

Kidderminster Medical Centre

Quality Report

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Date of inspection visit: 27 July and 10 August 2017

Date of publication: 20/09/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

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 Kidderminster Medical Centre on 27 July and 10 August 2017. The overall rating for this practice is good.

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

- The practice was aware of and provided services according to the needs of their patient population. Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed.
- There were processes and procedures to keep patients safe. These included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- The practice was aware of the requirements of the duty of candour and systems ensured compliance with this.
- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure that patients received the best care and treatment in a coordinated way.

- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A carers register was maintained to ensure appropriate support was provided. The practice had identified 3% of their patient population as carers.
- There was a clear leadership structure which encouraged a culture of openness and accountability. Staff told us they felt supported by management.
- The practice monitored and identified areas for improvement through their quality performance data.
- Information about services and how to complain was available and patients told us that they knew how to complain if they needed to.
- There was a strong focus on continuous learning and improvement at all levels.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events.
- Lessons learned were shared at meetings and within the wider practice group so that improvements to safety in the practice were made and monitored.
- 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 was aware of the requirements of the duty of candour and systems ensured they complied with this.
- The systems, processes and practices kept patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- The practice participated in the Quality and Outcomes Framework (QOF). Results for 2015/2016 showed the practice had achieved 100% of the total number of points available, with patient outcomes which were at or above the local and national averages.
- The practice had improved the quality of care and treatment it provided through clinical audit and on-going monitoring.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care teams and there were systems to ensure appropriate information was shared.

Summary of findings

- Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans in place.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Patients were complimentary about the practice and commented that that they received excellent care from the GPs and the nurses, that staff were friendly and everyone was very professional.
- We received 17 completed comment cards from patients, all of which were positive about the standard of care received by patients. Patients felt that they received an excellent service and that staff were friendly and approachable. Patients commented that staff always listened to them.
- Data showed that patients rated the practice generally in line with or above local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses for 2016/2017. For example: 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%; 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%; 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- The practice kept a register of all patients who were also carers (3% of their patient population) and signposted them to support organisations. Additional services were offered to carers which included annual flu vaccinations and health checks.
- Information to help patients understand and access the local services was available.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Kidderminster Medical Centre reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for those patients at the end of their life.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The appointment system ensured that patients could be triaged and receive a telephone call with a clinician the same day (within half an hour of the request, unless a specific time was requested). Telephone appointments resulted in a same day face to face consultation if appropriate. Audits of all calls were seen which showed that approximately 43% of calls led to a face-to-face consultation on the same day, which ensured that appointments were always available.
- Patients we spoke with 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.
- An internet based storage system was installed across the six Wyre Forest Health Partnership (WFHP) sites. This meant that information stored on the system could be accessed from any of the sites and that GPs could book patients into clinics at other sites if appropriate.
- Evidence from four examples we reviewed showed the practice had responded quickly to complaints and issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

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

Good



- There was a clear leadership structure and staff understood their roles and responsibilities.
- The practice had a wide range of policies and procedures to govern activity.
- The practice had systems for responding to notifiable safety incidents and shared this information with staff to ensure appropriate action was taken.
- Formal clinical meetings and full team meetings were held to share best practice or lessons learnt.

Summary of findings

- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged.
- Staff felt supported by management. They reported that should they have any concerns they felt comfortable raising these as everyone at the practice was easy to talk to and approachable. Staff told us they were encouraged to make suggestions and recommendations for the practice development.
- The practice demonstrated a commitment in working with their Patient Participation Group (PPG) to improve services for patients. Recruitment to the PPG was underway to develop and expand the existing group following the practice merger. Plans to explore ways to support the practice and how they could help to promote the services provided was an aim of the group.
- There was a focus on continuous learning and improvement at all levels. Staff training was provided and GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- A range of enhanced services was offered by the practice, such as dementia and unplanned admissions to hospital.
- Monthly multi-disciplinary meetings were held and included discussions on patients receiving end of life care.
- Support was provided for isolated or house bound patients. This included signposting to support services or volunteer services including local community groups or charities such as Age UK.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, such as asthma and diabetes.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. 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.
- Performance for diabetes related indicators was higher than the local and national averages. For example, patients with a record of a foot examination and risk classification was 97% compared with the CCG and the national averages of 91% and 89% respectively. The practice exception rate of 5% was in line with the CCG average of 5% and lower than the national average of 8%.

