Claverley 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Claverley Medical Practice on 12 November 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Patients valued the staff at the practice and told us they had a high level of involvement in their own care and treatment.
- The practice was responsive to the needs of the local population including older patients by providing proactive visits for those who lived in care settings.
- Patients were mostly happy with the appointments system, although some patients told us they waited longer to see their preferred GP.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' medical conditions were mostly well managed, although patients who took a specific medicine, prescribed for patients with a long-term condition had not consistently received monitoring for side effects as suggested in national guidance.
- Patients told us they always found the practice to be clean. We saw examples of infection control practice that was not in line with nationally recognised guidance.

We saw an area of outstanding practice

- The practice had been highly effective at providing seasonal flu vaccinations for all patients, but in particular children. Data showed that the practice had performed well above local and national averages in providing the seasonal flu vaccination to children aged two to four years old. The practice told

Summary of findings

us they had done this by engaging with childhood settings to promote the benefits. The practice was the highest performing practice in this outcome in the clinical commissioning group area and the percentage of patients who receive the vaccine was over twice the national average.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Follow nationally accepted guidance for the monitoring of patients who take Methotrexate.
- Ensure that risks to patients and staff from infection are minimised by adopting best practice infection, prevention and control guidance. This includes completing, recording and acting upon findings from regular infection control audits.
- Ensure that the recruitment of staff includes a satisfactory assessment and recording of information of any physical or mental health conditions that may affect the role they are to undertake.

In addition the provider should:

- Consider the implementation of guidance issued by Public Health England on the storage of vaccines. In particular, at Claverley consideration of a second method of checking fridge temperature. At Pattingham ensuring a consistent system of checking the storage of medicines is in line with the guidance.
- Improve security for the issue and tracking of blank prescription forms to reflect nationally accepted guidance as detailed in NHS Protect.
- Provide a system of regularly assessing the performance and development needs of members of staff.

Explore methods to ensure conversations in the consultation room at Pattingham cannot be overheard.

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?

Requires improvement

The practice is rated as requires improvement for safe services as there are areas where it must make improvements.

Emergency procedures and processes were in place and staff had received suitable training.

Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example:

- The monitoring of patients, who took a disease modifying medicine indicated for rheumatoid arthritis for example, had not been in line with national guidance.
- Infection control audits had not been completed regularly and we saw examples of facilities that did not reflect nationally recognised guidance.
- When staff had been recruited, the practice had not assessed their physical and mental health in relation to the role they planned to undertake.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

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.
- 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.

Summary of findings

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and provided enhanced services to minimise unplanned admissions to hospital and proactively visit older patients in care settings.
- Patients said they found it easy to make an appointment 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 and other stakeholders.
- The practice had been successful in bidding for funding to provide extended hours appointments and planned to provide them shortly.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- All staff had received performance reviews/appraisals or had one booked.
- Recent changes in staffing had caused the practice to be behind in managing some areas of governance, although the practice had produced an action plan to correct this.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services:

- The practice provided additional support to those at the most risk of unplanned admissions to hospital.
- Patients with additional social needs were, with their consent, referred to Age Concern UK.
- Weekly visits were undertaken to care home settings to proactively review the care needs of patients who lived there.

People with long term conditions

Good

The provider was rated as good for people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- We did see weaknesses in the way patients who took one type of medicine were monitored. The practice took immediate action to correct this.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Summary of findings

- The practice was the highest performer in the CCG area for providing seasonal flu vaccination for patients aged two to four years old. Data showed the practice had performed the vaccination to twice the national average of patients in this age group.
- 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 and health visitors.

Working age people (including those recently retired and students)

Good

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

- The 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.
- Consultations were available by telephone or email.
- The practice had secured funding to start the provision of extended hours appointments in the near future.

