

Clive Medical Practice

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?

Requires improvement



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 Clive Medical Practice on 8 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with some exceptions for example recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice's dispensary provided pharmacy support in response to the needs of their local community.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure all health and safety risk assessments are completed as appropriate for a healthcare setting, including fire safety records and legionella risk assessments.

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff including locum GPs, include their health declaration documentation, indemnity documents where applicable and that staff have received the appropriate immunisations according to the roles that they undertake.
- Ensure that staff who provide a chaperone service have attained chaperone training and have a Disclosure and Barring Service (DBS) check completed, or a documented decision/risk assessment as to why a DBS check is not required.

The areas where the provider should make improvement are:

- Ensure there is management oversight to ensure that all staff complete the training necessary to undertake their role. Nurses to complete safeguarding adults

and children training to the appropriate level, the lead in infection control to complete training appropriate for the role, ensure all staff complete basic life support training.

- Ensure all staff are in receipt of an annual appraisal.
- Complete an annual infection control audit.
- Consider a written consent form process for surgical procedures such as excisions.
- Consider documenting the practice business plan and strategy.
- Consider automated doors at the entrance to the practice for patients with physical disability.

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 requires improvement for providing safe services.

We saw that the management of risks to patients within the practice was mixed. Patients were at potential risk as harm as the practice had not always adhered to their own systems and processes. For example:

- Recruitment procedures had not been followed.
- The practice was visibly clean and tidy, although infection control risks had not been regularly assessed.
- Risks arising from the premises, including fire safety procedures and legionella were not robustly assessed.

The practice had managed other areas of risk well. For example:

- Significant events had been recorded, investigated and learnt from.
- The practice had trained staff, suitable equipment and medicines available to help in a medical emergency.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of personal development and training available for all staff. Although not all staff had received an annual appraisal.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

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 to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- It had objectives, vision and an unwritten strategy but not all staff were aware of this.
- There was a clear leadership structure and staff felt supported by management. The practice worked as a cohesive team and the partners fostered an inclusive team ethos with continuity of care for their patients and staff were aware their responsibilities in relation to this.
- The practice held regular partner/governance meetings.
- There were systems in place to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and meet at least twice a year.
- The practice were aware of the gaps in governance and were working towards addressing them, with the appointment of a

Good



Summary of findings

new practice manager. Some staff had received inductions but these had not been appropriately documented and not all staff had received regular performance reviews/appraisals. All staff attended staff meetings and learning events.

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 people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the local CCG initiative of care co-ordinators who contacted patients by telephone and was able to signpost patients to external agencies who offered help and support.

Good



People with long term conditions

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

- Nursing staff had lead roles in some chronic disease management, with the exception of diabetes and asthma and patients at risk of hospital admission were identified as a priority.
- Patients could access the visiting podiatry service at the practice premises on a regularly basis.
- Longer appointments and home visits were available when needed.

All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and the local community.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours.

Good



People experiencing poor mental health (including people with dementia)

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

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The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 results showed the practice was performing better than or in line with local and national averages. Two hundred and forty-nine survey forms were distributed and 129 were returned, a response rate of 51.8%.

- 82.4% found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 85% and a national average of 73.3%.
- 93.3% found the receptionists at this practice helpful (CCG average 90.1%, national average 86.8%).
- 95.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.4%, national average 85.2%).
- 94.7% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).

- 93.7% described their experience of making an appointment as good (CCG average 82.1%, national average 73.3%).
- 71.3% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.9%, national average 64.8%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received two comment cards both of which were positive about the standard of care received.

We spoke with 15 patients during the inspection. All patients said that they were happy with the care they received and thought that staff were, professional, approachable, committed and caring.

Clive Medical Practice

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, a practice manager specialist advisor and an Expert by Experience.

Background to Clive Medical Practice

Clive Medical Practice is located in Clive, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 4,477. The practice has a higher proportion of patients aged 65 years and above (40.7%) which is higher than the practice average across England (26.5%). Twenty nine percent of the practice population has a caring responsibility, which is higher than the practice average across England of 18.2%.

