

Aylmer Lodge Cookley Partnership

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 Aylmer Lodge Cookley Partnership on 19 October 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received training which provided 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.

- 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 named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice including:

- The practice were very active in identifying and caring for people whose circumstances may make

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them vulnerable. This included working closely with other organisations, and setting up meetings between agencies to help provide support for vulnerable patients.

- Patient Participation Group (PPG) members attended the practice a number of times a week according to members' availability and there was a

rota in place for this. This was to support patients, for example, by helping to show patients around the building, to provide reassurance, to help signpost to local support services, and to help gather feedback to share with the practice.

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.

- There was an effective system in place for reporting, recording, discussing and learning from 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, clear information, and a 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.
- Arrangements for managing medicines kept patients safe.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were in line with or above regional and national averages. The most recent published results showed that the practice achieved 98% of the total number of points available, compared with the Clinical Commissioning Group (CCG) and national averages of 97% and 95% respectively.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published during July 2016 showed patients rated the practice higher than others for

Good



Summary of findings

several aspects of care. For example, 94% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%.

- 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. The practice had worked with a local organisation to produce a wide range of information leaflets in an easy-read format.
- The practice had helped set up meetings between local carers, mental health and hospice organisations.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, there was an easy read version of the complaints form available in the practice premises and on the practice website.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear philosophy to deliver high quality care and promote good outcomes for patients. Staff were clear about the philosophy and their responsibilities in relation to it.
- 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.

Good



Summary of findings

- 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. The Patient Participation Group (PPG) 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.

- 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 had carried out 833 medicine reviews for patients aged over 75 years within the last 12 months. This represented 62% of the practice's eligible population of 1,352 patients.
- The practice directed older people to appropriate support services.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes-related indicators was in line with the Clinical Commissioning Group (CCG) and national averages. For example, 97% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 96% and 94% respectively. The practice's exception reporting rate for this indicator was 12% compared with the CCG average of 15% and the national average of 18%.
- 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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 accident and emergency attendances. Immunisation rates were 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. We saw evidence to confirm this.
- Performance for cervical screening indicators was in line with Clinical Commissioning Group (CCG) and national averages. For example the percentage of women aged 25-64 who attended for a cervical screening test in the last five years was 83% compared with CCG and national averages of 83% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- We saw positive examples of engagement and joint working with midwives, health visitors and school nurses.

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 reflected the needs for this age group.
- The practice offered online appointment booking and the facility to request repeat prescriptions online.
- Appointments were offered to accommodate those patients unable to attend during normal working hours.

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 registers of patients living in vulnerable circumstances including homeless people, travellers, asylum seekers and those patients with a learning disability.

Outstanding



Summary of findings

- The practice had 73 patients registered as having a learning disability and were very active in identifying and caring for this group. They had completed health checks for 68 of these patients in the last 12 months (93%). The practice had reviewed the five cases where checks had not been carried out, offered checks again and then documented the reasons for the checks not taking place. The practice offered longer appointments for patients with a learning disability consisting of at least 30 minutes with a nurse and 15 minutes with a GP.
- The practice had worked closely with Speakeasy in Worcestershire, a local organisation supporting people with a learning disability, to improve services for patients. This included carrying out a joint audit during 2015 and 2016 to identify areas for improvement. The practice had implemented a range of improvements, for example, to produce a wide range of information leaflets in an easy-read format.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 281 patients as carers, which represented 2% of the total practice population. Staff told us they actively worked to identify carers, for example, identifying 30 new carers when delivering influenza immunisations during 2015. The practice worked closely with the Worcestershire Association for Carers, including for example, carrying out a patient survey into carers' needs and holding carers' events at practice premises.
- 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.
- The practice had set up meetings in the last year between the Worcestershire Association for Carers, a local branch of MIND (a mental health charity) and KEMP (a local palliative care hospice) to promote and embed joint working across the region for vulnerable patients. Staff told us this was to help their vulnerable patients by bringing together external agencies who could help provide support.
- There were strong safeguarding arrangements in place and 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.

Summary of findings

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).

- Performance for mental health (including dementia) related indicators was in line with or higher than Clinical Commissioning Group (CCG) and national averages. For example the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face meeting in the last 12 months was 95% compared with CCG and national averages of 84%. The practice's exception reporting rate for this indicator was 9% compared with the CCG average of 10% and the national average of 8%.
- 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.
- 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.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published during July 2016. 231 survey forms were distributed and 116 were returned. This represented a 50% response rate and 1% of the practice's patient list.