Summary of findings

- Clinical staff had close working relationships with external health professionals to ensure patients received up to date care.

Families, children and young people

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns. There was a lead GP for safeguarding adults and children. GPs were trained to an appropriate level in safeguarding adults and children.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were considered to be at risk of harm. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice worked with midwives, school nurse teams and health visitors to coordinate care.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- The practice offered a number of online services including requesting repeat medicines and booking appointments.
- Baby changing facilities and breast feeding rooms were available to those who needed it.
- Mother and baby checks were carried out as part of the postnatal mother and eight week baby checking processes.

Good



Working age people (including those recently retired and students)

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

- The practice was proactive in offering a full range of health promotion and screening services that reflected the needs of this age group.

Good



Summary of findings

- The practice offered online appointment booking and the facility to request repeat prescriptions online.
- Extended hours appointments were available for pre-bookable appointments on Monday and Friday evenings from 6.30pm until 7pm.

People whose circumstances may make them vulnerable

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

Good



- Services were provided for all vulnerable patient groups presenting to the practice. For example, the practice provided services for homeless people, for temporary residents and for patients who lived in a nearby refuge.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were added to patients records for staff awareness so that longer appointments could be allocated.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for 71% of the 96 patients on their register for 2017.
- Staff interviewed knew how to recognise signs of abuse in patients whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Advanced care planning and annual health checks were carried out for patients with dementia and poor mental health.

Summary of findings

- Carers were offered health checks and monitored for their wellbeing. They were signposted to support services such as Alzheimer's Society or Dementia UK.
- There was a system to follow up patients who had attended accident and emergency (A&E) departments where they may have been experiencing poor mental health.
- Clinical staff had a good understanding of how to support patients with mental health needs. They were trained to recognise patients presenting with mental health conditions and carried out comprehensive assessments.

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

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans were 96% which was above the CCG average of 92% and above the national average of 89%. The practice exception rate was 7% which was lower than the CCG average of 17% and the national average of 12%.
- Patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 98% which was above the local and national averages of 85% and 84% respectively. The practice exception rate was 2% which was lower than the CCG average of 6% and the national average of 7%.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2017 resulted in 120 responses to 256 surveys sent to patients, representing a response rate of 47% (compared with the national rate of 38%). This represented 1% of the practice's patient list.

In most areas the practice was rated in line with the Clinical Commissioning Group (CCG) and the national averages for access to appointments. Results showed:

- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 90% and the national average of 84%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 77%.

Results from the NHS Friends and Family test showed that patients had provided mainly positive feedback with 92% of patients from 368 responses recommending the practice to others.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were positive about the services provided by the practice. Patients commented that the staff were very friendly, helpful, supportive and understanding; GPs always took the time to listen to patients; and they received a first class service.

We spoke with a patient during the inspection who was also a member of the Patient Participation Group (PPG). They were very positive about the service they received. They told us that this practice was improving following the merger with another practice and the subsequent move to new premises. They told us that all the staff were helpful, supportive and worked well together to provide the best services for patients.

Kidderminster Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and supported by a GP specialist advisor.

Background to Kidderminster Medical Centre

Kidderminster Medical Centre provides services for patients living in Kidderminster. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract agreed nationally between general practices and NHS England for primary care services to local communities. At the time of the inspection the practice served a population of 13,842 patients.

Two practices merged in April 2016 to become Kidderminster Medical Centre. The new practice moved into new premises in August 2016 and also joined the Wyre Forest Health Partnership (WFHP) as one of six member sites in December 2015. Functions such as human resources and finance are undertaken by staff at the WFHP. Policies are set at organisational level, but tailored to individual sites. Many of the governance functions are undertaken by the WFHP. For example, significant event analysis is routinely shared by all six sites.