The staff team comprises of three GP partners, (two male and one female) and a female salaried GP. The practice team includes two practice nurses, two healthcare assistants/phlebotomists, a deputy practice manager, four receptionists, two administrative/secretarial support staff and three dispensary staff. In total there are 17 staff employed either full or part time hours. The practice has recruited a new practice manager to commence employment in December 2015.

The practice and dispensary are open Monday to Friday 8.30am to 6pm. The branch location at Roden Grove, Wem, Shropshire, is open Tuesday to Thursday 8.30am to 10:20am. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service

provider. The practice telephones switch to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. The practice provides a number of clinics, for example long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations, minor surgery, and travel vaccinations. The practice offers health checks and smoking cessation advice and support.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities. They also provide some Directed Enhanced Services, for example they offer minor surgery, the childhood vaccination and immunisation 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2015. During our visit we spoke with a range of staff which included the deputy practice manager, nursing staff, dispensary staff, administrative and receptionist staff and GPs. We spoke with 15 patients who used the service and one member of the patient participation group. We reviewed two comment cards where patients shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

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

Staff told us they would inform the deputy practice manager of any incidents and there was also a recording form available for staff to use. The practice carried out an analysis of the significant events. We saw that there were two reported significant events in the twelve month period.

We reviewed safety records, incident reports national patient safety alerts 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, an error regarding the dosage of a blood thinning medicine had occurred and was a higher dose than that expected for the patient's condition. This error was reported to the practice and had not been administered to the patient. The lessons learnt from the incident were that medicines added to the patients' prescription had to be checked by two staff members before being dispensed.

When there are unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions taken to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had some processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided safeguarding reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all GPs had received training relevant to their role. GPs were trained to Safeguarding level three. We found that the nursing staff had not attained the level required

for their role. During the course of the inspection the Deputy Practice Manager booked training at the appropriate level for the nursing staff to complete before the end of the year.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. Nursing staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. The practice nurse was aware of how to contact the local infection prevention teams to keep up to date with best practice, but had yet to attend any meetings. There was an infection control protocol in place. Any minor surgery procedures were carried out in the practice treatment rooms which had suitable flooring. Staff had not all received up to date training and the lead in infection control had not received any specific training for the infection control lead role. Infection control assessment forms had taken place within the last 12 months and the practice nurse was aware that an Infection Control Audit was required annually but this had yet to take place. We observed that there were material covered chairs in the consultation rooms, that the privacy curtains were washable fabric rather than disposable but the date they were washed was not specifically recorded, that the hand soaps were not wall mounted, and there were carpeted floors in the GP consultation rooms. These areas for example would be identified in an infection control audit for action to be taken within a specific timeframe in accordance with any identified risk.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. We found that there was an absence of systems in place to monitor prescription pad usage. Following the inspection the deputy practice manager forwarded evidence of the systems they implemented following the inspection using NHS

Are services safe?

Protect Security of prescription forms guidance (2013). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files of staff recruited since the practice registered with the Care Quality Commission. We saw that not all appropriate recruitment checks had been undertaken prior to employment. For example, there had been no full employment history including written explanation for gaps in employment documented, only one of the four staff files contained proof of identification, only one out of the four held employment and character references. Two of the four staff members whose files we reviewed had patient contact either in the form of providing a chaperone service or in providing care and treatment. Appropriate checks through the Disclosure and Barring Service were pending for these two staff members but these were sought after their employment had commenced. Not all clinical staff files contained information on the staffs' immunisation or vaccination history. Practices need to ensure that staff receive the appropriate immunisations according to the roles that they undertake. During the inspection checks were completed by the deputy practice manager on the GPs and nurses professional bodies, these were recorded and dated. Recruitment checks for locum GPs were also commenced.

