

# Bishops Castle Medical Practice

## Quality Report

Schoolhouse Lane  
Bishops Castle  
Shropshire  
SY9 5ER

Tel: 01588638285

Website: [www.bishopscastlemedicalpractice.co.uk](http://www.bishopscastlemedicalpractice.co.uk)

Date of inspection visit: 12 December 2016

Date of publication: 20/02/2017

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Bishops Castle Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bishops Castle Medical Practice on 12 December 2016. 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended opening hours between 6.30am and 8.30am on a Tuesday.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- There were systems in place for the safe recruitment of staff.
- Systems were in place to risk assess the emergency medicines that should be held at the practice and what actions should be taken to ensure that patients who experienced a medical emergency received appropriate care and treatment.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas.
- QOF results for 2015/16 showed that the practice had achieved 98% of the total number of points available.
- Staff assessed patients' 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.
- All staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 3.5% of patients on the practice list as carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended opening hours between 6.30am and 8.30am on a Tuesday.
- A walk-in-service was provided on a Friday morning for the advanced nurse practitioners or a GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice clinical pharmacist and GP specifically reviewed medicines for their patients in care homes.
- The GPs provided support to a 16 bedded local community hospital as well as ensuring they attended a weekly ward round.
- One of the practice nurses had completed a specific educational diabetes course as well as the clinical pharmacist to further improve the service provided to diabetic patients.
- There were disabled facilities and translation services available.
- The practice provided a GP service to a learning disability educational facility outside of its catchment area following their request.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice worked with local community support and provided a signposting service.

Good



## Are services well-led?

The practice is rated as good for being well led.

Good



# Summary of findings

- The practice 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 it.
- The practice had developed a business plan, which aimed to reflect the vision and values of the practice and drive forward changes required. There was ongoing monitoring of the progress of the business plan with actions taken.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

# 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.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a named accountable GP for patients aged over 75 years with urgent appointments available the same day.
- Patients had access to telephone appointments with the GP or advanced nurse practitioner if requested.
- Care plans were in place and agreed for those patients identified as being at high risk of admission / re-admission.
- The practice Community Care Co-Ordinator attended weekly meetings at the practice to ensure that signposting support was provided as necessary.
- The practice clinical pharmacist with the GP reviewed and supported patients with complicated medicine regimens.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance rates for all of the diabetes related indicators were comparable to local and national averages. For example, 76% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 79% and national average of 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 94%; this was higher than the CCG average of 92%, and national average of 90%. The practice exception-reporting rate was 4%. This was lower than the CCG average of 12% and the national average of 11.5% meaning more patients had been included.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had recruited a clinical pharmacist who was attending a specific educational course to further support patients with diabetes at the practice.

## 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.
- The practice's uptake for the cervical screening programme was 76%, which was slightly lower than the CCG average of 83% and national average of 81%. However, the practice had reported fewer exceptions, 2%, when compared with the CCG average of 5% and national average, 6.5% meaning more patients had been included.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held a monthly clinical safeguarding meeting to which the health visitor and school nurses were invited to attend.
- The practice had an effective system in place to follow up children who failed to attend for their immunisations. Children who do not attend for appointments were discussed in a weekly clinical meeting and followed-up as appropriate.

Good



## 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, 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



# Summary of findings

- The practice offered extended opening hours between 6.30am and 8.30am on a Tuesday and a walk in service on a Friday as well as telephone consultations, which included this group of patients.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. The practice provided carer support, sign posting, information packs and completed a carer's register.
- The practice offered longer appointments for patients with a learning disability.
- The practice provided GP services to a school which provided educational support for patients with learning disabilities outside of the practice catchment area. Patients choose to travel 37 miles to Bishops Castle Medical Practice to gain the support they required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations working closely with the practice Care and Community Co-Ordinator.
- 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.
- The practice systematically identified patients who may have communication difficulties, to ensure they met their needs and the requirements of the Accessible Information Standard.
- The practice had developed strong networks within the community such as the police and housing groups and used these to identify vulnerable people.

## 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).

Good



- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was



# Summary of findings

94%. This was higher than the CCG average (93%) and national average 89%. The practice exception reporting rate was 6%. This was lower than the CCG average of 12% and the national average of 13% meaning more patients had been included.