People whose circumstances may make them vulnerable

Good

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

- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

People experiencing poor mental health (including people with dementia)

Good

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

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Summary of findings

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

- 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.
- 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

We spoke with 12 patients during our inspection, four who usually used the Pattingham practice and eight who mainly used the Claverley practice. We received 32 written patient comments about the practice; they had been submitted in the two weeks prior to inspection, 30 related to Claverley and two to Pattingham. The feedback from patients was mainly positive:

- All patients told us that they are treated with respect, dignity and that staff show empathy towards them.
- Patients gave examples of why they felt they received personalised individual care that met their needs.
- Patients commented that staff went above and beyond their duties by visiting in the evening, printing advice sheets and following up on their care.
- Four patients commented that a recent high turnover of staff had deviated from the usual personal service they received. Although two of these felt the situation had improved in recent months.

All told us they could get an urgent appointment. Six patients told us that it could, at times, be difficult to get an appointment with their preferred GP although commented that they would have been able to see another GP sooner. One patient was dissatisfied at the method of getting a same day appointment by calling each day as they felt it could take a number of days to get an appointment. Staff told us if there were no appointments available, a nurse or GP would telephone the patient to discuss their needs and would make suitable arrangements for them to be seen.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. Results showed patients were positive about their care and treatment:

- 88.9% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 83.1% and national average of 81.4%.
- 98.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.2% and national average of 86%.

We spoke with two members of the patient participation group (PPG) about how the practice and PPG interacted. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). Both members told us that they were happy with services provided at the practice and they felt involved with planning services

A community matron spoke with us about their experience of working in partnership with the practice. They commented that the practice was responsive to their requests to review patients' care and treatment and that the practice team worked well with others as part of a multi-disciplinary approach to providing and reviewing care.

We also spoke to the manager of a local care home, we did this to understand the care provided to patients who lived there. The manager was positive and complimentary about the long standing provision of care by the practice. They felt the GPs were thorough, took time with patients and would always respond promptly to requests for visits and advice.

Areas for improvement

Action the service MUST take to improve

- Follow nationally accepted guidance for the monitoring of patients who take Methotrexate.
- Ensure that risks to patients and staff from infection are minimised by adopting best practice infection, prevention and control guidance. This includes completing, recording and acting upon findings from regular infection control audits.

Summary of findings

- Ensure that the recruitment of staff includes a satisfactory assessment and recording of information of any physical or mental health conditions that may affect the role they are to undertake.

Action the service SHOULD take to improve

- Consider the implementation of guidance issued by Public Health England on the storage of vaccines. In particular, at Claverley consideration of a second method of checking fridge temperature. At Pattingham ensuring a consistent system of checking the storage of medicines in line with the guidance.
- Improve security for the issue and tracking of blank prescription forms to reflect nationally accepted guidelines as detailed in NHS Protect.
- Provide a system of regularly assessing the performance and development needs of members of staff.
- Explore methods to ensure conversations in the consultation room at Pattingham cannot be overheard.

Outstanding practice

- The practice had been highly effective at providing seasonal flu vaccinations for all patients, but in particular children. Data showed that the practice had performed well above local and national averages in providing the seasonal flu vaccination to children aged two to four years old. The practice told us they had done this by engaging with childhood settings to promote the benefits. The practice was the highest performing practice in this outcome in the clinical commissioning group area.

Claverley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor, two pharmacist specialist inspectors, a second CQC inspector and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service

Background to Claverley Medical Practice

Claverley Medical Practice is registered with the Care Quality Commission as a partnership provider.

The locality is one of less than half the average deprivation, when compare with the national levels.

The practice has a higher number of patients aged 65 and over with 27% being of this age. This is higher than the national average for GP practices of 16.7%. The practice has nearly four times the national average of patients (1.9%) who live in a care setting. These factors can increase the demand on GP practices.

The practice provides care and treatment to approximately 4,400 patients and operates from two locations:

- Claverley Medical Practice (main location)
- Pattingham Branch Surgery (branch location)

The premises in Claverley were purpose built in 1986 and provide single level access for patients. The practice has plans to develop a new practice within Pattingham, which currently consists of one treatment room, dispensary and reception area. Patients with limited mobility are advised to use the Claverley location, due to steps at the Pattingham location.