Monitoring risks to patients

Risks to patients were assessed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. During the inspection we did not see evidence of the premises five year fixed electric testing.
- The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. There were no documented checks completed of environmental safety and no legionella checks.
- There was no documented evidence of fire drills. The deputy practice manager informed us that the practice

had received training on how to use fire extinguishers, and staff completed on line training in fire safety awareness. The practice had fire evacuation plans in place, fire extinguishers, call points and a fire plan in plain sight throughout the practice. The extinguishers were checked and maintained by an outside provider. However, there were no weekly call button checks, no emergency lighting checks, no checks of the smoke detectors documented. Following the inspection the deputy practice manager forwarded a Fire Log Book which the practice will complete. The practice had taken health and safety advice in respect of the steep steps at the rear fire exit to the practice.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. On discussion both clinical and non-clinical staff knew what was expected of them in the event of an emergency and they completed practical role play as part of their annual training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also first aid equipment and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.3% of the total number of points available, with 3.8% exception reporting for all domains and 7.3% in the clinical domain. (The QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a side-effect). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 88.7% compared with the national of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 85.25% compared with the national average of 83.65%.
- Performance for mental health related indicators was better in three of the four indicators than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% when compared with the national average of 88.47%.

- The dementia diagnosis rate was 85.18% which was comparable with the national average of 84.01%.
Clinical audits demonstrated quality improvement.
- We reviewed two completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included letters prompting patients who had intrauterine contraceptive devices alerting them to when they were due to be removed.

Information about patients' outcomes was used to make improvements. We saw that for example the cervical smears completed by one of the GPs demonstrated that they had completed 23 smears in a three year period, just over the NHS qualitative requirement of at least 20 smears in a three year period. The audit demonstrated that there had been no inadequate smear samples taken. This showed that the training skills and knowledge attained by the GP maintained safe treatment and care for the patients seen.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, staff files seen did not contain documented evidence of the induction undertaken by the staff or staff competency following completion of their induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

Are services effective?

(for example, treatment is effective)

- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and facilitation and support for the revalidation of doctors. Non-clinical staff had had an appraisal within the last 12 months completed by the deputy practice manager. The practice nurses had not received an appraisal for three years. However, we were told they felt supported by the management team and had addressed any development needs directly with the GP partners during this period of time. It was suggested that once the new practice manager started the GPs and practice manager would address the gaps in the appraisals.
- 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. We found that there were training gaps in the level of safeguard training attained by the practice nurses. However, staff had appropriate knowledge and could readily access policies and procedures to support their knowledge, as well available contacts to the local authority safeguard leads.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and 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. This included when a patient moved between services, including when they were referred, or after they

are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on at least a three monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The practice process for seeking consent was to ensure that the patient was clearly informed and this was documented within patients records as well as their verbal consent. Staff said they did not have a written consent form for use in surgical procedures. In the case of relatively minor procedures, for example joint injections, consent can be recorded in the patient's records. In the case of more invasive procedures, for example excisions, written consent should be considered. The GP and practice nurse assured us this would be discussed at their practice meetings.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84.54%, which was comparable to the national average of 81.83%. There was a

Are services effective?

(for example, treatment is effective)

policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also 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 96.2% to 96.8% and five year olds from 93.0% to 100%. Flu vaccination rates for the over 65s were 72.82%, and at risk groups 57.53%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Ninety Five point three percent of eligible patients had received an invite for an NHS health check and to date 15.88% had attended. Appropriate follow-ups on 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 that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

The two patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with a member 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. Patients found that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2015, 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:

- 97.2% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.9% and national average of 88.6%.
- 93.4% said the GP gave them enough time (CCG average 92%, national average 86.6%).
- 98.2% said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 95.2%)
- 94.6% said the last GP they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 85.1%).

- 99.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 93.3% said they found the receptionists at the practice helpful (CCG average 90.1% national average 86.8%).