There are 11 GP partners. They are supported by the site manager, an advanced nurse practitioner, eight nurses, two health care assistants, two pharmacists and reception and administrative teams.

Opening hours are from 8am to 6.30pm on Monday to Friday each week with appointments between these times. The practice is closed at weekends. Extended hours appointments are available for pre-bookable appointments from Monday to Friday evenings from 6.30 to 7pm.

The practice does not provide an out-of-hours service but has alternative arrangements for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by the NHS 111 service) is available in the patient practice leaflet and on the website.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. The practice operates a dedicated GP led home visiting service for patients, assessing and responding to all visit requests including urgent requests from other practices within the WFHP.

There is also an online service which allows patients to order repeat prescriptions and book appointments with GPs.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as lung diseases, asthma and diabetes. Other appointments are available for health checks, childhood vaccinations and contraception advice.

Detailed findings

Kidderminster Medical Centre is an approved training practice for trainee GPs, provides medical student training and is involved in the national apprentice scheme.

Why we carried out this inspection

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

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

How we carried out this inspection

Before our inspection of Kidderminster Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection over two days on 27 July and 10 August 2017. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection.

- Spoke with a range of staff that included managerial, clinical and non-clinical staff.
- Looked at procedures and systems used by the practice.
- Spoke with a patient who was also a member of the Patient Participation Group (PPG).
- Observed how patients were assisted by staff when they attended the practice and talked with carers and family members.
- Reviewed comment cards we had supplied prior to the inspection where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- There was a significant events protocol for all staff to follow in reporting incidents. All incidents were reported to the site manager in the first instance.
- Staff told us they were encouraged to report any incident and there was a no blame culture to support this. They knew how to access the appropriate form which was available on the practice intranet. The recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.
- There had been four significant events recorded for 2017. The practice had responded promptly to each event. An analysis of significant events was carried out locally as well reported centrally to Wyre Forest Health Partnership (WFHP) to ensure that information was shared and learning was disseminated to all practices within WFHP.
- We saw that positive events and compliments had also been recorded.

Patient safety and medicine alerts were effectively managed.

- Alerts were received by all clinical staff by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- The site manager coordinated the action taken by the pharmacist and appropriate GP lead. A hard copy was filed in the drug alerts folder with a note of action taken and an electronic copy was filed on the intranet.
- Clinical staff described examples where action had been taken as a result of alerts. For example, an alert in June 2017 had given updated guidance on prescribed

medicines for the treatment of influenza which staff confirmed had been discussed at the following partner meeting. We saw that a log of alerts received and the action taken had been maintained. Evidence showed that alerts were discussed at monthly practice clinical meetings and information was shared in the monthly reporting to WFHP.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the safeguarding lead for adults and children and staff confirmed they knew who the lead was. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs had completed level three training for safeguarding children.
- Safeguarding concerns were discussed at practice clinical meetings and six weekly multidisciplinary meetings attended by GPs, health visitors, school nurses and representatives from the Family Nurse Partnership. Children and families were discussed and alerts were raised where there were concerns about their safety. Minutes of meetings confirmed that discussions had taken place. Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse.
- Chaperones were available for patients when requested. A notice was displayed in the waiting room and in all consultation rooms advising patients of this service. Staff we spoke with and training records confirmed that staff who acted as chaperones were trained for the role. Disclosure and barring checks (DBS) had been completed for staff members who undertook the role of chaperone within their duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

Appropriate standards of cleanliness and hygiene were maintained.

Are services safe?

- We observed the premises to be visibly clean and tidy during the inspection.
- The practice nurse was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were carried out annually and we saw that action was taken to address any improvements identified as a result. The last audit had been completed in July 2017.
- The collection of clinical waste was contracted to an external company and records showed that regular collections were made. There was suitable locked storage available for waste awaiting collection.

