

Alveley 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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Alveley Medical Practice on 14 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example following a significant event the safeguarding team were contacted as the practice had been informed that they could not refer twice. The safeguarding team reviewed the procedures and emailed practices with the changes made.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how

services were provided to ensure that they meet patients' needs. For example the practice had offered extended hours since 2009 for its patients on Wednesday mornings from 6.45am.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice purchased a Doppler machine to support its patients and 24 hour blood pressure monitoring to provide these as in house services to its patients.
- 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
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had completed audits which demonstrated improved outcomes for patients. For example, the practice had completed an audit in 2015

Summary of findings

which showed of those patients who had expressed a preference, 90.9% patients died at home (their preference) with the practice and community care and support.

- The practice had been proactive in improving the availability of services for people with mental health problems. For example, the practice completed joint monthly visits with a Consultant Psychiatrist from the Community Mental Health Trust (CMHT). This was to improve access to CMHT and due to a high number of referrals concerning mental health issues.
- The practice in 2015 completed an audit on timescales for repeat prescriptions. The findings were that on average it took 0.7 days to dispense a prescription. This demonstrated the efficiency of the repeat prescriptions processes and that they regularly exceeded their own standard operating procedure expectations, which suggested medicines be dispensed within 48 hours.

However there were areas of practice where the provider should make improvements:

- Consider implementing a more robust system to ensure appropriate action is taken should patients who were not eligible to use the practice dispensary not collect prescriptions.
- Consider a lightweight carrier vessel for the portable oxygen supply to enable safe and easy transportation of oxygen by staff.
- Ensure that actions required in the practice Legionella report and already completed by staff are documented.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. Should patients who did not use the dispensary service not collect their prescription there was not a robust system in place to ensure that this was always followed up. The actions required in the practice Legionella report were not always documented as completed by staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. For example, the practice in the years 2014/2015 achieved 100% in the Quality Outcomes Framework (QoF); this was 3.1% above the CCG average and 6.5% above the national average. The practices clinical exception rate was 6.4% which was 2.6% below the CCG average and 2.8% below the national average. (Exception reporting is the removal of patients from QoF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Summary of findings

- In the five diabetes indicators the practice performed better than the national averages. In the QoF mental health and dementia indicators the practice performed better than the national averages.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, they had been informed that they could not refer the same patient twice to the safeguarding team. The brought this anomaly to the attention of the head of safeguarding. The outcome was they reviewed their systems and an email was sent out to all practices to inform them of the changes.
- The practice in 2015 completed an audit on timescales for repeat prescriptions. The findings were that on average it took 0.7 days to dispense a prescription. This demonstrated the efficiency of the repeat prescriptions processes and that they regularly exceeded their own standard operating procedure expectations which suggested medicines were dispensed within 48 hours.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey 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.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The GP partners took it in turn every week to do a weekly ward round at a local care home. This could be up to 10 patients at a time and last between one and two hours.
- The practice held a mental health ward round at a local care home once a month with a Consultant Psychiatrist and was the pilot for this service. After its success this is now to roll out to other practices in the area.

Good



Summary of findings

- The practice since 1st July 2009 offered extended hours appointments on Wednesday mornings from 6.45am. Pre-booked routine nurse appointments were offered in extended hours between 6.45am to 8am every Wednesday.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice hosted a retinal screening service for its patients and provided an in house counselling service.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice purchased 24 hour blood pressure monitoring equipment, a Doppler machine (ultrasound non-invasive test that can be used to estimate blood flow through blood vessels by bouncing high-frequency sound waves (ultrasound) off circulating red blood cells) and a new nurse's consultation bed.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- 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 this.
- There was a clear leadership structure and staff felt supported by 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. However, consideration was needed to ensure that appropriate action was taken should patients not collect prescriptions and to fully document the action taken by staff on the Legionella report.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about 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. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were involved in the avoiding unplanned admissions directed enhanced service which calculates the risk of admissions and they had provided care plans for 47 of their most vulnerable patients. The practice nurse reviewed all discharges, updated care plans, referred to the care coordinator and relayed all information back to the GP. The community matron was also involved.
- The practice ran 'Flu clinics' for all eligible patients and a shingles clinic on Tuesday mornings.
- Reviews of patients on multiple medicines were completed at least annually to enable safe prescribing. The pharmacists worked closely with one of the GP partners, who is involved with the formulary committee for Shropshire Clinical Commissioning Group to ensure correct prescribing (safety, appropriateness and cost-effectiveness).
- Both nurses (and when required the GPs) took patients' blood which meant their patients did not have to travel to the local community hospital.
- The practice had completed an audit in 2015 which showed 90.9% patients died at home (their preference) with the practice and community care and support.