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 slightly better than the local and national averages. For example:

- 93.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.6% and national average of 86.0%.
- 90.3% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.8%, national average 81.4%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice participated in the local CCG initiative of care co-ordinators who contacted patients by telephone and was able to signpost patients to external agencies who offer help and support. The practice GPs attended regular multidisciplinary meetings with the Community Matron, District Nurses and Care Co-ordinator to discuss patients known to be frail and vulnerable to improve quality of care and avoid unnecessary hospital admissions.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. Patients with a physical disability and wheelchair users would benefit from the consideration of automated doors at the entrance to the practice.
- Most patients obtained a same day appointment unless their identified need was for a routine appointment.
- The practice provided a dispensary service for eligible patients.

Access to the service

The practice and dispensary were open Monday to Friday, 8.30am to 6pm. The branch location at Roden Grove, Wem, Shropshire, was open Tuesday to Thursday 8.30am to 10:20am. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than or comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 80.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 74.9%.
- 82.4% patients said they could get through easily to the practice by phone (CCG average 85%, national average 73.3%).
- 93.7% patients described their experience of making an appointment as good (CCG average 82.1%, national average 73.3%).
- 71.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.9%, national average 64.8%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system there was a literature available for patients to read and information available on the practice website.
- Informal complaints were dealt with as soon as they occurred but were not always documented.

We looked at the two complaints received in the last 12 months and found these were satisfactorily handled, in a timely way, with openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, were a patient had ordered a repeat prescription, the staff found that the supplier did not have the medicine available in ointment form but was available in a gel, the staff provided the gel. The complainant was not happy with the change made. The GP investigated the complaint and found that staff had tried to be resourceful and ensure a medicine supply so that the change was well meant. However systems were put in place to ensure that they improved their working procedures where possible.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had set objectives in its statement of purpose which focused on delivering a friendly and efficient service from well-trained qualified staff that are passionate about providing quality patient care. The practice staff were unaware as to whether the practice had a written mission statement but staff knew and understood the practice ethos and values. The practice strategy was to continue to provide a safe, quality service to their patients and local community. The practice did not have a documented business plan but held regular meetings as partners, management and staff meetings to monitor, learn and where necessary improve service provision to their patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were readily available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical audit was used to monitor quality and to make improvements
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

We saw that the practices overview of some of their safety systems and processes were lacking in a few areas such as; recruitment, specific training such as the level of training attained by the practice nurses in safeguarding, chaperone training, infection control and management oversight on the training staff had completed and prescription pad serial number monitoring. The practice had been without a practice manager for some time. The deputy practice manager had stepped into deputise until a suitable candidate was recruited. The practice during and following the inspection responded promptly to the areas identified

by the inspection team and provided documentation to support the implementation of change made to any risks identified. For example, the practice demonstrated that they had taken robust action by the introduction of procedures to ensure that prescription security was robust, that action was taken to ensure a robust recruitment procedure was followed and introduced documentation for the informal compliments, complaints and comments received by patients and their carers/families.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. Staff told us that there was a flat structure in the practice with every staff member treated as an equal by their colleagues. There was continuity of care provision as most of the clinical staff had been at the practice for many years. The practice staff told us they socialised together when able and all felt supported by each other.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings although with some long term staff sickness this had been affected.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- 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 at least twice a year, carried out patient surveys and were able to submit proposals for

improvements to the practice management team based on survey results or their findings. Meetings were always attended by the lead GP and it was the Lead GP who had been the driving force to set up the PPG.

- The practice had also gathered feedback from staff through staff protected learning events and generally through staff meetings, appraisals were held and discussion.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had formerly been a research and training practice and they decided to discontinue this after they could no longer choose the trainee suitable to their practice and team, as this had become centralised. The practice team suggested they were considering whether to apply to be a training practice again.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12: Safe care and treatment The provider had not ensured that all health and safety risk assessments were completed as appropriate for a healthcare setting, including documenting fire safety records and legionella risk assessments. 12 (2) (d) (h)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 Fit and proper person employed The provider had not ensured that all recruitment checks were completed as detailed in Schedule 3 of the Health and Social Act (2008) and as amended (2014). 19 (1) (2) (3) (4)