

St Saviours Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Saviours Surgery on 9 February 2016. Overall the practice is rated as good.

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

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding and these were consistently applied. The premises were clean and tidy.
- Systems were in place to ensure medicines including vaccines were appropriately stored and in date. The recruitment procedure in place ensured that patients were protected.

- Patients had their needs assessed in line with current guidance and the practice had a holistic approach to patient care. The practice promoted health education to empower patients to live healthier lives.
- Feedback from patients and observations throughout our inspection showed the staff were kind, caring and helpful. Patients we spoke with told us they received good standards of care.
- The practice had systems in place to respond to and act on patient complaints and feedback. Where necessary senior staff ensured that lessons were learnt to prevent similar situations.
- There were governance systems in place to monitor the safety and the quality of the service provided. The staff were motivated and worked well together as a team.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were carried out and lessons learned were communicated widely enough to support improvement. There was a recruitment policy and procedure in place to ensure patients safety was protected. There were enough staff to keep people safe. Systems were in place to prevent unnecessary infections occurring. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their role. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. There was plenty of supporting information to help patients understand and access the local services available. We also saw that staff were helpful and treated patients with kindness. We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. For example the practice had signed up to a CCG led service for patients with dementia to promote early diagnosis and intervention. The practice had an active Patient Participation Group (PPG) who represented patients and assisted the practice in making improvements. Learning from the outcomes of complaints was shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. Staff were clear about the values of the practice being patient centred. There were governance systems in place to monitor, review and drive improvement within the practice. There were formal clinical meetings, governance meetings and full team meetings to share best practice or lessons learnt. The practice had a number of policies and procedures to govern activity. The quality of service provision was monitored and staff proactively identified and implemented improvements.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated good for the care of older people. There was a higher than average number of older patients registered at the practice. Practice staff offered personalised care to meet the needs of the older people in its population and offered home visits to those who were unable to access the practice. Rapid access and longer appointments were provided for those with enhanced or complex needs. The practice had regular contact with external professionals to discuss any concerns or changes that were needed to patient care. Data informed us that all older patients had received annual health checks and where necessary, care, treatment and support arrangements were implemented.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. Patients with long term conditions received regular reviews by a nurse or GP to check that their health and prescribed medicines remained appropriate. Longer appointments were available when patients were seen by nurses to ensure they received comprehensive reviews. Where necessary these patients had a personalised care plan in place and were regularly monitored to check that their health and care needs were being met. Regular structured reviews were carried out by a GP or nurse to check that patient's medicines were appropriate for their needs.

A practice nurse routinely checked on the practice's computer system that patients had attended their reviews when they were due. They also ensured that patients who had been assessed as being at the lower end of normal for checks for diabetes were regularly re-assessed to capture those patients who developed diabetes at any early stage. When patients were seen by a health care assistant (HCA) they routinely checked the patients pulse. This led to a higher rate of diagnosis of atrial fibrillation (irregular heart beat) and treatment for this disorder.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and also cases of domestic violence. Records showed the lead GP liaised and sought advice from other health and social care professionals when

Good



Summary of findings

necessary. Children were given same day appointments. There were appointments for children available outside core school hours until 5.50pm each day and by appointment every first and third Saturday mornings

Working age people (including those recently retired and students)

Good



The practice is rated 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 practice staff had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Practice staff were proactive in offering online services and telephone consultations as well as a full range of health promotion and screening that reflects the needs for this age group. All eligible patients who had attended the practice were given contraceptive advice, treatment and cervical screening. Extended hours were available by appointment on two Saturday mornings per month.

People whose circumstances may make them vulnerable

Good



The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health checks including extended appointment times for all people with a learning disability had been carried out and health action plans updated. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding the actions they should take if they had concerns and how to contact relevant agencies who were responsible for carrying out investigations.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated good for the care of people experiencing poor mental health (including people with dementia). Staff were trained to recognise mental health presentations and carry out comprehensive assessments. Practice staff regularly worked with multidisciplinary teams in the case management of patients who experienced poor mental health. A psychologist held weekly clinics at the practice and provided interventions and signposting for these patients. Clinical staff carried out assessments for early diagnosis of dementia. Patients who had dementia and those who experienced mental health illness were discussed during clinical multidisciplinary meetings and care plans were developed. Referral mechanisms were in place for when staff identified deterioration in patient's mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 114 responses, this equated to 45% of the questionnaires that had been sent out.

