
- The practice held a register of patients living in vulnerable circumstances including 37 patients living with a learning disability. All patients with a learning disability had received an annual health assessment.
- The practice had a schools programme with a notice board highlighting this in the practice waiting room, targeting schools with healthy living/ health responsibility messages.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was higher than the national averages. The practice encouraged its patients to attend national screening programmes:

- 75% of eligible females aged 50-70 had attended screening to detect breast cancer. This was slightly lower than the CCG average of 77% but higher than the national average of 72%.
- 63% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was slightly higher than the CCG average of 62% and national average of 58%.

The practice was aware of the percentage uptake for the cervical screening programme of 80%, which was slightly lower than the CCG average of 83% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice informed us that the as yet unpublished

Good

Are services effective?

(for example, treatment is effective)

results from 2015/16 had shown improvement. The nursing staff discussed the need to discover the reasons for patient non-attendance and hoped to develop plans for health promotion and education within the local community.

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 94% to 97% and five year olds from 89% to 97%.

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

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.

All of the 56 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The majority of patients had chosen to write a significant amount about how much they valued the practice, the GPs, nurses and all staff inclusively. GPs were singled out with praise by their patients. We spoke with 10 patients during the inspection and a member of the practice participation group. All patients said they received excellent care and treatment and found staff to be professional, diligent, approachable, committed and caring.

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

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

- 90% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 95% 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%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the compared to the CCG average of 94% and national average of 91%.
- 98% 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 in line with local averages and higher than national averages, and the nursing staff team results were slightly higher than the local and national averages. For example:

- 90% 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%.
- 86% 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%.
- 94% 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%.

Good

Are services caring?

- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.

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. We did not see notices in the reception areas informing patients this service was available. However, we were informed following the inspection that this had been rectified.
- Information leaflets could be made available to patients via the clinical staff in easy read formats.

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 also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 127 patients as carers (2% of the practice list). Just under a third of carers registered at the practice were members of the Carers Trust, a charity for and about carers. The Care and Community Co-ordinator provided signposting information for carers at the practice. Carers could contact her directly or visit the practice to meet with her. Patients could self-refer or be referred by the GPs and nurses. Written information was available to direct carers to the various avenues of support available to them. The Care and Community Coordinator also actively supported Compassionate Communities (COCO), and the practice PPG lead was currently involved with exploring improved third party sector integration.

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 had provided extended hours appointments since August 2015 each weekday from 8am to 8pm (with the exception of bank holidays).
- The practice provided Saturday morning appointments every other weekend to patients at the practice, which were routinely bookable, and this had extended to patients within their locality.
- Patients could directly access physiotherapy and self-refer without GP authorisation. A Physiotherapy assessment service, which offered 15-minute physiotherapy assessment appointments bookable via the practice reception team every Thursday morning at the practice.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available however; there was no hearing loop.
- There were longer appointments available for patients with a learning disability and the GPs visited a local residential location biannually.
- 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.
- Patient Access was available to all patients aged 16 and over. Patient Access allowed patients to book appointments, order repeat prescriptions, update address details and view all aspects of their medical record online 24 hours a day. More than 25% of the practice patients used this service.
- The practice was trialling a new web consultation service. Patients were able to provide a brief description, which may lead to a GP call back. This was entered into the patient's record, to improve and enhance a face-to-face consultation or provide up to date information. This also enabled patients to book appointments and request medication online. Patients accessed this through the web consultation button on the practice main home page.
- The practice provided a GP telephone call back service. The GPs returned calls unless urgent following morning surgeries. The practice promoted continuity, when able, with a telephone consultation with the patients chosen GP or the person dealing with the patients' enquiry.
- The practice was responsive to the needs of older people, and offered yearly health checks to all those aged 75 and over.
- The practice had employed a consultant family planning expert who attended the practice to provide detailed expert advice for patients and provided family planning training for the practice nurse.
- The practice hosted staff from the Community Mental Health Trust who provided screening and advice on patients. This was accessed through GP referral and the reception staff were able to directly book appointments
- Emergency admissions to hospital were reviewed and patients contacted on discharge to review their care needs if required.

Access to the service

The practice was open between 8am and 8pm Monday to Friday and the practice extended hours included alternate Saturday mornings with their involvement with NHS England's West Midlands Primary Care Workforce and Improved Patient Access Plan (WMPA). In addition to pre-bookable appointments, GP telephone consultations and urgent appointments were also available for people that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The feedback we received from patients about access to the service was overwhelming positive, one patient commented on the availability of female GP appointments which the practice planned to address. Patients told us that they were able to access appointments when they needed them.