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 for the five diabetes related indicators were all better than the CCG and national average. For example: The percentage of patients with diabetes on the register, for whom a specific blood test was recorded, was 87.58% compared with

Summary of findings

the national average of 77.54%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 99.36% when compared with the national average of 88.3%.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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 conducted blood tests for patients on a blood thinning medicine for Atrial Fibrillation (a common heart rhythm disorder). One of the GP partners audited a medicine used to thin the blood at the practice and changed the practice documentation and prescribing to a safer model based on their findings.
- The practice achieved 100% in its near patient testing audits, for disease modifying medicines that require additional monitoring such as blood tests on a regular basis. This meant that long term condition medicine management was safe and effective for patients.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83.73% of women aged 25-64 had been in receipt of a cervical screening test in the preceding 5 years which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The Health Visitor also visited the practice once a month. The practice hosted midwife clinics twice weekly.

Good



Summary of findings

- The practices pregnant women's flu vaccination uptake to 30 November 2015 was 83.3%. The practice promoted breast feeding and offered a private room if required.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments from 6.45am on Wednesday mornings and same day telephone consultations by the GP on duty.
- The practice provided online access for repeat prescriptions and appointments and from February 2016 patients who requested access would be able to view their records at home.
- The practice offered health checks to patients aged 40 to 74 and had specialist equipment such as 24 hour blood pressure monitors so that patients could receive accurate and timely diagnosis of high blood pressure following a GP assessment of the findings. This potentially prevented unnecessary hospital attendances.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Learning disability patients were invited for annual health checks and were involved in the creation of personalised care plans with the practice nurse and GP.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. One of the GP partners held three monthly multi-disciplinary team meetings which involved discussing and evaluating palliative care patients. Due to this collaborative working, forward planning, the provision of 'just in case medicines', and the flagging of

Outstanding



Summary of findings

issues to the out of hours provider, the majority of the practice patients died in their preferred place. For example in 2015, 10 out of 11 patients on the palliative care register died at home (which was their recorded preference).

- The practice informed 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.
- The practice was involved with a community project called Compassionate Communities; this is where volunteers provide patients with companionship. This worked well in conjunction with the care coordinator role at the practice and the practice's own audits of this role reflected this.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice completed joint monthly visits with a Consultant Psychiatrist from the Community Mental Health Trust (CMHT). This was to improve access to CMHT and due to a high number of referrals concerning mental health issues.
- All dementia patients received a yearly review and they and/or their families/carers were involved in the development of their care plans. The care lead at the practice had care information packs to give to patients and they could also be referred to their care co-ordinator.
- The practice offered weekly counselling sessions at the practice.

Good



Summary of findings

- The practice recorded patient's carer information in the patient records and the practice offered health checks to all carers.

Summary of findings

What people who use the service say

The results from the national GP patient survey published July 2015 showed the practice was performing in line with local and national averages. Two hundred and forty four survey forms were distributed and 120 were returned, a response rate of 49.2% and represented 5.2% of the registered population.

- 98.1% found it easy to get through to this surgery by phone compared to a CCG average of 85% and a national average of 73.3%.
- 89.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.4%, national average 85.2%).
- 95.8% described the overall experience of their GP surgery as fairly good or very good (CCG average 90%, national average 84.8%).
- 88.8% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83.4% national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. There were no completed comment cards. Patients we spoke with were all positive about the standard of care received. Patients described the service as exemplary and first class, and said the staff were kind, professional and caring.

We spoke with 10 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. There were 489 friends and family test results in the period December 2014 to 2015. The results had been analysed by staff, 467 patients responded that they were extremely likely to recommend the service to friends and family and the remaining 22 said they were likely to recommend. The practice went further than just noting the results and analysed any comments made by patients. These were actioned with a set timeframe to review the outcomes.

Alveley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Alveley Medical Practice

Alveley Medical Practice is located in Alveley, Shropshire and is a small rural dispensing GP practice that was purpose built and opened in October 1991. It is part of the NHS Shropshire Clinical Commissioning Group (CCG). The total practice patient population is 2,300. The practice area covers Alveley, Hampton Loade, Quatt, Six Ashes and Romsley. The practice has a higher proportion of patients aged 65 years and above compared with the CCG locality and practice average across England. For example, 20% of patients registered were aged 65-74 years compared with the CCG average of 13% and national 9%.