Both locations are authorised to dispense medicines to patients who wish to receive them in this way

The Claverley practice is open from 8am to 6:30pm on Monday, Tuesday, Thursday and Friday and from 8am to 2pm on a Wednesday. During these times the reception desk and telephone lines are always staffed.

The Pattingham practice is open from 8:30am to 1pm on Monday to Friday and 2pm to 6:30pm on a Monday, Wednesday and Thursday. During these times the reception desk and telephone lines are always staffed.

At times within the week when either location is closed, patients can access the other location by telephoning or calling in person.

The practice clinical team consists of five GPs (two male, three female) giving a whole time equivalent (WTE) of 2.67, two practice nurses (WTE 1.03) and healthcare assistant (WTE 0.68). The practice administrative and dispensing team is overseen by a partner, practice manager, four medicines dispensers and seven administrative/reception staff.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Primecare, patients access this service by calling NHS 111.

Why we carried out this inspection

We brought forward a planned comprehensive inspection of this service due to concerns we received and carried out

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

How we carried out this inspection

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

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

We also looked at how well services 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 our inspection we reviewed the information we held and received about the practice and brought forward our planned inspection date to follow up on concerns we had received. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey.

We visited both locations at Claverley and Pattingham to look at the way services were provided from each location. During the inspection we spoke with members of staff including GPs, a practice nurse, dispensers, the practice manger and administrative staff. We spoke with 12 patients during our inspection, four who usually used the Pattingham practice and eight who mainly used the Claverley practice. A community matron shared their experience of working in partnership with the practice with the inspection team. We received 32 patient written patient comments about the practice and also spoke with two members of the patient participation group (PPG).

After the inspection we spoke with a manager of a local care home and we received further information from the practice for us to consider in relation to points raised at the inspection.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice had a system for recording, investigating and discussing safety incidents, concerns and near misses. Occurrences were classified as significant events and recorded on incident forms and submitted to the practice manager or lead GP.

We reviewed significant event records and minutes of practice meetings where these were discussed. Not all significant events had been recorded as being discussed within meetings, although other evidence showed lessons had been learned and were shared to ensure action had been taken to improve safety. For example, following an occasion when the results of a blood test had not been received by the practice, the procedure for blood samples that had been taken was changed to manually track all samples to ensure that results were received on each occasion.

The practice manager received National Patient Safety Alerts and forwarded them to staff where relevant. Staff confirmed that they received alerts relevant to their area of work.

Learning and improvement from safety incidents

Staff knew the process for reporting significant events and could recall recent incidents. The lead GP oversaw the process of analysis including investigation. Following investigation, all events were discussed within the team and as required at practice meetings. All significant events had been reviewed at appropriate intervals to ensure that any actions taken had been successful in reducing the risk of reoccurrence.

Since 2014 the practice had recorded 12 significant events which included both clinical and operational occurrences.

When things went wrong, the practice team worked together to learn from the incident and would issue an apology to those affected and inform them of any action taken as a result.

Reliable safety systems and processes including safeguarding

The practice had policies in place for safeguarding children and vulnerable adults for staff to refer to. Contact details for local safeguarding referral teams were displayed at numerous points within the practice and staff knew their location. All staff had received appropriate safeguarding training. For example, the GPs had received training to level three as suggested in guidance by the Royal College of Paediatrics and Child Health on safeguarding children and young people (March 2014). Staff understood their responsibility to protect patients from avoidable harm. The practice nursing team also had level three training.

Patients identified at increased risk of harm were identified by alerts on the practice computer system, we saw examples of patients appropriately identified and flagged on the computer system.

Chaperones were available when needed, all staff had received training, been vetted and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.