The results showed the practice was performing above local and national averages in most areas and in line with averages in other areas. For example:

- 91% of patients said they found it easy to get through to this practice by telephone compared with the Clinical Commissioning Group (CCG) average of 82% and the national average of 73%.
- 63% of patients said they usually got to see or speak to their preferred GP compared with the CCG average of 58% and the national average of 59%.
- 81% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 70% and the national average of 65%.
- 94% of patients said the last GP they saw or spoke to was good at giving them enough time compared with the CCG average of 88% and the national average of 87%.
- 94% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85%.
- 94% of patients described their overall experience of this practice as good compared with the CCG average of 91% and the national average of 85%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 31 comment cards and all of these contained positive comments about the standard of care received. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect. Patients also said they found their experiences of making an appointment positive and that reception staff were helpful, professional and courteous.

We spoke with five patients during the inspection. All five patients said they were satisfied with the practice and the care they received.

Outstanding practice

We saw areas of outstanding practice including:

- The practice were very active in identifying and caring for people whose circumstances may make them vulnerable. This included working closely with other organisations, and setting up meetings between agencies to help provide support for vulnerable patients.
- Patient Participation Group (PPG) members attended the practice a number of times a week according to members' availability and there was a rota in place for this. This was to support patients, for example, by helping to show patients around the building, to provide reassurance, to help signpost to local support services, and to help gather feedback to share with the practice.

Aylmer Lodge Cookley Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Aylmer Lodge Cookley Partnership

Aylmer Lodge Cookley Partnership consists of two premises within the NHS Wyre Forest Clinical Commissioning Group (CCG). Aylmer Lodge Surgery located within a purpose built medical centre located in Kidderminster. In addition to the main location the practice also provides GP services at a branch surgery in Cookley for patients living in and around this village. The branch surgery has a dispensary on site to issue prescribed medicines to patients and is fully computerised and linked to the main location.

Both premises are served by a local bus network and there is accessible parking available. The premises and facilities are fully accessible to wheelchair users.

We visited the main location and spoke with staff who worked at both locations as part of this inspection.

The practice and branch surgery provide primary medical services to approximately 14,000 patients in the local community. The practice population is mostly White British.

The clinical staff team consists of five male GP partners, three female salaried GPs, one salaried and one locum advanced nurse practitioner, five practice nurses, two

healthcare assistants and a team of four dispensing staff. The clinical team is supported by a practice manager, a quality and compliance manager, and a team of 29 administrative, secretarial and reception staff.

The practice is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. The practice also provides training for medical students, student nurses and physician associates.

The practice premises and telephone lines are open from 8am to 6.30pm on weekdays. Appointments are from 8.30am to 11.30am and 3.20pm to 6.30pm on weekdays with extended hours appointments available on Monday evenings until 7.45pm.

Out of hours services are provided by Care UK, and are available between 6.30pm and 8am on weekdays and between 6.30pm and 8am on Monday morning by telephoning 111.

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.

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the NHS Wyre Forest Clinical Commissioning Group (CCG). We carried out an announced inspection on 18 October 2016. During our inspection we:

- Visited the main location premises;
- Spoke with a range of managerial, clinical and non-clinical staff who worked at the main location and branch surgery;
- Spoke with patients who used the service at the main location and branch surgery;
- 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 a total of 31 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 CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a comprehensive, strong and effective system in place for reporting, recording, sharing and learning from significant events, incidents and near misses.

- Staff told us they would inform the quality and compliance manager or practice manager of any incidents and there was a dedicated reporting form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We found that staff were open and transparent and fully committed to reporting, discussing and learning from significant events, incidents and near misses. Staff told us they expected to be fully involved in exploring the circumstances of these and associated learning during discussions and formal meetings.
- The quality and compliance manager was responsible for the analysis and governance of significant events, incidents and near misses, and for sharing findings with the Clinical Commissioning Group (CCG).
- We saw evidence of internal meetings where significant events, incidents and near misses were discussed. This included dedicated significant events meetings which were attended by all practice staff. We saw minutes from these meetings where significant events and learning points were discussed and actions allocated. These minutes were shared with the full staff team.
- The practice included positive incidents as significant events in order to reflect on, discuss and share good practice.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- The practice carried out a thorough analysis of the significant events and had a dedicated form for logging circumstances, learning points and actions.