There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs. A PGD protocol was accessible on the practice computer system for clinical staff and included links so they could access details of the latest guidance. The nurses were trained to administer other vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high risk medicines within the correct timescales. The practice routinely carried out weekly searches for all patients who were prescribed high risk medicines to check up to date blood results were available. Follow up appointments were arranged for patients where needed.
- There was a system in place for cold chain management which included external reporting and liaison with manufacturers on safe vaccine storage. Cold chain procedures were kept under regular review with detailed records to show effective stock management and handling of all vaccines.
- Systems confirmed that staff were protected against Hepatitis B. There was a sharps injury policy and staff

knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.

The practice had appropriate recruitment policies and procedures.

- We were unable to view personnel files, because they were held at the WFHP headquarters, which was based at another site. We were told that staff at the WFHP dealt with all aspects of human resources and were assured by WFHP management team that appropriate checks were in place. We confirmed however, that all clinical staff were registered with the appropriate professional body and had indemnity insurance. We viewed the recruitment policy, which listed the checks to be carried out before staff could be employed. The list included proof of identity, evidence of satisfactory conduct in previous employment, qualifications and appropriate checks through the DBS. Staff we spoke with confirmed the recruitment procedures had been followed when they joined the practice.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure that enough staff were available to meet the needs of patients. We were told that there was a reciprocal arrangement between the six sites in the WFHP for clinical and non-clinical staff to provide cover when necessary for periods of leave or unexpected absence. This meant that locum GPs were rarely used.

Monitoring risks to patients

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

- There was a health and safety policy available for staff with a poster in the practice which listed the contact details for local health and safety representatives.
- All electrical and clinical equipment was checked by an external agency to ensure it was safe to use and that it was working properly. The latest electrical and equipment checks had been carried out in January 2017. These included equipment such as thermometers, weighing scales, syringes and blood pressure monitoring machines.
- The practice also had a variety of other risk assessments to monitor safety of the premises such as control of

Are services safe?

substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment had been reviewed in April 2017.

- Records showed that staff had completed fire training and four staff had trained as fire wardens in December 2016. Staff we spoke with confirmed this. Regular fire safety checks were carried out including weekly alarm checks. An external company had been employed to carry out a fire risk assessment with the latest assessment undertaken in March 2017.

Arrangements to deal with emergencies and major incidents

There were arrangements to enable the practice to respond to emergencies and major incidents.

- There was an emergency incident procedure to guide staff in the event of an emergency. Staff confirmed they knew the procedure to follow and told us there was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- All staff had received annual basic life support training.
- A first aid kit and an accident book were available.

- Emergency medicines and equipment were available and easily accessible to all staff. All medicines we checked were in date and stored securely. Medicines were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar.
- There was a system to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate pads and masks for adults and children.
- There was a business continuity plan to deal with a range of emergencies that may affect the daily operation of the practice which included procedures to guide staff should the need for alternative premises become necessary. The plan included emergency contact numbers for utilities and staff. The plan was stored on the WFHP shared internet based storage system which was accessible from any location, so that hard copies were not needed to be stored offsite.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- There were systems to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate, for example by conducting clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.
- The practice took part in monthly Wyre Forest Health Partnership (WFHP) meetings, the focus of which was mainly education and learning (including reflective practice). Discussions included best practice such as NICE guidance. These meetings were intended to provide professional development.

Management, monitoring and improving outcomes for patients

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

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.
- Results for 2015/2016 showed the practice had achieved 100% of the total number of points available which was above the local average of 98% and the national average of 95%. The practice's exception reporting at 7% was in line with the Clinical Commissioning Group (CCG) average of 7% and lower than the national average of 9%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. Unpublished data for 2016/2017 showed that the practice had maintained their 100% QOF achievement.