- 82% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, which was comparable with the CCG average of 85% and the national average of, 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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 further supported by the practice Care and Community Co-Ordinator.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A Community Mental Health nurse reviewed patients in the practice on alternate weeks.
- A Counsellor provided weekly sessions for patients.
- A drug and alcohol service healthcare worker reviewed patients at the practice.
- A Community Consultant Psychiatrist reviewed patients at the practice rather than patients travelling to Ludlow to be reviewed.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Two hundred and fourteen survey forms were distributed and 114 were returned. This represented a 53% return rate.

- 97% of respondents described their overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 85%.
- 89% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% national average of 78%.
- 88% of respondents found it easy to get through to this practice by phone compared to the CCG average of 85% and the national average of 73%.

- 92% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

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 were positive about the standard of care received. Patients told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect. We also spoke with a member of the patient participation group. All patients said they were satisfied with the care they received and thought staff were friendly, professional, caring, polite and gave them enough time during consultations.

# Bishops Castle Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

## Background to Bishops Castle Medical Practice

Bishops Castle Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Bishops Castle, Shropshire. At the time of our inspection, the practice had 5,250 patients. The practice has a higher percentage of older people than the national average for example, 30% patients are over 65 years old (17.8% nationally) and 3% patients are over 85 years (2.3% nationally). These statistics could mean an increased demand for GP services. The practice provides GP services to 158 patients who live in three care homes, looks after a 16 bedded community hospital and provides GP services to a learning disability educational establishment outside of their catchment area.

The practice is open between 8am and 6pm Monday and Thursday, 6.30am to 5pm on Tuesday, 8am to 5pm on Wednesday and 8am to 4.30pm on Friday. On Tuesday morning, from 6.30am the practice is open for prebooked appointments only, the telephones are not switched on until 8am. The practice is closed to allow for staff lunch and training Monday to Friday between 1pm and 2pm and calls to the practice during this time are taken by the GP on call.

The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to Shropdoc the out of hours service when the practice is closed. Patients can book appointments in advance and through the practice on-line appointment system.

The practice staff work a variety of full and part time hours, staffing comprises of:

- Two male GP partners providing 33.28 hours and 29.16 hours per week.
- Four salaried GPs (two male, providing 20.83hrs and two female, 20.83hrs).
- A clinical pharmacist/clinical and quality manager, providing 16 hours
- Two nurse practitioners
- Three nurses
- One Healthcare assistant
- One Practice Manager
- Four secretaries
- One reception manager
- Four receptionists
- One secretary/finance controller
- One cleaner

The practice holds 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 extended hours and identify patients who are at high risk of

# Detailed findings

avoidable unplanned admissions. The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

## Why we carried out this inspection

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

## How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also spoke with the patient participation group (PPG). We carried out an announced inspection on 12 December 2016. During our inspection we:

- Spoke with a range of staff including GPs, nursing and administrative staff, spoke with a member of the PPG and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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 Care Quality Commission 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 we spoke with were aware of their individual responsibility to raise concerns appropriately. On receipt of a significant event, the practice management team investigated the occurrence and shared learning with practice staff through practice meetings.

- We saw that when significant events were raised the occurrence was investigated thoroughly and measures were put in place to minimise the opportunity of less positive events reoccurring. The significant event recording forms used at the practice supported the recording of incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Between December 2015 and December 2016 the practice had recorded 17 events. There were seven events that were judged to be significant and the practice had carried out a thorough analysis of all events. They acted on any common themes identified. One of the major learning outputs during the course of the year was to record all the significant events centrally so that follow-up could be done systematically. This included use of the National reporting and Learning System (NRLS) eForm. At the beginning of October 2016 an electronic log was implemented that recorded the date, what happened, the action taken, the person responsible, the date this was discussed at a practice meeting and where appropriate the date feedback was given to NHS England for follow-up. One of the GPs was a member of the Patient Safety Expert Group (PSEG) for Primary Care, which has now become the National Patient Safety Advisory Panel. At the request of the PSEG the GP had agreed to appear in a YouTube video for patient safety in general practice and contributed to the development of the NRLS eForm and the practice had acted as a pilot site in the use of the eform.
- The practice had robust processes in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice had clear systems in place to record the actions they had taken in response to alerts. These were actively managed by

clinical staff led by the practice Clinical Pharmacist. All safety alerts were discussed at the weekly clinical meeting where the action required was agreed. They had improved the system further by setting up a central electronic log of all safety alerts. The practice clinical pharmacist was responsible for maintaining the log and ensuring that all actions were undertaken. If the alert required an audit, it was the responsibility of the clinical pharmacist to ensure this took place. They fed this back to the GPs, and feedback on the actions taken by the GPs was recorded. The clinical pharmacist also e-mailed alerts to the locum GPs to ensure that they receive details to further reduce risk. The practice had for example completed two audits in response to the patient safety alerts for 'Deteriorating conditions' and 'Acute kidney disease.'