We reviewed safety records, incident reports, MHRA alerts (Medicines and Healthcare products Regulatory Agency), patient safety alerts and minutes of meetings where these were discussed. The quality and compliance manager was responsible for informing staff of alerts and we saw that was taking place. We saw evidence that patient and medicines searches were carried out with appropriate actions taken. We saw that guidance and alerts were discussed at weekly clinical meetings and during informal discussions. The practice had appointed a pharmacist for one day a week to promote safety and efficiency in medicine usage.

We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, dispensary staff had carried out regular audits and reviewed medicines alerts and had met with the GP medicines management lead to discuss these. Learning points were documented and discussed in wider clinical and full staff meetings.

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. These arrangements reflected relevant legislation and local requirements. Up to date policies were accessible to all staff on the practice's computer system. 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 which was one of the GP partners, and one of the administrative staff provided dedicated clerical support. The GPs and nurses attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- The practice maintained up to date child protection and vulnerable adult lists and we saw evidence of internal and external meetings having taken place. Safeguarding was a fixed agenda item at weekly GP meetings and

Are services safe?

vulnerable patients were discussed if deemed necessary by clinical staff. We saw detailed records of meetings which included comprehensive risk assessments, discussions and actions.

- The practice had a policy to identify and review all children and young people who missed hospital appointments. Reviews were carried out by a GP.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- We saw that information relating to female genital mutilation was made available to staff. We found that staff were aware of current information and practice in this area.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The advanced nurse practitioner was the infection control clinical lead who worked closely with the quality and compliance manager to liaise with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The quality and compliance manager had devised infection control workbooks for staff to complete as part of their training.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

- The practice had appointed a pharmacist for one day a week to promote safety and efficiency in medicine usage.
- 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). Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice dispensary was signed up to the Dispensary Services Quality Scheme (DSQS) and had completed annual dispensary audits which were a requirement of the scheme. We saw that the most recent audit had been carried out in the last 12 months.
- The practice had a designated GP lead for the dispensary. The dispensary had documents which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. The Standard Operating Procedures covered all aspects of work undertaken in the dispensary. We saw examples including those relating to dispensing general prescriptions, repeat prescriptions and dispensing controlled drugs. The SOPs that we saw were appropriate and reflected practice and would satisfy the requirements of the DSQS. The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments and updates which had been shared with staff.
- The designated GP lead for dispensing told us they met with dispensary staff on a weekly basis and we saw evidence that these meetings had taken place.
- Records showed that all members of staff involved in the dispensing process had received appropriate training. The GP lead for dispensing told us dispensing staff competencies had been checked since they obtained their qualifications. We saw evidence that the dispensers' competence had been checked regularly.

Are services safe?

- The practice was offering dispensing reviews of use of medicines (DRUMs) which was a requirement of the DSQS. DRUMs are reviews carried out with patients into how they are using their prescribed medicines. There were confidential areas at the practice and branch surgery where these reviews took place.
- We saw that dispensary staff completed a log of dispensing errors which included near misses. Staff told us these were discussed with any themes, trends and learning points shared with the full staff team. Dispensing errors were classified and dealt with as significant events where applicable.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. These were being followed by practice staff. For example, controlled drugs were stored in a locked controlled drugs cupboard within a locked room. Access was restricted and the keys held securely. There were also arrangements in place for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We saw

that all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested during the last 12 months. 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 and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were separate rotas in place for GPs, nursing staff and administrative staff to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had separate business and IT continuity plans in place for major incidents which included detailed risk assessments. The plans included emergency contact numbers for staff and utility companies. Copies of the plans were kept off-site and could also be accessed through the internet on any PC or mobile telephone with internet capability.

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. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)
- The practice had systems in place to keep all clinical staff up to date. We observed that staff could access current NICE guidelines by using a dedicated section of the practice intranet. We saw evidence that guidance and standards were discussed, for example, at weekly GP meetings, management team meetings and enhanced care meetings. Staff used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through a continuous structured programme of 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 98% of the total number of points available. This was higher than the Clinical Commissioning Group (CCG) and national averages of 97% and 95% respectively.