Medicines management

The practice dispensed medicines to patients who wished to receive them directly from the practice from both locations. They subscribed to the Dispensary Services Quality Scheme (DSQS) which provides practices with guidance on a number of nationally accepted practice standards, including the number of, and training, of staff.

We saw the system in place at the practice for managing a high risk medicine taken to control the symptoms of rheumatoid arthritis did not reflect national guidance. National guidance suggests that patients who took this medicine (Methotrexate) should receive blood tests, at least bi-monthly, to ensure that the medicine was not causing adverse side effects. We reviewed the care records of four patients and found two had not received monitoring as suggested in the national guidance. In both patients the previous monitoring over two years had been inconsistent and the most recent blood tests had been undertaken four months ago, twice the recommended timeframe. We shared our findings with the lead GP. The practice forwarded information to us shortly after the inspection to demonstrate that they had taken robust action by auditing all patients who took the medicine and had introduced a written procedure to ensure that the timeframe of monitoring would reflect national guidance.

Requires improvement

Are services safe?

We checked the monitoring of other medicines and found the practice had managed these in line with national guidance.

We reviewed the storage of medicines at both the main and branch practices and saw that all medicines were stored securely and were in date, although national guidance had not been followed on all occasions:

- At Claverley, a recorded system of daily checks was undertaken including temperature checks on vaccinations. The system relied on the use of a single thermometer, this did not reflect guidance published by Public Health England (2014) which suggests having two thermometers or considering a monthly check to confirm the calibration of the thermometer is accurate.
- At Pattingham, the fridge used to store medicines was not lockable and contained items other than medicines, including food. This finding was against the practice's own policy for storage of medicines. We also saw that the recording of fridge temperatures had not always been completed as there were gaps of two week intervals in August and October 2015. We asked staff about this, they told us the checks were done, although this was dependant on who was scheduled to work at the location.

We reviewed the process of receiving, storing and issuing prescriptions at the practice. We saw that the handling of both blank computerised and individual prescription forms did not meet national guidance. The NHS Business Authority guidance "NHS Protect" provides guidance to staff members in all roles and healthcare settings who handle or issue prescriptions:

- At Claverley, blank computerised prescriptions were logged and held securely, although there was no audit trail on who had issued them and their progress had not been tracked. The storage of individual prescription pads met national guidance.
- At Pattingham, although blank prescriptions were held in a secure area they were not locked away and their issue had not been tracked.

The practice nursing team consisted of two practice nurses who administered vaccines using patient group directions that had been produced in line with legal requirements and national guidance. The healthcare assistant administered a single medicine when required; this was done in line with patient specific directions given by a GP.

Cleanliness and infection control

Both locations were visibly clean and tidy. Comments from patients we received expressed they found the practice to be clean.

At the time of our inspection practice staff told us they were conducting an infection control audit; the previous audit had been undertaken in June 2013. The practice showed us confirmation that they had also sourced an external specialist to perform an infection control audit in January 2016.

We saw that facilities provided did not always follow national guidance on infection control as detailed in the Code of Practice on the prevention and control of infections and related guidance (Department of Health, 2010). For example, taps for the handwashing sink in the Pattingham location were not of a recommended standard as they required a turning action to activate them rather than by sensor or by using a person's elbows. Floor surfaces in most of the Claverley consultation rooms and the treatment room at Pattingham were carpeted. The treatment room at Claverley had washable flooring whilst Pattingham did not. Staff told us they had taken steps to ensure infection prevention and control by providing more invasive techniques such as minor surgery at the Claverley location only, although other techniques such as dressings were carried out at both locations.

Equipment

Equipment was annually tested for electrical safety and where appropriate was calibrated to ensure its clinical effectiveness. For example, blood pressure monitoring devices and weighing scales had been checked to ensure they were accurate and fit for use. Staff told us there was enough equipment available for them to carry out their role safely and effectively.