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. These arrangements reflected relevant legislation and local requirements. 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 and deputy lead members of staff for safeguarding. The GPs were proactive in reporting safeguarding concerns as evidenced during the inspection in the practice's response to local issues including that of a local care home. They were tenacious in reporting in respect of providing evidence of findings where the practice had found a lack of care at a care home and they attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to at least child safeguarding level three. Meetings were held weekly between the practice and multidisciplinary teams including health visitors to discuss those in their community thought to be vulnerable and those identified as having safeguarding needs.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted

## Are services safe?

as chaperones were trained for the role. Clinical staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record 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). It was rare for non-clinical staff to provide a chaperone service however, those who chaperoned had received training and been subject to a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse practitioner was the infection control clinical lead. There was an infection control protocol in place and staff had received in house training. Annual infection control audits were undertaken and completed by the nurse practitioner and practice manager. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines.
- The practice carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, we saw that the practice had been effective in reducing their antibiotic prescribing rate.
- The practice had installed new software to further improve the robustness of their recall system for patients with long-term conditions.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice provided evidence that this had been refined further following the inspection to fall in line with NHS protect guidance. The nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role and attended three yearly updates. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, health assessments and the appropriate DBS checks. There was a system in place for monitoring and checking the professional registration of GPs and nurses.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out regular fire drills. The floor plan required details of the location of the oxygen cylinders, which was completed immediately following the inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Regular infection control audits were carried out and clinical staff were immunised against appropriate vaccine preventable illnesses.
- The practice had a written risk assessment for Legionella and a review was booked following the inspection for December 2016. (Legionella is a bacterium, which can contaminate water systems in buildings).

### Arrangements to deal with emergencies and major incidents

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

- There was a panic button and/or 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.
- The practice had an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).

## Are services safe?

- Emergency medicines were held in the practice and all the staff we spoke with knew of their location. We saw that all these medicines were in date.

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 to refer to.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and computer searches of patient records. NICE guidelines were discussed at clinical and practice meetings to monitor and evaluate the changes required.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The results published in October 2016 for 2015/16 showed that the practice had achieved 98% of the total number of points available and had improved upon their 2014/15 results of 93%.

QOF data from 2015/16 showed:

- Performance rates for all of the diabetes related indicators were comparable to local and national averages. For example, 76% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 79% and national average of 78%.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 76%, which was in line with the CCG and national averages of 76%. Clinical exception reporting however was lower at 2%, compared with the CCG and national averages of, 8% meaning more patients had been included.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 94%, this was higher than the

CCG average of 92%, and national average of 90%. The practice exception reporting rate was 4%. This was lower than the CCG average of 12% and the national average of 11.5% meaning more patients had been included.

- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 94%. This was higher than the CCG average (93%) and national average 89%. The practice exception reporting rate was 6%. This was lower than the CCG average of 12% and the national average of 13% meaning more patients had been included.

There was evidence of quality improvement including clinical audit:

- The practice showed us three clinical audits that had been completed in the last two years. These were completed audit cycle where the improvements made were implemented and monitored. Further single cycle clinical audits had been completed with plans for the second cycle audit cycles to take place. Audit cycles planned for 2017 for example included:
- The use of medicine patches for pain
- The use of a medicine used to relieve neuropathic pain (pain from damaged nerves)
- Audit the long term prescribing of an antibiotic used to treat urinary tract infections in light of recommendations of renal, liver and pulmonary function.
- Prostate-Specific Antigen (PSA) Test monitoring to check that guidance was followed, (The PSA test is a blood test that measures the amount of prostate specific antigen (PSA) in blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells).
- Review the number of patients with learning disabilities who are on anti-psychotics and need an electrocardiogram (ECG). ECG is a simple test that can be used to check the heart's rhythm and electrical activity.

Findings were used by the practice to improve services to patients both within their practice and included three



# Are services effective?

## (for example, treatment is effective)

practices in total within their locality. For example, quarterly audits of patients requiring regularly monitoring on a medicine used as an anticoagulant (a medicine that helps prevent blood clots) took place in 2016 to ensure the practice conformed with agreed standards. The clinical pharmacist reviewed those patients with a result outside of the specified range and prescribing was discussed with their GP. Any found without blood test monitoring over a 12 week period were also reviewed and action taken as appropriate.