The practice's exception reporting figures were lower than CCG and national averages. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient was unsuitable for treatment, was newly registered with the practice or was newly diagnosed with a condition.) Data from 2014/15 showed the practice's overall exception rate for clinical domains was 5% compared with the CCG average of 8% and the national average of 9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to CCG and national averages. For example, 97% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 96% and 94% respectively. The practice's exception reporting rate for this indicator was 12% compared with the CCG average of 15% and the national average of 18%.
- Performance for mental health (including dementia) related indicators was in line with or higher than CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face meeting in the last 12 months was 95% compared with CCG and national averages of 84%. The practice's exception reporting rate for this indicator was 9% compared with the CCG average of 10% and the national average of 8%.
- Performance for asthma related indicators was in line with CCG and national averages. For example, the percentage of patients with asthma on the register who had an asthma review in the last 12 months was 76% compared with the CCG average of 77% and the national average of 75%. The practice's exception reporting rate for this indicator was 3% compared with the CCG average of 9% and the national average of 8%.

QOF performance was closely monitored at all times. Where QOF targets were not met individual cases were reviewed by a GP. The practice had a documented approach to exception reporting which was followed consistently.

We saw evidence of quality improvement including clinical audit.

- The practice had carried out eight clinical audits in the last year. Three of these were completed two-cycle audits where the improvements made were implemented and monitored. Examples included whether antibiotic prescribing was in line with local guidelines and the provision of preventative medicine for type one diabetic patients aged over 40.
- Findings were used by the practice to improve services. For example, we saw evidence of increases in medicine prescribing with the correct doses.

Are services effective?

(for example, treatment is effective)

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. This 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, clinical staff could evidence a range of specialist training such as chronic disease management and health promotion.
- 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 clinical 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- All staff had received an appraisal within the last 12 months. We saw that existing training needs and successfully completed training were reviewed in advance of the appraisal meeting.
- All staff had received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.
- We saw that training and learning was well embedded in the practice and staff used a range of opportunities to increase and update their knowledge, for example discussion of specific topics at practice meetings.

- The quality and compliance manager had developed a staff training passport which was a document to help oversee and manage staff training needs including due dates for updates.

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 clinical computer 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.

Staff worked together and with other health and social care professionals 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) and after they were discharged from hospital. Meetings took place with other health care professionals when required where care plans were routinely reviewed and updated for patients with complex needs.

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 patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their lifestyle. Patients were signposted to relevant services locally.
- One of the healthcare assistants had set up a weight management service for patients with a Body Mass Index (BMI) measured as being over 30. (BMI is a value derived from the weight and height of an individual.) This had started in January 2016 and we saw evidence of positive outcomes including reduced weight and positive feedback from an audit carried out with five patients.
- A range of advice was available from practice staff, the practice website and from local support groups. This included diabetes, adult and child mental health, sexual health, pregnancy, and immunisation.

The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. 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.

The practice had rates of breast and bowel cancer screening that were in line with the CCG and national

averages. For example, 71% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 73% and 72% respectively. 62% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 62% and 58% respectively.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 51% to 99% and for five year olds from 95% to 99%. The CCG averages ranged from 49% to 97% for under two year olds and from 92% to 98% for five year olds.

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 years and over 75 years.

- The practice had carried out 483 health checks for patients aged 40-74 years within the last 12 months.
- The practice had carried out 833 medicine reviews for patients aged over 75 years within the last 12 months. This represented 62% of the eligible population of 1,352 patients.

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 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 consulting 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. Staff told us that there were rooms available for this.

We reviewed 31 patient comment cards and all of these contained positive comments about the standard of care received. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect. Patients also said they found their experiences of making an appointment positive and that reception staff were helpful, professional and courteous. We spoke with five patients during the inspection. All five patients said they were satisfied with the practice and the care they received.

We spoke with the chair of the Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the National GP Patient Survey published during July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%.

- 94% of patients said the GP gave them enough time compared with the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 97% and the national average of 95%.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to compared with the CCG average of 98% and the national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt consulted about and 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. We also saw that care plans were personalised.

Results from the National GP Patient Survey published during July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly higher than CCG and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.

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.
- A wide range of information leaflets were available in an easy read format. The practice had worked with Speakeasy in Worcestershire, a local organisation supporting people with a learning disability. Examples of leaflets available included a guide to the practice, a guide to cervical screening, a guide to bowel cancer screening and information on how to make a complaint.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 281 patients as carers (2% of the practice list). The practice worked closely with the Worcestershire Association for Carers, including, for example, carrying out a patient survey and holding carers' events at practice premises. Written information was available to direct carers to the various avenues of support available to them. This included the use of a noticeboard section in the reception area.