Staffing and recruitment

Recruitment of staff had been performed mostly in accordance with the practice recruitment policy and required legislation including identity, character references, employment history, professional qualifications and checks through the Disclosure and Barring Service (DBS). DBS checks identify whether a person has a criminal record

Requires improvement

Are services safe?

or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager had a system to ensure clinically registered staff held professional entitlement to practice.

The practice had not performed screening of the physical or mental health of any employee. This was an action that should have been performed and was also detailed in the practice recruitment policy for the appointment of potential staff, although had not been followed.

Monitoring safety and responding to risk

The practice management team were responsible for managing risks associated with providing services. There was a health and safety policy, risk assessments had been carried out and training had been provided to prepare staff to deal with emergencies such as fire, sudden illness and accidents.

Arrangements to deal with emergencies and major incidents

All staff had received recent annual update training in basic life support and the practice had equipment and emergency medicines available for staff to use if required. Emergency equipment included an automated external automated defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). Staff told us the AED at Pattingham was broken and a new one had been ordered. We saw records to confirm a new unit had been ordered.

Emergency medicines were available within the practice to treat emergencies that may be faced in general practice. For example, allergic reactions, worsening asthma and septicaemia (blood poisoning).

A business continuity plan detailed the practice response to emergencies such as loss of power, computers or premises. The document contained information such as contact numbers for contractors and alternative premises arrangements for staff to refer to in the event of an unplanned occurrence that affected services.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used current evidenced based guidance and standards to inform their assessments, and the delivery of care and treatment, although there was one area of monitoring patients who took a medicine that had not consistently followed national guidance. We saw examples of care and treatment provided in line with National Institute for Health and Care Excellence (NICE) guidance. For example, in the condition of asthma. GPs also used national recognised screening tools in the assessment of depression. Staff were aware of NICE guidelines and used them routinely.

We looked at the latest available data from NHS Business Authority (NHSBA) published in December 2014 on the practice levels for prescribing anti-inflammatory, antibiotic and hypnotic medicines. We saw that the practice levels of prescribing of these medicines were in the similar to expected range when compared to the national average.

The practice offered a number of directed and local enhanced services. Enhanced services are the provision of services beyond the contractual requirement of the practice. Examples of enhanced services included minor surgery, avoiding unplanned admissions and learning disability health checks.

The practice participated in an enhanced service to provide weekly visits to local care homes to proactively review care for patients. A dedicated GP undertook this service.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice monitored outcomes for patients using QOF. In 2014/15 the practice achieved 96.8% of the total number of QOF points available; this was higher than the national average of 93.5% and local average of 92.7%. Clinical outcome data from QOF showed:

- Performance outcomes in the indicators related to patients diagnosed with diabetes were higher than the local, and below national, averages. For example, 82.9% of patients with diabetes had received a recent blood test that indicated their longer term blood glucose control was below the highest accepted level. This was better than the clinical commissioning group (CCG) average of 78.5% and national average of 79.5%.
- Performance outcomes in the indicators related to patients with poor mental health were in line with local and national averages. For example, 75% patients with poor mental health had been reviewed in the last year compared with the CCG average of 75.9% and national average of 77.7%.

We saw that the overall clinical exception reporting within QOF was higher than the local and national average at 13.5%. This was higher than the national average of 9.2% and local average of 9.8%. Clinical exception reporting relates to the percentage of patients on an illness register who do not attend for a review or where a medicine or treatment is not suitable due to a contraindication or side effect. We spoke with the lead GP about this; they felt this was due to the high number of patients that had reviews, medicines or treatments contra-indicated due to them having multiple conditions. The practice submitted information to demonstrate that the higher than average outcome was due to the calculation made by the computer system and not high overall exception reporting by clinical staff.

We reviewed three clinical audits carried out within the last 12 months. All had completed at least two cycles and could demonstrate improvement from the initial audit. The audits included minor surgery effectiveness and satisfaction, the appropriateness of medicines and time keeping of appointments.

Effective staffing

The staff at the practice were experienced and showed they had the skills and knowledge to deliver effective care and treatment.