- 90% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 93% said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 89% and a national average of 87%.
- 94% found it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 95% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 61% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 54% felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

Senior staff told us they were aware that patients waited too long before they were seen. They had introduced a mid-session break to carry out phone calls and allow time to catch up. The patients we spoke with told us they did not have to wait too long before they were seen.

During our inspection we spoke with six patients. All patients told us they were satisfied with the service they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards all were positive about the standard of care they received.

St Saviours 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 advisor.

Background to St Saviours Surgery

St Saviours Surgery is located in Malvern Link and serves approximately 4,400 patients. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by three GP partners (two male, one female) who between them provide 19 clinical sessions per week. They are supported by three practice nurses and two health care assistants (HCA) who provide further clinical support. The practice employs a practice manager, eight receptionist/administration staff and one data clerk who work varying hours.

The practice is open from 8am until 6.30pm each day. Appointments are available from 8.45am until 11am and from 4pm until 6pm each day. The practice holds sessions every first and third Saturday from 8.30am until 1pm on a pre-booked basis only. Extra weekday appointments are available if needed. Urgent appointments are available on any weekday. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations are bookable up to three weeks in advance and advice is also available for patients who are unsure if they need an appointment and for provision of advice for children.

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

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by NHS South Worcestershire Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details.

Why we carried out this inspection

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

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Detailed findings

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

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

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

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

Before inspecting, 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 9 February 2016. During our inspection we spoke with a range of staff including two GPs, two practice nurses and one healthcare assistant. We also spoke with the practice manager and two receptionists. We spoke with six patients who used the service and five Patient Participation Group members who were also patients. We observed how people were being cared for and talked with carers and/or family members. We reviewed 33 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via the practice's computer. Records and discussions with senior staff identified that there was consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. For example, an incorrect patient had been booked for an appointment. Immediate action was taken by adding alerts to patients files who had similar names. Staff had reflected upon the issue and learning points recognised. We saw that other significant events had included staff education through meetings.

Safety was monitored using information from a range of sources, including National Institute for Health and Clinical Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a clinical refrigerator had been turned off overnight. As part of the imminent building works plugs were to be hard wired to prevent a recurrence.
- The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and undertook on going audits to ensure best practice.
- The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The contact details of the safeguarding authority were displayed behind the reception desk and in consulting rooms.

- There was a lead member of staff for safeguarding. All staff had received safeguarding training at a level suitable to their role. Staff had also received safeguarding vulnerable adults training and understood their role in reporting any safeguarding concerns. GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- The practice had a computer system for patients' notes and there were alerts on a patient's record if they were at risk or subject to protection.
- A chaperone policy was available on the practice's computer system. The practice nurses and reception staff acted as chaperones if required and a notice was in the waiting room to advise patients the service was available should they need it. Staff had received training to carry out this role and all staff had received a Disclosure and Barring Service (DBS) check.
- We reviewed two 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.

Monitoring risks to patients

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Cover during annual leave was arranged by staff working different and extra shifts. GPs provided cover for each other, locum GPs were not used.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy that was accessible by all staff. We saw that occasional health and safety meetings were held by a range of practice staff to identify where improvements in safety were needed. 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

Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Regular medicine audits were carried out. Weekly visits were made by a pharmacist who was employed by the local federation to ensure the practice was prescribing in line with best practice guidelines. The most recent audits indicated that clinical staff had improved their prescribing.
- The practice stored vaccines in a refrigerator. A practice nurse took responsibility for the stock controls and recording daily fridge temperatures. We looked at a sample of vaccinations and we found them to be in date. Regular stock checks were carried out to ensure that medicines were in date and there were enough available for use.
- Emergency medicines such as adrenalin for anaphylaxis were available. These were stored securely and available in the treatment room. All the emergency medicines and those used for minor surgery were in date.
- All areas within the practice were found to be clean and tidy. Comments we received from patients indicated that they found the practice to be clean. Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves and aprons) was available. Hand gels for patients were available throughout the building. A clinical waste disposal contract was in place.