Staff told us they had introduced and set up meetings in the last year between the Worcestershire Association for Carers, a local branch of MIND (a mental health charity) and KEMP (a local palliative care hospice). Staff told us they planned to work with these organisations and the Clinical Commissioning Group (CCG) to promote and embed joint working across the region.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by signposting to an appropriate support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice held evening appointments on Mondays until 7.45pm for working patients who could not attend during normal opening hours.
- There were extended appointments available for any patients needing them, including longer appointments for patients with a learning disability consisting of at least 30 minutes with a nurse and 15 minutes with a GP.
- Home visits were available for older patients and other patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that require same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available, and staff could demonstrate awareness of the difficulties and issues faced by patients with hearing impairments.
- The practice and all facilities at both sites were fully accessible for wheelchair users.
- There was adequate onsite parking with designated disabled parking spaces.

Access to the service

The practice premises and telephone lines were open from 8am to 6.30pm on weekdays. Appointments were from 8.30am to 11.30am and 3.20pm to 6.30pm on weekdays with extended hours appointments available on Monday evenings until 7.45pm.

Out of hours services were available between 6.30pm and 8am on weekdays and between 6.30pm and 8am on Monday morning by telephoning 111.

Pre-bookable appointments could be booked up to six weeks in advance, and we saw that urgent appointments were available for people that needed them.

Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or above local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by telephone compared with the CCG average of 82% and the national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. Reception staff would take details to pass to the duty GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need.

We saw that alternative emergency care arrangements were made in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

We saw that the practice had an effective system in place for handling complaints and concerns.

- The practice's complaints handling policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the quality and compliance manager) who was responsible for overseeing and monitoring all complaints, comments and feedback within the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system and ways to provide feedback, including information in reception and on the practice website.
- There was an easy read version of the complaints form available in the practice premises and on the practice website.
- A dedicated complaints and comments form was available to patients in the reception areas.
- The practice treated verbal complaints and comments raised informally by patients as complaints. Staff told us this approach helped them to improve the quality of service to patients even when formal complaints were not made.

We looked at 20 complaints, comments and suggestions received in the last 12 months and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case where appropriate. The practice had provided apologies and progress updates where appropriate.

Patients told us that they knew how to make complaints or submit feedback if they wished to do so.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had made information leaflets available concerning exemption from prescription charges after a patient was not correctly informed.

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 philosophy to deliver high quality care and advice to patients, to use a team approach, and to ensure staff were trained to the highest level.

- The practice philosophy was clearly documented and available to all staff, and staff knew and understood this.
- The practice had an overarching strategy and supporting business plans which reflected the philosophy, and these were regularly monitored.

Governance arrangements

The practice had an overarching and comprehensive 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 and each other's roles and responsibilities.
- Practice specific policies were implemented and were easily and quickly accessible to all staff in electronic form. Staff demonstrated they were aware of their content and where to access them.
- Practice staff maintained a comprehensive understanding of the performance of the practice through analysis of information, discussion at meetings and the sharing of information within the staff team.
- A programme of continuous clinical and other internal audit was used to monitor quality and to make improvements.
- There were comprehensive arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had systems for ensuring that oversight and monitoring of all staff training was in place.
- The practice had systems for ensuring that oversight and monitoring of the full range of risk assessments and risk management was available in one place.

Leadership and culture

On the day of inspection the partners in the practice and the management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised the

provision of safe, high quality and compassionate care. Staff told us the partners and management team were approachable and always took the time to listen to and involve 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness, honesty, mutual respect and continuous improvement. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, clear information 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 told us that they felt supported, engaged and motivated by the management team and partners.

- Staff told us the practice held regular team and practice meetings which they were actively encouraged to attend and contribute to.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and managers in the practice. Staff provided examples of how they were involved in discussions about how to run and develop the practice, and all members of staff were encouraged to identify opportunities to improve the service delivered by the practice.
- Staff told us the practice prioritised their development, growth and learning. There were examples of where staff had successfully progressed within the organisation to roles of greater responsibility and seniority.
- Staff told us they had been involved in raising money for charities as a practice team, for example, a sponsored run for MIND and the Stroke Association.

Are services well-led?

Good 

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

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 practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The group met regularly every one to two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice made improvements to provision for carers following engagement and discussion with the PPG.
- PPG members attended the practice a number of times a week according to members' availability and there was a rota in place for this. This was to support patients, for example, by helping to show patients around the

building, to provide reassurance, to help signpost to local support services, and to help gather feedback to share with the practice. Patients we spoke with on the day told us they found this service helpful.

- 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 in the best interests of the patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice worked closely with a number of local charities such as Speakeasy, the KEMP hospice and MIND.