- All staff in the practice dispensary had received recognised training, with a further two members of staff undertaking training.
- Staff had been supported to enhance their skills. For example, the practice healthcare assistant administered a medicine under patient specific directions which had been completed by a GP.

Good

Are services effective?

(for example, treatment is effective)

Not all staff had received an appraisal within the last 12 months; although the practice had recognised this and had planned dates to ensure staff had received appraisals. All of the staff we spoke with said they felt supported by the partners and practice manager.

Coordinating patient care and information sharing

We spoke with the local community matron about their interaction with the practice. They told us the practice staff were supportive and responsive to patients' needs and that they could speak with a GP about a patient at any time. We saw examples of the care plans provided to patients in conjunction with the community matron. The records were comprehensive and holistic assessments of patients' individual care needs.

A GP told us the practice worked with the medicines optimisation team from the local CCG to help gain assurance that patients were receiving the most suitable medicines for their conditions.

Monthly multi-disciplinary meetings were held to discuss the care of patients who were approaching the end of their life and those at risk of unplanned admission to hospital. Attendees included all of the practice's clinical staff, community matron, community nurse, palliative care nurses and a worker from Age Concern UK. We reviewed minutes of the meetings and saw comprehensive information exchanges including the ratings of concern using a traffic light system. The practice shared information appropriately and with regard for confidentiality. We noted that the outcomes from the meetings were not copied into patients' care records. The practice agreed that this may be useful and have copied these into individual care records.

The practice had a system for managing blood results and communications from hospitals and other healthcare providers. Staff knew their individual responsibilities in this area and the management of the results was up to date.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

We saw that consent had been recorded clearly using nationally recognised standards. For example, in minor surgery templates and do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Health promotion and prevention

Patients were encouraged to access the help available for them to lead healthier lifestyles.

The practice shared their performance in 2014/15 for providing seasonal flu vaccination to patients. This showed the practice had performed above average in this area;

- 74.5% of patients aged 65 and over had received the flu vaccine. This was higher than the CCG average of 71.9% and national average of 72.8%.
- 63% of pregnant females had received the flu vaccine. This was higher than the CCG average of 45.5% and national average of 44.1%.
- The practice performance for uptake of the seasonal flu vaccine for children was the highest in the CCG area. For example, 78.1% of children aged two had received the vaccine; this was significantly higher than the CCG average of 44.4% and national average of 38.5%.

A partner at the practice told us that the high achievement in providing seasonal flu vaccination was by engaging with local groups and early years settings to promote the vaccination.

The rate of eligible female patients attending the practice for cervical cytology screening was 81.1%, this was higher the CCG average of 78.2% and national average of 76.7%.

The practice was undertaking a review of childhood immunisation performance at the time of inspection. The most recent data had indicated a lower than average performance. The practice had challenged this data and showed us examples of why they thought the figures were incorrect. The practice nurses showed us the system of monitoring childhood immunisation figures and the issue was believed to be due to the upload of data from the practice computer system, to which a solution was being sought.

Good

Are services effective?

(for example, treatment is effective)

New patient health checks were carried out by the nursing team, any health issues or concerns identified were followed up in a consultation with a GP.

Good

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 patients with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The branch practice in Pattingham had music playing quietly in the waiting area to minimise the chance that conversations in the treatment room could be overheard. We could hear that a conversation was taking place in the treatment room, although the contents of the conversation could not be clearly defined.
- Reception staff told us confidential issues could be discussed in private areas at both practice sites.

We spoke with 12 patients during our inspection, four who usually used the Pattingham practice and eight who mainly used the Claverley practice. We received 32 patient written patient comments about the practice; they had been submitted in the two weeks prior to inspection and 30 related to Claverley, two to Pattingham. The feedback from patients was mainly positive:

- All patients told us that they are treated with respect, dignity and that staff show empathy towards them.
- Patients gave examples of why they felt they received personalised individual care that met their needs.
- Patients commented that staff went above and beyond their duties by visiting in the evening after practice closing times, printing advice sheets and following up on their care.
- Four patients commented that a recent high turnover of staff had deviated from the usual personal service they received. Although two of these felt the situation had improved in recent months.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 238 patients to submit their views on the practice, a total of 99 forms were returned. This gave a return rate of 41.6%.