In the practice's audit for acute kidney disease the changes made to practice included sending all patients at risk a letter giving them advice on the sick day rules. They liaised with local pharmacies and gave them a copy of the Acute Trust advice on sick day rules who agreed to offer these to all patients on particular groups of medicines.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff and a GP locum pack. These covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and patient confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff had completed courses for the management of long-term conditions such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and to external training courses.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We saw minutes, which demonstrated that the practice had established regular weekly clinical meetings with multi-disciplinary teams, which included for example, a Community Care Co-Ordinator, the palliative care team and health visiting service to share information relating to children with identified safeguarding concerns.
- The practice shared information with the out of hours service for patients nearing the end of their life and if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- The practice had developed strong networks within the community such as the police and housing groups and used these to identify vulnerable people.

### Consent to care and treatment

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

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

# Are services effective?

## (for example, treatment is effective)

outcome of the assessment. Where appropriate, we saw that patients had been referred to an advocacy service to support them in decisions about their care and treatment.

- There was a policy in place to provide guidance to staff in obtaining consent. We saw that consent forms for minor surgery had been completed which included the benefits and risks of the proposed procedure.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered a smoking cessation service and signposted patients to appropriate services.

The practice's uptake for the cervical screening programme was 76%, which was slightly lower than the CCG average of 83% and national average of 81%. However, the practice had reported fewer exceptions, 2%, when compared with the CCG average of 5% and national average of 6.5%, meaning more patients had been included. There was an effective system in place for recording, monitoring and chasing up of cervical screening results. The GP partners

were aware of these results and the practice was proactive in encouraging patients to attend for screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from NHS England for the period 1 April 2015– 31 March 2016 showed childhood immunisation rates for the vaccinations given. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100%.
- Five year olds who had completed their first measles, mumps and rubella (MMR) immunisation was 91% when compared to the CCG average of 97% and national average 94%.
- Five year old who had a second MMR immunisation was 87% when compared to the CCG average of 92% and national average of, 88%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were compassionate and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations meaning conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a notice in the reception area informing patients of this facility.

We spoke with a member of the patient participation group (PPG). They told us they felt very valued by the practice who listened and acted on to their concerns and suggestions. All the patients we spoke with said they found this GP service to be excellent and were more than satisfied with the care they received. They reported staff were friendly, professional, caring, polite and gave them enough time during consultations.

We received two Care Quality Commission comment cards, which were also positive about the standard of care received. Patients told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The GP results were higher than the local and national averages for its satisfaction scores on consultations and the nursing staff were higher than national averages. For example:

- 94% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and national average of, 89%.
- 92% of respondents said the GP gave them enough time compared to the CCG and national average of 87%.
- 98% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 94% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 85%.
- 94% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of, 91%.
- 100% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of, 97%.

The reception staff results were higher than the CCG and national averages:

- 93% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of, 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were for the GPs and nursing staff were higher than national averages. For example:

- 91% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of, 86%.
- 93% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 93% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

## Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets could be made available in an easy read format for patients with a learning disability. According to the practice register for 2016, the practice supported 50 learning disabilities patients.
- The practice had been approached by an education establishment providing educational support for patients with learning disabilities outside of the practice catchment area to provide their students with a GP service. They chose and preferred to travel to this practice to gain the appropriate support they required. The practice had chosen to accept this invitation and one of the partner GPs had provided GP support to some of the patient group in a previous role.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 187 patients as carers (3.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were encouraged to complete carer's identifications forms to enable the practice to offer support and flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them and if appropriate signposted them to the local bereavement 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.

- The practice offered extended opening hours between 6.30am and 8.30am on a Tuesday.
- A walk-in-service was provided on a Friday morning for the advanced nurse practitioners or a GP.
- There were longer appointments available for patients with a learning disability and patients with several long-term conditions.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Access to telephone appointments with the GP or advanced nurse practitioner.
- The practice clinical pharmacist as well as the practice GPs specifically reviewed medicines for their patients in care homes.
- One of the practice nurses had completed a specific educational diabetes course as well as the clinical pharmacist to further improve the service provided to diabetic patients.
- There were disabled facilities, a hearing loop was being purchased and translation services were available. The practice demonstrated their awareness of meeting the Accessible Information Standard (AIS). All organisations that provide NHS care or adult social care are legally required to follow the AIS. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.
- The practice had a blood pressure monitoring system in place and offered 24 hour BP monitoring where required.
- The practice had phlebotomy (blood taking) an electrocardiogram (ECG - a simple test used to check the heart's rhythm and electrical activity) and spirometry services available at the practice.