Data for 2015/2016 showed the practice performed mainly higher than local and national levels for the following examples:

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans were 96% which was above the CCG average of 92% and above the national average of 89%. The practice exception rate was 7% which was lower than the CCG average of 17% and the national average of 12%.
- Patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 98% which was above the local and national averages of 85% and 84% respectively. The practice exception rate was 2% which was lower than the CCG average of 6% and the national average of 7%.
- Performance for diabetes related indicators was higher than the local and national average. For example, patients with a record of a foot examination and risk classification was 97% compared with the CCG and the national averages of 91% and 89% respectively. The practice exception rate of 5% was in line with the CCG average of 5% and lower than the national average of 8%.

QOF performance was closely monitored at all times. The site manager and the lead GP monitored performance in conjunction with WFHP and the CCG. WFHP provided monthly reports that demonstrated achievement against targets for all six practices within the organisation.

The practice had a system for completing clinical audits where they considered improvements to practise could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at.
- We sampled four of the 14 audits that had been completed during the last year with second cycle audits completed for two of these. A range of topics was covered such as audits based on guidance for prescribing specific medicines for patients with

Are services effective?

(for example, treatment is effective)

diabetes, and the use of specific medicines for patients with dementia. Outcomes of audits showed that where potential risks to patients had been identified changes had been made to improve patient care.

- We saw that audit findings had been presented, discussed and documented as part of clinical meetings.
- The practice participated in local audits, national benchmarking and accreditation.

Effective staffing

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

- There was a comprehensive, well-structured training programme for all staff. Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening programme confirmed they had received specific training which had included an assessment of their competence. Certificates were available to confirm that GPs completed regular clinical updates such as cardiology, cytology and respiratory training. Lead GPs had also completed Prevent training (Radicalisation) in June 2017.
- Staff who administered vaccines kept up to date with changes to the immunisation programmes through access to online resources and discussion at monthly clinical meetings.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.
- There was an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and infection control.
- The learning needs of staff were identified through appraisals and reviews of practice development needs. This included ongoing support during meetings, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months. We saw that six month reviews were also carried out.

Coordinating patient care and information sharing

Staff were provided with the information they needed through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Annual reviews had been carried out for 70% of the 96 patients with learning disabilities during 2016/2017.

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

- Clinical staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- Two weekly cluster meetings chaired by the GP for the visiting service were held at the practice and included district nurses, community matrons enhanced care team, physiotherapy, occupational therapists, social workers older adult mental health team and CCG members. These meetings reviewed the complex needs of patients who were housebound.

Consent to care and treatment

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

- Staff had access to guidance on obtaining consent for treatment, immunisation or investigation. The consent protocol was kept under regular review and last reviewed in January 2016.
- We saw evidence that showed informed consent was documented. Completed forms were scanned to patient records.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity

Are services effective?

(for example, treatment is effective)

Act 2005. Regular training was provided. Records showed that the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training had been completed in November 2016.

- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurses assessed the patient's capacity and where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

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

- The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. Reviews of their health were carried out annually and 71% of the 96 patients on their register had a care plan in place.
- The practice ran smoking cessation clinics and offered dietary advice to patients who needed it.
- Patients who needed extra support were signposted to relevant organisations.

Published results for cervical screening and child immunisations were not available for 2015/2016 following the practice merger. Monthly monitoring was however, carried out by all practices within WFHP and monthly reports were produced to show individual practice achievements. Results for Kidderminster Medical Centre showed:

- Childhood immunisation rates for the vaccinations given to children under the age of five years old for the period October 2016 to June 2017 ranged from 86% to 91% with a target of 90%.

- Childhood immunisation rates for the vaccinations given to children under the age of two years old for the same period ranged from 88% to 93% with a target of 90%.
- Results for the cervical screening programme over the nine month period averaged 83% with a QOF target of 80%. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. Clinical staff told us that messages were added to patient records so that they could take the opportunity to remind patients about the importance of screening. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who had abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. No data was available at the time of the inspection that reflected the screening rates for the merged practices. They told us they followed up patients with text, email, letters and telephone call reminders to attend or participate in screening programmes. Staff followed an established recall protocol to encourage patients to take up screening opportunities.