The results from the GP national patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example;

- 99.3% had confidence in the last GP they saw. This was higher than the clinical commissioning group (CCG) average of 96.8% and national average of 95.2%.
- 93.3% said the GP was good at treating them with care or concern compared to the CCG average of 87.2% and national average of 85.1%.
- 93.9% said that the nurse was good at giving them enough time, which was the same as the CCG average and higher than the national average of 91.9%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a positive and higher than average patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2015 showed;

- 88.9% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 83.1% and national average of 81.4%.
- 98.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.2% and national average of 86%.

The GP national patient survey results about patients involvement in planning and decisions about their care and treatment with the practice nurses were in line with local and national averages;

- 85.3% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 87.1% and national average of 84.8%.
- 89.2% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89.6%.

All of the feedback from patients we received was very positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. They shared a number of positive experiences about the

Good

Are services caring?

support and compassion they received. The words excellent and very good were used in 23 of the 32 comments cards. We did receive one item of feedback when a carer did not feel they had been supported.

Older patients at risk of social isolation were offered referral to Age Concern UK. We spoke with the community matron about this; they told us that with consent patients had been referred to the organisation to provide further support. Often the patients had complex needs and had been identified as of high risk of unplanned admission to hospital. A worker from Age Concern UK attended monthly multi-disciplinary team meetings and had input to the discussions.

The practice recorded patients' carers and with prior consent would discuss issues with them in line with the patient's wishes.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The lead GP told us they attended clinical commissioning group (CCG) meetings and they were aware of the practice performance in benchmarking with local practices.

- The practice had plans to replace the branch location with a purpose built facility to expand the services it could offer in that area.
- A GP visited care homes on a weekly basis to proactively review care for patients.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had recently been successful in securing funding to provide extended hours appointments.

The Pattingham branch location was not suitable for patients with limited mobility. This was acknowledged by the practice and detailed on their website. Patients with a poor mobility were advised to use the Claverley location. Access at Claverley was single level with wide doorways and corridors to make access for wheelchair users and those with prams/pushchairs easier.

We spoke with two members of the patient participation group (PPG) about how the practice and PPG interacted. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). Both members told us that they were happy with services provided at the practice and they felt involved with planning services. Both members usually used the Pattingham branch practice and were enthusiastic about how services would be delivered in that area in the future, with plans for a new practice building. They felt the service was vital to the area. The PPG had recently started to share information about the practice in other community settings including a local school noticeboard. A member of the PPG told us this was to highlight the services offered.

Access to the service

The Claverley practice was open from 8am to 6:30pm on Monday, Tuesday, Thursday and Friday and from 8am to 2pm on a Wednesday. During these times the reception desk and telephone lines were always staffed.

The Pattingham practice was open from 8:30am to 1pm on Monday to Friday and 2pm to 6:30pm on a Monday, Wednesday and Thursday. During these times the reception desk and telephone lines were always staffed.

At times within the week when either location was closed, patients could access the other location by telephoning or calling in person.

Patients could book appointments in person, online or by telephone. We saw that there were urgent appointments available on the day of our inspection and also pre-bookable appointments within three working days.

We received feedback from 44 patients. All told us they could get an urgent appointment. Six patients told us that it could, at times, be difficult to get an appointment with their preferred GP although they commented that they would have been able to see another GP sooner. One patient was dissatisfied at the method of getting a same day appointment by telephoning on the day as they felt it could take a number of days to get an appointment. Staff told us if there were no appointments available, a nurse or GP would telephone the patient to discuss their needs and would make suitable arrangements for them to be seen.