- A Community Mental Health nurse reviewed patients in the practice on alternate weeks.
- A Counsellor provided weekly sessions for patients.
- A drug and alcohol service healthcare worker reviewed patients at the practice.
- A Community Consultant Psychiatrist reviewed patients at the practice rather than patients travelling to Ludlow to be reviewed.

The GPs also looked after the local community hospital in providing GP support for the 16 bedded local community hospital, which included a Monday full ward round, and multi-disciplinary meeting attendances. The local community hospital service provided sub-acute medical support and rehabilitation for patients, for example following a fall, as well as end of life care. One of the senior clinical staff members from the hospital attended the inspection to speak with us and described the practice as providing a supportive role with good relations and communication, which had recently developed. The GPs found that the opportunity to provide local palliative care was a facility much-valued by the local population.

### Access to the service

The practice was open between 8am and 6pm Monday and Thursday, 6.30am to 5pm on Tuesday, 8am to 5pm on Wednesday and 8am to 4.30pm on Friday. On Tuesday morning, from 6.30am the practice opened for prebooked appointments only, the telephones were not switched on until 8am. The practice closed to allow for staff lunch and training Monday to Friday between 1pm and 2pm and calls to the practice during this time were taken by the GP on call. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to Shropdoc the out of hours service when the practice was closed. Patients could book appointments in advance and through the practice on-line appointment system.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 85% and the national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 92% of respondents described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%.

## 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 on the practice website and in the practice leaflet.

We looked at three of the complaints received to the practice and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

# 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 provide quality primary medical care services to the population of Bishops Castle and surrounding area, temporary residents that require care and any other patients who wished to register with the practice. The practice mission was to provide an appropriate and rewarding experience for patients whenever they need GP service support. Staff we spoke with on the day of our inspection knew and understood these values. The practice had a business plan to 2018, which outlined their forthcoming plans. These included for example:

- The practice had reviewed their staff skill mix to define their service requirements and had recruited a diabetes nurse specialist and clinical pharmacist based on their findings for the registered population.
- Awareness and measures considered in respect of future succession planning.

Forthcoming challenges and opportunities noted in the business plan included:

- Consideration of premise size and increased population growth and working with the Clinical Commissioning Group to explore ways of funding enhanced or new premises.
- Improved use of technology to make the patient journey more satisfactory such as the recent implementation of Electronic Transfer of Prescriptions.
- Considerations in the changes and transformations in healthcare provision and working with colleagues to achieve appropriate change that may benefit patients.
- The Patient Participation Group acted as challenge and a support and the practice wished to continue to engage fully with this group to ensure that it was providing the correct range of services for the local population.

### Governance arrangements

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

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

### Leadership and culture

The GP partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP partners and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff spoke very positively about the support provided by the management.

- Staff told us the practice held a variety of regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.



# Are services well-led?

Good 

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

- We saw that practice learning and training away events had been held to encourage staff to share their views and expectations of the practice.
- All staff said they felt respected, valued and supported, particularly by the GP partners and practice manager 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.
- Staff spoke about the practice having vision and being outward looking and a willingness to challenge and provide feedback on care within the locality that could be improved upon to provide a seamless service between various health and social care providers. Examples included the weekly clinical meetings attended by various community and multidisciplinary team members and the daily lunchtime education, training and meeting events.
- The patient participation group (PPG) actively engaged with the practice and met every two months with a task group meeting in-between. They were involved with the completion of their own patient survey with a resultant action plan shared with and acted upon by the practice.
- The third annual meeting of Bishops Castle Patient Group (BCPG) took place on June 14th 2016 and was attended by 30 people. The BCPG felt they had benefited from having excellent speakers to allow them to learn more about the ongoing developments within the hospital and medical services in Shropshire.
- The BCPG had developed literature, which the practice produced to assist patients in understanding how to access services, which was provided in the practice waiting room. They produced a newsletter (2/3 editions per year) which were distributed via the local scouts and had their own website. They had also funded the practice's two notice boards, one of which was outside the local pharmacy in the town..

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

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

- The walk in service initiative was suggested by the advanced nurse practitioner and discussed and agreed with the BCPG and after a two month trial was implemented and was an ongoing part of the service.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.