There are two GP partners. The clinical practice team includes two practice nurses, three dispensary staff and two trainee dispensers/reception staff and is managed by a practice manager. The practice is supported by a care coordinator as an attached staff member who offers a signposting service for frail and vulnerable patients, their family and/or carers. The practice also employs a cleaner. In total there are 11 full or part time staff employed.

The practice and dispensary are open Monday to Friday 8.30am to 12.30pm and 2pm to 6pm with the exception of Wednesday afternoons. Since 1st July 2009 the practice has offered extended hours appointments on Wednesday mornings from 6.45am. Pre-booked routine nurse

appointments are offered in extended hours between 6.45am to 8am every Wednesday. These are routine appointments but restricted to patients who work full time and find it impossible to attend during normal surgery times and are only available by booking in advance. Patients can pre-book appointments two months in advance. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. GPs at the practice also work as members of Shropdoc. The practice is a teaching practice accredited by Keele University and has regular foundation year two GPs on a four monthly basis.

The practice provides a number of clinics, for example long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations, minor surgery, and travel vaccinations. The practice offers health checks and smoking cessation advice and support. The practice has a Personal Medical Services (PMS) contract with NHS England until 2014. This is a contract for the practice to deliver Personal Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example they offer extended hours access, minor surgery and the childhood vaccination and immunisation scheme.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2016. During our visit we spoke with a range of staff which included the practice manager, nursing staff, dispensary staff, administrative and receptionist staff and GPs. We spoke with 10 patients who used the service and members of the patient participation group where patients shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was an incident which was immediately escalated to the police following a practice team discussion. When the practice reflected on the incident it was clear everyone had learnt from the event. This included the fact that staff were clear and felt more confident on whether patient confidentiality should be broken in certain circumstances.

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

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 abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- The practice highlighted a significant event regarding safeguarding procedures where they had been informed that they could not refer the same patient twice. The

practice had contacted the head of safeguarding direct to bring this anomaly to their attention. The outcome was that they reviewed the system in place and an email was sent out to all practices with new information.

- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service check (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. All clinical staff had had their immunisation status such as Hepatitis B status documented.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Practice staff did not have a system in place to ensure action was taken should prescriptions not be collected, such as with patients who did not use their dispensary service, or may not be compliant in taking their medicines. The practice manager and partners gave assurance that this would be discussed at their next partner meeting and would consider an audit. Electronic prescriptions were securely stored and there were systems in place to monitor their use. One prescription pad did not correlate with the serial numbers noted by staff. This was investigated by the practice and the day following the inspection the practice manager was able to confirm that the prescription had been accounted for. The prescription pads carried by the GPs did not have their serial numbers listed. An audit of the blank prescription pads

Are services safe?

in GPs bags was completed on the day following the inspection and systems put in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice provided a dispensary service to the majority of its patients. This was managed by three qualified dispensary staff. A further two staff members were trainee dispensary/receptionist staff. The practice dispensed medicines into compliance aids for patients in care homes. We found that some medicines had been left in the treatment room where the packs were prepared. These were appropriately relocated to the dispensary during the inspection.
- The practice in 2015 completed an audit on timescales for repeat prescriptions. The findings were that on average it took 0.7 days to dispense a prescription. This demonstrated the efficiency of the repeat prescriptions processes and that they regularly exceeded their own standard operating procedure expectations which suggested medicines were dispensed within 48 hours.
- The practice held controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. There were arrangements in place for the destruction of controlled drugs.
- There was a system in place for the management of high risk medicines such as disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. Patients were in receipt of an annual medicines review.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments but had not carried out regular fire drills. Following the inspection it was confirmed by the practice manager that all staff had completed a fire drill on 15 January 2016 and systems set up to ensure regular fire drills took place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice manager assured us that the checks required to monitor for risks of legionella had been carried out but these had not been documented. Following the inspection the practice confirmed that in accordance with the legionella report all checks would be completed by July 2016. We saw that some cleaning equipment was unlocked had been stored in the staff toilet area. The practice manager was aware and planned to ensure that any COSHH agents were stored appropriately.
- The practice had blood pressure monitoring equipment some of which held mercury but had no mercury spillage kit available should this equipment be damaged. The practice manager and GP partner informed us that this equipment would either be disposed of if not used or a mercury kit purchased. Following the inspection the practice informed the Care Quality Commission that had been appropriately addressed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The portable oxygen was not in a carrier for ease and safe transportation by staff.
- A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date. The practice did not hold a particular medicine used to relieve angina (chest pain) in their emergency medicines box, however it was accessible within their pharmacy. A practice GP partner informed us they would add this to their emergency medicines box, and list.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 most recent published results were 100% of the total number of points available, with 6.4% exception reporting, this was 2.6% below the CCG Average and 2.8% below the England average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators were better than the CCG and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and a risk classification was 99.36% when compared with the national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 88.47% which was better than the national average of 83.65%.
- Performance for mental health related indicators were all above the national average. For example, the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan was 93.33% when compared to the national average of 88.47%.