The practice had a system in place to assess:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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 made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 in various formats to help patients understand the complaints system. Complaints leaflets were available on request at reception and following inspection feedback the practice assured us that these would be freely available in the waiting room.

There had been 12 complaints received in the last 12 months. We reviewed three 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, action was taken as a result, to improve the quality of care, and this was shared with all practice staff. Complaint records reviewed 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.

- The practice had a mission statement, which was displayed as wall art behind the reception desk area, and staff knew and understood the practice values.
- Staff told us about their desire to provide patients with caring, responsive and professional care. Staff members told us that they put patients at the heart of everything they do.
- The practice took the opportunities available to them to provide patients with more services. For example, provision of in-house physiotherapy, employment of a family planning consultant, hosting an in-house appointments for Community Mental Health Trust and strong links with others in the local community such as Housing Association, Walking for Health and Woodworking for Health initiatives.
- The practice had a clear strategy and supporting business plan, which reflected the vision and values and were regularly monitored.
- The practice also met with other practices in the Clinical Commissioning Group (CCG) locality to consider and develop local robust health strategies and discuss supportive business plans to meet the needs of the local population. For example, the consideration of a local minor injury service for patients.
- The practice was actively involved in wider engagement such as with the CCG Federation, Local Medical Committee locality board, patient groups, local council and the local Member of Parliament. They attended strategic meetings and were involved in developing new ways of working.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- 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.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The practice 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
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff told us the partners were approachable and always took the time to listen to all members of staff. 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)

Staff at the practice were enthusiastic, driven toward patient health improvement and demonstrated patient focussed objectives such as:

- Nursing staff were autonomous in ensuring that patients with long term conditions had their condition management needs met and that performance in relationship to this was achieved. The GPs were involved in respect of any clinical change.
- GPs each had lead responsibilities and these were actively monitored. For example, there was a clinical audit GP lead who ensured that audit results were appropriately cascaded to staff and that learning from these was embedded in their systems.

Where staff felt they had performed less well or could improve, they put forward ideas for improvement to the management team. For example, nursing staff felt that the physiotherapy service could be explored to provide respiratory patients with additional services. Following the inspection, the provider fed back that ideas raised by staff were being actioned.

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 Reception team were encouraged to gain feedback and this was used for:

- Registrars as part of their training
- All GPs as part of Revalidation
- Medical Students
- NHS England's West Midlands Primary Care Workforce and Improved Patient Access Plan (WMPA).
- They encouraged and assisted patients wishing to make comments. For those who found writing or formal complaint difficult they encouraged staff to assist in gaining verbal feedback, the feedback forms were used and entered into a formal feedback process.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met quarterly and the minutes of their meetings were displayed in the waiting room, they carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG advised that there was always a GP present at their meetings. The Flu day was used in 2014 for a formal patient survey, and in 2015 the PPG had a stall encouraging feedback.

The PPG had helped to develop an action plan which included:

- Building improvements, which were completed in 2016.
- Health promotion, in how to improve patient cancer awareness/prevention and the practice and PPG were in discussion with Cancer UK to attend the practices 2016 annual flu vaccination day.
- GP recruitment had been discussed with the PPG and a new partner appointed.
- Use of planters and a practice herb garden with help from the woodworking for health group, which was in progress.
- Outreach programmes into local schools such as asthma care and management, which was ongoing.

The practice had conducted an audit on patient waiting times in response to the National GP Survey findings and found that no patient had waited longer than 20 minutes for any GP. The conclusions made were that the changes made to appointment times had been successful. The practice had also set up electronic searches so this could be regularly re-audited.

- 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

Are services well-led?

Good

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

- The practice worked with and reached out to its local communities, with improving relationships with social services, bringing social services into the practice such as People2People. (People2People is an independent social work practice not for profit enterprise working in partnership with Shropshire Council and provides social work and occupational therapy services across Shropshire for older people and adults who have disabilities. Their aim is to put social work back into the community).
- The practice was involved with the pilot for physiotherapy assessment services based within practices. This had resulted in improved local physiotherapy access for patients.
- The practice engaged with the Woodworking for health group supporting people with learning or social maladaptation who were now actively engaged in building garden planters for the practice.
- The practice used media such as the press to develop awareness of health topics, such as those applicable for school age children.

The practice was insightful about current and potential future challenges and planned towards meeting them. For example, the practice had submitted a bid for 'head space' and time to develop strategies. Other strategies included the development of local urgent care provision and new models of working.