It was practice policy to offer a health check to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The practice had only commenced health checks for patients since April 2017 and had carried out 467 health checks at the time of the inspection. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. There were processes for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Patients were treated with dignity and respect.

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

We received completed comment cards from patients. All of the comments on the 17 comment cards were positive about the standard of care received by patients. Patients commented that staff were supportive and always listened to them. Patients were very complimentary about the practice and felt that they received a first class service, that staff were friendly and helpful, and that nothing was too much trouble for any of the team.

Results from the NHS Friends and Family test were mixed and reflected some unhappiness about the changes that had occurred with the practice move to a new building and the introduction of new systems. However, 92% of patients would recommend the practice to others. Recent comments confirmed that staff were friendly and compassionate. One patient had praised the introduction of the GP triage system.

We spoke with a patient who was also a member of the Patient Participation Group (PPG). They also spoke highly of the practice and told us they were satisfied with the care and the treatment they received. They said they were always seen by their GP when they needed to be and that the GPs were professional and approachable.

Results from the National GP Patient Survey published in July 2017 showed that the practice scored results that were mainly in line with local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 96% 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%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern which was in line with the CCG average of 92% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful which was slightly lower than the CCG average of 88% and the national average of 87%. We discussed these results with the practice. There had been significant changes to the practice throughout 2016 following the merger of two practices, membership of Wyre Forest Health Partnership (WFHP) and the move to a new building. There had also been changes with staff moving on and retiring. Although the practice had worked hard to manage these changes to maintain services and continuity for patients, they told us the changes had been difficult for some patients. They anticipated that results would be improved for the next survey.

Care planning and involvement in decisions about care and treatment

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

- They commented that they were given time during their consultations with the clinical staff to help them make an informed decision about treatment options available to them.
- Patients said that receptionists were polite, friendly and knew patients by name.

Are services caring?

- Interpreter and translation services were provided should patients need these.
- Care plans were completed for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns.

Results from the National GP Patient Survey published in July 2017 showed that patients considered they were involved in planning and making decisions about their care and treatment, with results which were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Facilities were provided by the practice to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The e-referral system service was used with patients as appropriate. E-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

The practice provided support for patients and carers in a number of ways:

- The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. The register showed that at the time of the inspection 446 carers were registered with the practice (3% of the practice population).
- Information leaflets were available in the waiting area of the practice. There were also sections for carers on the practice's website, which gave information about available support agencies as well as advice on how to register as a carer. Health checks, free flu vaccinations and flexible appointments were provided for carers. The practice told us that carers were opportunistically reviewed and monitored for their wellbeing and signposted to support services such as Alzheimer's Society or Dementia UK. There was also a section for carers on the practice's website, which gave information about available support agencies as well as advice on how to register as a carer. The practice monitored those patients who were reluctant to register as carers, so that staff could offer support and signpost to other support agencies appropriately. An informal code was added to the patient's notes to support this.
- There were notices and leaflets available in the waiting area which explained to patients how to access a number of support groups and organisations. Information was also available on the practice website.
- Staff told us that if families had suffered bereavement they were contacted by their usual GP.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

- The practice understood the needs of the patient population and had arrangements in place to identify and address these.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease.
- Same day appointments were available for all patients including children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Home visiting services were provided for patients who were housebound or unable to attend the practice.
- There was an online service which allowed patients to order repeat prescriptions and book appointments.
- The practice offered extended hours from 6.30pm until 7pm each evening for working patients who could not attend during normal opening hours.
- Translation services were available on request for patients where English was not their first language.
- Access was suitable for patients who used wheelchairs and baby changing and breast feeding facilities were available.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- An internet based storage system was installed across the six Wyre Forest Health Partnership (WFHP) sites. This meant that information stored on the system could be accessed from any of the sites and that GPs could book patients into clinics at other sites if appropriate

Access to the service

Opening hours were from 8am to 6.30pm on Monday to Friday each week with appointments between these times. The practice was closed at weekends. Extended hours appointments were offered Monday to Friday evenings from 6.30pm until 7pm. Seasonal flu clinics were held on Saturday mornings.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was rated as:

- 71% of patients described their experience of making an appointment as good which was lower than the Clinical Commissioning Group (CCG) average of 81% and in line with the national average of 73%.
- 61% of patients said they usually waited 15 minutes or less after their appointment time which was below the CCG average of 73% and in line with the national average of 64%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried which was in line with the CCG average of 90% and above the national average of 84%.
- 78% of patients said they could get through easily to the practice by telephone which was in line with the CCG average of 80% and above the national average of 71%.