- The percentage of patients with atrial fibrillation (AF) with CHADS2 score of 1, who were treated with anticoagulant therapy or an antiplatelet therapy, was 100% which was slightly above other practices at 98.36%. (The CHADS2 score is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation which is a common and serious heart rhythm condition).

Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years. We reviewed four of these were completed audits where the improvements made were implemented and monitored. These included; the management of Deep Vein Thrombosis (DVT) and suspected DVT, the prescribing of a medicine used to thin the blood audit and an A+E attendance audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice had completed an audit in 2015 which showed that 90.9% of patients died at home (their preference) with the practices care and support and only one patient had to be admitted to hospital.
- Findings from audits were used by the practice to improve services. For example, recent action was taken as a result of an audit in March 2014 which found that 16 of the practice's patients had attended a hospital accident and emergency department. Of those, two attendances could have been avoided. The audit was repeated in March 2015 and there had been 31 A+E attendances. It was found that 28 of the 31 were appropriate and of the three inappropriate, it was deemed that two could have been seen by the out of hours service and one by a GP appointment. The vast majority, 90%, were deemed appropriate and unavoidable. All discharge summaries were reviewed by GP partners when reading incoming mail. The plan was to repeat the audit in 12 months' time.

Are services effective?

(for example, treatment is effective)

- The practice had achieved 100% in its first (April 2014) and second cycle audits, in its audits of patients on disease modifying medicines that require additional monitoring such as blood tests on a regular basis.

Information about patients' outcomes was used to make improvements. For example the practice completed an audit in January 2015, on the whether the use of the Compassionate Community activity (co-co) service was effective. They reviewed the patients GP appointments and hospital admissions pre and post the patients use of the co-co service. Their findings were that they had effectively reduced the number of hospital admissions by 100%. Pre the use of the co-co service five out of nine patients had been admitted to hospital, post the use of the co-co service there had been no hospital admissions within the group.

We saw a number of very positive comments from patients who told us about the role of the co-co a member of staff and their work. They were able to support patients and assist them with their health and social care needs. This staff member visited people at home to ensure they were receiving adequate support and had sourced equipment to enable patients to be supported at home at the end of their life. This showed a commitment by staff and the practice to help their patients who face challenging circumstances.

The GP partners maintained a system to ensure that all referrals made were checked by a partner and co-signed to ensure appropriate local services were not being over looked and used this as part of their GP teaching and local GP support to enable an effective service.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

vaccinations 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 had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice provided information about voluntary transport services to support those in the local community who required the service.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice and the help to slim scheme was available to patients as well as signposting to local support groups.

The practice's uptake for the cervical screening programme was 83.73%, which was slightly above the national average

of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.0% to 96% and five year olds from 86.4% to 90.9%.

Flu vaccination rates for the over 65s were 72.33% and at risk groups 53.54%. These were comparable to the national averages of 73.24% and 56.56%.

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

The practice also advertised support for veterans. A veteran is someone who has served in the armed forces. When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Clinicians collected patients from reception for their consultations.
- Patients were encouraged to use the first names of staff, which patients found promoted a good rapport and a caring environment.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments made highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97.3% said the GP was good at listening to them compared to the CCG average of 92.9% and national average of 88.6%.
- 98.1% said the GP gave them enough time (CCG average 92%, national average 86.6%).
- 99.1% said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 95.2%).

- 94.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 85.1%).
- 98.9% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 92.4% said they found the receptionists at the practice helpful (CCG average 90.1%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

Patients told us 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 we received was also positive and aligned with these views.

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

- 97.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.6% and national average of 86.0%.
- 93.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.8%, national average 81.4%).
- 98.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89.5%, national average 84.8%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

The practice had completed an audit in 2015 which showed that 10 out of 11 patients died at home (their preference) with the practice's care and support and only one patient had to be admitted as they became acutely unwell.

The practice had a dedicated carer lead that provided information packs to carers and together with the practice care coordinator families were supported further. The carer pack for example included a leaflet about the Community and Care Co-ordinator and Compassionate Community, local voluntary agency groups such as Age UK and Shropshire housing groups.