Results from the national GP patient survey published in July 2015 showed that the majority of patients were satisfied with the appointment system:

- 85.1% of patients found it easy to contact the practice by telephone. This was higher than the CCG average of 71.1% and national average of 73.3%.
- 93.4% of patients said the last appointment they made was convenient. This was higher than the CCG average of 92.6% and national average of 91.8%.
- 74.4% of patients described their experience of making an appointment as good. This was higher than the CCG average of 73% and national average of 73.3%.

There were two areas in the GP patient survey where results were below local and national averages:

- 34.7% of patients said they usually waited 15 minutes or less to be seen. This was lower than the CCG average of 67.8% and national average of 64.8%.
- 69% of patients were satisfied with the practice's opening hours. This was lower than the CCG average of 76.5% and national average of 73.8%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had taken steps to improve patient experiences in these areas:

- The practice had performed an audit of appointment times and made changes to the number and length of appointments provided.
- Extended hours appointments were planned and due to commence in the coming months

Five patients commented that at times appointments could overrun, although all felt they received thorough attention and a high of involvement in their care and treatment.

Listening and learning from concerns and complaints

The practice had a 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.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and in the practice booklet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at seven complaints received in the last 12 months. We tracked two complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. There were no trends to the complaints received.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas, on the practice website and staff knew and understood the values.
- The practice had plans to improve the facilities for patients who used their branch location.

Governance arrangements

The practice had recognised that recent changes in staffing had impacted on governance of delivery of services; however they had taken action by the introduction of a framework to allocate responsibility for areas of governance to individual members of staff. The framework included arrangements for absence of the lead person and staff knew their individual responsibilities for governance.

There were areas where the practice had not robustly dealt with governance issues:

- Monitoring of patients who took a medicine to help control symptoms had not been in line with national guidance. After the inspection, the practice took immediate action to introduce a procedure to ensure that the prescribing of medicine would follow national guidance.
- The practice was performing an infection control audit, the previous audit had been undertaken in June 2013. The practice took action after the inspection to source an infection control visit from a nurse specialist to advise them further on infection control and prevention measures.
- At the branch location the storage and checking of medicines had been inconsistently managed.

Leadership, openness and transparency

Staff told us that the lead GP and practice manager were visible within the practice and were approachable. There was an open an honest culture which was evident through sharing of complaints and significant event reporting.

The practice had improved its performance in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice monitored outcomes for patients using QOF. In 2013/14 the overall performance of the practice was achievement of 93.1% of the total points available. In 2014/15 this performance had improved to 96.8%.

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

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

The practice had a patient participation group (PPG) which had been less active within 2013/14 although in recent months more members had been attracted and meetings were planned to be held more frequently. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

Patients could give feedback in a number of ways including verbally to staff, the NHS Friends and Family Test and by email to the practice. The practice had changed the services it provided in response to patients comments:

- Increased GP and nurse appointments had been made available at the branch location.
- Appointments had been spread to allow for improved car parking.
- Text reminders for appointments had been introduced.

The staff we spoke with felt well supported and able to give suggestions to changes in services.

Management lead through learning and improvement

The practice had not conducted annual appraisals of all staff. The practice manager told us they had conducted about half of the annual appraisals they would do. They commented that the practice had tried to implement a new system of regular one to one meetings with staff at protected learning days, although this had not worked. They told us that appraisal dates were planned for all staff in the coming two months.

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 **The practice had not consistently mitigated the risks to patients who took methotrexate by monitoring for side effects in line with nationally accepted guidance.** 12 (1) (2) (a) (b) **The practice had not completed regular infection prevention control audits, followed their own infection Control Inspection Checklist and had not consistently applied national accepted guidance on infection prevention and control.** 12 (2) (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 **The provider did not have a process for, and had not considered, the physical and mental health of an employee in line with the requirement of the role they were to undertake as noted in their own recruitment policy.** 19 (1) (c)