The practice had introduced a GP triage appointment system in June 2016. Information about the changes was made accessible to patients through leaflets and a page on their website. The appointment system ensured that patients could be triaged and receive a telephone call with a clinician the same day (within half an hour of the request, unless a specific time was requested). Telephone appointments resulted in a same day face to face consultation if appropriate. Call audits showed that approximately 43% of calls led to a face-to-face consultation on the same day, which ensured that appointments were always available. Patients were advised that the new system had improved GPs ability for face to face appointments where needed; waiting times for appointments had been reduced; and that queries and advice given on the telephone removed the need to visit the practice. Patients we spoke with confirmed these improvements.

Patient feedback on NHS Friends and Family Test and the completed comment cards indicated that some patients had initially been unhappy with the changes and preferred the previous appointment system. We received 17 comment cards which were positive about the appointment system and appointment availability at the practice. Patients commented they had not experienced

Are services responsive to people's needs?

(for example, to feedback?)

any difficulty in accessing appointments, that they preferred the GP telephone triage system now they had got used to it and they had always been able to see a GP if the appointment was urgent.

The practice had a dedicated GP visiting service which operated independently from the routine GP appointments. This system assessed requests and deciding whether a home visit was clinically necessary and the urgency of the need for medical attention. The GP for this service worked closely with the district nurses to discuss and share concerns so that appropriate support could be provided for patients. The visiting GP also carried out urgent GP visits to patients as required of other practices within the WFHP.

Listening and learning from concerns and complaints

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

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- The site manager was the designated person for responding to all complaints.

- Accessible information was provided to help patients understand the complaints system at the practice.
- The practice had a log in place for the management of complaints. Records had included comments made on NHS Choices website, verbal complaints as well as written complaints. We viewed the four of the 108 complaints/comments recorded for 2016/2017. We saw that complaints had been responded to in an open and transparent way. They had been fully investigated in accordance with the practice's complaints policy and procedure and changes to practise made where appropriate. For example, following a complaint about a prolonged wait for a telephone call for a baby the practice amended the colour of appointment slots for children under the age of one (to bright green) to highlight the need for more urgent triage.
- The procedures for handling complaints within WFHP ensured that where lessons were learned these were recorded and shared accordingly. Monthly reviews were carried out so that all practices identified any themes or trends. Lessons learned from complaints and concerns were used to improve the quality of care provided.
- We noted that eight compliments and thank you cards had been received from patients.

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

Kidderminster Medical Centre told us they aimed to improve the health of their patients through health care and promotion; disease prevention and screening; and diagnosis and treatment. The vision for the Wyre Forest Health Partnership (WFHP) was one of a valued and committed team working across six sites, to combine innovation and integrity to provide the best quality of care for their patients. The WFHP strapline of care, commitment, integrity was applied to all documents by Kidderminster Medical Centre to emphasise this commitment. Staff confirmed they were aware of the aims of the practice and that they worked to deliver a standard of service that reflected this ethos.

Kidderminster Medical Centre developed strategy in conjunction with the WFHP. Business plans were discussed at regular WFHP partners' away days. For example, two recent away days had enabled reflection on the history of the practices leading to the merger and membership of WFHP; with a second day for a focussed discussion on the future of the practice and how to ensure that everyone in the team was engaged, empowered and motivated for future developments.