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 GP partners took it in turn every week to do a weekly ward round at a local care home.
- The practice held a mental health ward round at a local care home once a month with a Consultant Psychiatrist and was the pilot for this service. After its success this was now to roll out to other practices in the area.
- Since 1st July 2009, the practice had offered extended hours appointments on Wednesday mornings from 6.45am. Pre-booked routine nurse appointments were offered in extended hours between 6.45am to 8am every Wednesday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and could be referred for example for Yellow Fever vaccinations to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- A secure website on the internet was available to registered patients to book online appointments and request repeat prescriptions.
- Staff had completed the Bridgnorth walk (22 miles) for the past three years. Money raised was divided between cancer research, the British Heart Foundation and the Alveley Patient Group APG) which contributed to the purchases of 24 hour blood pressure machines a Doppler machine (ultrasound non-invasive test that can be used to estimate your blood flow through blood vessels by bouncing high-frequency sound waves (ultrasound) off circulating red blood cells) and a new nurses consultation bed.
- The GP Partners attended local meetings providing educational talks to people on hypertension (high blood pressure) and cancer awareness.

- A dispensary service was available to eligible patients.
- The practice offered a counselling service.
- A podiatrist service was hosted by the practice.
- The practice hosted additional services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as the retinal screening service and abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).
- There was a range of services in house with specialists available in minor surgery, TeleDerm, Dermascope and joint injections.
- The practice worked closely with other local practices to provide access to services with limited clinics such as midwifery and health visitor services.
- The practice provided rapid response and emergency care to patients locally until an ambulance arrived.

Access to the service

The practice and dispensary were open Monday to Friday 8.30am to 12.30pm and 2pm to 6pm with the exception of Wednesday afternoons. The practice offered extended hours appointments on Wednesday mornings from 6.45am. Pre-booked routine nurse appointments were offered in extended hours between 6.45am to 8am every Wednesday. These were routine appointments and restricted to patients who worked full time and found it impossible to attend during normal surgery times. Patients could pre-book appointments two months in advance. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. Some GPs at the practice also worked as members of Shropdoc.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 74.9%.
- 98.1% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73.3%).

Are services responsive to people's needs?

(for example, to feedback?)

- 78.7% patients said they always or almost always see or speak to the GP they prefer (CCG average 62.9%, national average 60%).

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

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, these included posters displayed on the notice board and a summary leaflet was available.

We looked at complaints received in the last 12 months and found that all four were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints 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 deliver high quality care and promote good outcomes for patients which included dignity, respect and honesty.

- The practice had a robust strategy and supporting business plan which reflected the vision and values and these were regularly monitored.
- The practice strategy highlighted mutual respect and their endeavour to treat all patients with dignity, respect and honesty. Their strategy included learning and training as they were committed to “life-long learning” with the continuance of training of GPs and nurses. They also set out their beliefs in the importance of maintaining the trust of all patients and all clinicians and practice staff were bound by the staff confidentiality policy.

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. The practice and staff reported that they had never had a problem with sick leave, unauthorised absence or punctuality.
- 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 which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice however did not have a robust system to ensure appropriate action is taken should patients who

were not eligible to use the practice dispensary not collect prescriptions. The practice had in part completed actions required in the practice Legionella report but these were not documented as completed.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Staff said they were treated as highly valued members of the team.

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

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

- Staff told us the practice held regular team 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The practice had a system in place to recognise and reward long service. 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. There was a high level of constructive staff engagement and a high level of staff satisfaction.
- Staff undertake an annual appraisal that identifies learning needs.
- The practice had a 'no blame' culture for significant events and supported staff.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the purchase of a new nurse's consultation bed and 24 hour blood pressure monitors for patient use.
- There were 489 friends and family test results in the period December 2014 to 2015. The results had been analysed by staff, 467 patients responded that they were extremely likely to recommend the service to friends and family and the remaining 22 said they were likely to recommend. The practice went further than just noting the results and analysed any comments made by patients. These were actioned with a set timeframe to review the outcomes.
- The practice had gathered feedback from staff through staff away days and generally 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice strategy included the continuation of lifelong learning for their staff and monitoring of competencies. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the mental health ward round with a consultant psychiatrist to support the practice and local care home patients and a founder member of the co-co service. The practice planned to continue monitoring quality in care with clinical audits. They planned to implement training and learn how to best use their new clinical IT system. To turn on coding medical records for patients online. To maintain and provide patient centred care in all aspects of general practice.