- A practice nurse was the designated clinical lead for infection control. There was an infection control policy in place. All staff had attended infection control training. The practice nurse had made arrangements to obtain more in depth knowledge about their role.
- We saw that a cleaning schedule was in place. The local hospital carried out detailed annual infection control audits. The latest audit was dated July 2015 and included three required actions and they were risk assessed as being a low risk. We saw that two actions had been addressed and the third regarding repair of plasterwork was to be addressed as part of the imminent building plan. The practice nurse also carried out regular 'mini' audits and these covered all areas of the practice and staff hand washing techniques.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen. There was a formal medical emergency protocol in place and when we discussed medical emergencies with staff, they were aware of what to do.
- There was a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was held off site to ensure that appropriate response would be instigated in the event of eventualities such as loss of computer and essential utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register.

The practice took part in the avoiding unplanned admissions scheme. The clinicians reviewed their individual patients and discussed patient needs during meetings to ensure care plans were in place and regularly reviewed.

The monthly multidisciplinary meetings included district nurses and a member of the Nursing Home Practitioners team (PACT) and Worcestershire Association of Carers. PACT staff were employed by the local federation whose objective was to make improvements through general practices. The PACT staff consisted of nurse practitioners and health care assistants (HCA) who would carry out a detailed assessment of patients who were residing in care homes.

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). QOF data for 2014-2015 showed;

- The dementia review rate of 100% was 1.2% above the CCG and 5.5% above the national average. The practice exception rating was 1.7%.
- The mental health review rate of 96.2% was 1.5% above the CCG average and 3.4% above the national average.

- Performance for asthma related indicators was 100% which was 1.5% above the CCG average and 2.6% above the national average. The practice exception rating was 0.8%.
- Performance for patients with a learning disability was 100% which was the same as the CCG average and 0.2% above the national average. There was no practice exception rating.
- Performance for diabetes related indicators was 96.5% which was 2.7% above the CCG average and 7.3% above the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 100% which was 1.9% above the CCG average and 4.0% above the national average. The practice exception rating was 2.8%.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was 0.4% above the CCG average and 2.2% above the national average. The practice exception rating was 2.2%.

The practice had an overall exception reporting of 4.8%, which was 3.5% less than the local Clinical Commissioning Group (CCG) average and 4.4% less the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes.

One GP carried out minor surgical procedures (joint injections and removal of skin lesions) in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. They had recently carried out an audit that identified that there had been no incidents of post procedure infections.

GPs carried out other clinical audits that identified where improvements in patient care could be made and these were repeated at a later date to evidence that the changes made were sustained. For example, a repeat audit dated April 2015 demonstrated significant improvements had been achieved in the treatment of patients who had diabetes.

The senior nurse regularly checked patient care and management. They had identified 287 patients that required annual reviews. From this six patients were diagnosed as having diabetes.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and regular updating via refresher courses.
- 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 during sessions, one-to-one meetings, appraisals, mentoring and supervision.
- 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.
- All GPs were up to date with their yearly continuing professional development requirements and they had been or were in the process of being revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). There was an annual appraisal system in place to ensure that all members of staff had formal appraisals.

Coordinating patient care and information sharing

Staff had information they needed to deliver effective care and treatment to patients who used services and put systems in place to capture medication review dates. Staff were able to access all the information they needed to plan and deliver care and treatment 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, hospital information and test results.

We saw evidence that multi-disciplinary team meetings took place every month and that care plans were routinely

reviewed and updated. Practice staff and external professionals shared relevant information about patients who had complex needs or were receiving palliative (end of life) care to ensure they delivered seamless patient care. This included when people moved between services and when they were referred, or after they were discharged from hospital.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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. 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 consent was obtained it was recorded in the patient's medical records in line with legislation and relevant national guidance.

All clinical staff knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. Staff understood the key parts of legislation of the Children's and Families Act 2014. GPs demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years of age who have the legal capacity to consent to medical examination and treatment).

Health promotion and prevention

Clinical staff provided a range of education during consultations. This was backed up by printed leaflets and provision of details of websites such as; NHS Choices.

The practice encourages and provided NHS health checks and used this forum to provide education and signposting to relevant services.

Patients who were diagnosed with diabetes were invited to attend sessions that gave them information about how to manage their disorder effectively. Referrals were made to the cardiac rehabilitation centre following a heart attack.

There was a range of health promotion leaflets and contact details of a range of organisations available at the practice. The practice produced monthly patient newsletters. They regularly included advice such as; exercise classes for the over 60s, antibiotic information and tips for taking appropriate action.

Are services effective?

(for example, treatment is effective)

All patients who attended the practice and were eligible received advice about obesity and smoking cessation.