Governance arrangements

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

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services in 2015/2016 it was performing mostly above local and national standards. We saw that QOF data was regularly discussed at clinical meetings with action taken to maintain or improve outcomes. Unpublished data for 2016/2017 showed that improvements had been made on the previous year's results.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff worked as a team and were committed to support each other to provide the best care for their patients.
- Practice policies were implemented by the WFHP, but were tailored to the practice. All policies were available to download from their internet storage system and staff knew how to access them via a logo on their desktop. The policies were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice's performance was regularly monitored by the WFHP in conjunction with the practice management team and compared to the performance of other practices in the WFHP.
- There were arrangements in place to identify, record and manage risks within the practice and to ensure that mitigating actions were implemented. For example, significant events were recorded on the monthly Quality and Risk report, which was submitted to the WFHP for analysis and discussion amongst the six sites.

Leadership and culture

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

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- Clinical and non-clinical staff had a wide range of skills and experience. They told us they prioritised safe, high quality and compassionate care.
- The practice encouraged a culture of openness and honesty in a blame free environment.
- There were high levels of staff satisfaction. Staff told us they enjoyed working at the practice and felt they were part of the team.
- Staff said they felt respected, valued and supported, particularly by the GPs and management within the practice. Staff felt involved in discussions about how to run and develop the practice and staff were encouraged to identify opportunities to improve the service delivered by the practice.
- A monthly staff newsletter was produced by the WFHP. The April 2017 issue included the caption Together Everyone Achieves More, which demonstrated the ethos of the WFHP and was evident at Kidderminster Medical Centre.
- There were systems to ensure compliance with the requirements of the duty of candour. (The duty of

Are services well-led?

Good 

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

candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included providing staff with additional training or support when incidents had occurred and a training need had been identified as a result.

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

- Staff told us that they were approachable and always took the time to listen to all members of staff.
- Staff told us that they were a strong team who worked together and supported each other to provide the best care for patients.

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

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

- The practice had gathered feedback from patients through surveys they had carried out, through the NHS Friends and Family Test and the GP National Patient Survey results.
- The practice had a Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG was undergoing change as a result of the practice merger and recruitment had recently been carried out. The practice had received many applications and had shortlisted 83 patients for interview and selection to the group, scheduled for 17 September 2017. The practice was pleased that within the applicants there were representatives from most of the population and various age groups of their patients.
- At the time of the inspection there were three members in the PPG. We spoke with one of the members who was enthusiastic about the developing group and the future plans for communicating with patients and sharing of information. There were plans to promote a community service giving patients a voice and establish groups with support from external agencies within the practice building.
- Feedback was gathered from patients through social media sites. We viewed some of these comments which included that staff were a fabulous team; the building was great and the pharmacy was fantastic.

- Patient feedback on the NHS Choices website was monitored and where appropriate responses were provided by the practice. At the time of the inspection patients had rated the service with three stars overall and comments included that GPs and all staff were very competent, friendly and helpful.

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

- Regular staff meetings were held and staff told us they were able to contribute to and make suggestions during those meetings and felt that their views and opinions valued.
- Staff told us they were confident they would be supported if they needed to raise any issues or concerns. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- They felt involved and engaged to improve how the practice provided services for patients.
- Staff told us the practice worked as a team and this approach enabled them to provide the best care they could for all patients. Staff told us how the team had worked together throughout the merger and the subsequent move to new premises to ensure a smooth transition while maintaining services for patients. Staff were proud of their achievements and commented that the preparation for the inspection had allowed them to reflect on their achievements as a team.

Continuous development

The practice was committed to and encouraged continuous learning and innovation through regular meetings, training events, protected learning time as well as making time to reflect on practice to consider further improvements. The practice told us their objectives for the coming year included ensuring continued stability for their patients.

The practice saw the future of skill specialisms supporting other practices and each other within the WFHP moving around the practices, standardisation of systems and processes to support this so that staff could work across any of the six sites at a given time, working in ways that were uniform and familiar. The practice told us that central functions freed sites to be involved, to be innovative and implement new ideas and ways of working. The future they believed for the practice was exciting with great potential.