The practice manager worked closely with Age UK and their Well-Check project. The project involved clinical staff carrying out patient well checks to promote healthy living.

The practice's uptake for the cervical screening programme for 2014-15 was 84.2% which was comparable with the national result of 81.8%. The practice exception rating was 5.1%. Practice staff encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 78.8% to 97% and five year olds from 87.9% to 100% during the year 2014-15.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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. There was a notice near the reception desk advising patients to inform reception staff if they wished to speak with them in confidence.

We received 33 Care Quality Commission comment cards and all were positive about the service they experienced. Patients said they felt the practice offered a good service and some described the service as superb and wonderful and that staff were supportive and sympathetic.

All of the six patients we spoke with provided positive feedback. We spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey 2014-15 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and 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 national average of 95%

- 95% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 94% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 97% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients told us that clinical staff gave them good explanations and 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 treatment options available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.

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

Patient/carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. There were 113 carers on the practice list

Are services caring?

which constituted 3% of registered patients. Practice staff provided guidance and support to carers by offering health checks and flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The waiting area included a dedicated notice board that included contact details of support agencies.

Staff told us that if families had suffered bereavement, their usual GP contacted them, offered an appointment and signposted family members to the free access to South Worcestershire Bereavement Support. If necessary, a referral to a counselling service was offered.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was piloting a new appointment system in that, more online and same day appointments had been made available. Also a notice board was positioned at the reception desk. It informed patients if any clinical staff were running late with their appointments.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. (CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services.) We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements. For example the practice had signed up to a CCG led service for patients with dementia to promote early diagnosis and intervention.

The practice had a small proportion of minority groups for whom English was not their first language but it always recorded patient's language and ethnicity at registration. The surgery had access to translation services. The building had access for disabled people.

Access to the service

The practice was open from 8am until 6.30pm each day. Appointments were available from 8.45am until 11am and from 4pm until 6pm each day. Clinical sessions were held every first and third Saturdays from 8.30am until 1pm and these were pre-booked appointments only. Extra weekday appointments were available if needed. Urgent appointments were available on any weekday. Routine appointments could be pre-booked in advance in person, by telephone or online. Telephone consultations were bookable up to three weeks in advance and advice was

also available for patients who were unsure if they needed an appointment or for provision of advice for children. Patients were sent text reminders to their personal phones about their booked appointments.

Results from the 2014-15 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 88% of patients described their experience of making an appointment as positive compared to the CCG average of 78% and national average of 73%.
- 82% reported they were satisfied with the opening hours compared to the CCG average of 77% and national average of 75%.

Patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website and in the waiting area.

The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log and there had been seven formal complaints received over the past 12 months. We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff we spoke with told us patients were at the centre of everything they did. They felt that patients should be involved in all decisions about their care and that patient safety was also paramount. Comments we received were complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

Senior staff had identified the current shortage of consulting rooms (four) and building work was due to commence for the conversion of two rooms into consulting rooms.

Over a two year period of substantial personnel change through multiple retirements' new staff had been employed. During this time significant improvements had been made to way that services were delivered which, promoted high standards of care. For example, regular computer checks to ensure patients attended for the review of long term conditions when they were due.

Over a two year period senior staff had responded to a significant staff turnaround and employed replacement staff whilst making positive changes to the way the practice was operated

Governance arrangements

The partners in the practice had the experience, capacity and capability to run the practice effectively and promote high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well- run practice. They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. This was evidenced during the inspection. The practice had systems

in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents. The practice gave affected people reasonable support, truthful information and a verbal and if necessary, written apology.

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

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Staff attended regular team meetings to discuss issues, patient care and further develop the practice.
- Proactively gaining patients' feedback from patient surveys and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- Practice specific policies were implemented and were available to all staff.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients'

Are services well-led?

Good 

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

feedback and engaged patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a quarterly basis. PPG's work with practice staff in an effective way that may lead to improved services. PPG members said they felt the staff listen to them and that changes would be facilitated whenever practicable. For example, the PPG had suggested a glass partition at the reception desk to improve confidentiality. Arrangements were in place to action the suggestion as part of the imminent building works.

Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where

improvements could be made. For example, a new appointments system was being piloted to improve patient access. Staff and the PPG were asked to comment before the changes were implemented.

Management lead through learning and improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. For example, discussions were in progress regarding the potential impact that a nearby planning application for housing would have on the practice.