

St Martin's Gate Surgery

Quality Report

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Date of inspection visit: 1 December 2016

Date of publication: 06/02/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of St Martin's Gate Surgery on 1 December 2016. Overall the practice is rated as **good**.

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

- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- Risks to patients were comprehensively assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were sufficiently trained and had the appropriate knowledge and experience to effectively deliver care and treatment.

- Patient outcomes were in line with or above local and national averages.
- Patients said they were treated with compassion, dignity and respect and that they were suitably involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- 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.

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.

- People were protected by comprehensive safety systems and there was a focus on openness, transparency and learning when things went wrong.
- There was a system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence that events had been consistently recorded, discussed and shared.
- Practice staff used opportunities to learn from incidents to support improvement.
- Information about safety was valued and was used to promote learning and improvement, and was shared with outside agencies.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Risks to patients were identified and dealt with.
- Arrangements for managing medicines kept patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 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.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example, 94% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with CCG average of 87% and the national average of 85%. 95% of patients said the last nurse they saw or spoke to was good at treating them with care and concern, compared with the CCG average of 92% and the national average of 91%.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Managers and staff told us they were committed to providing the very best care for patients, and patient feedback aligned with this.
- Feedback from patients about their care and treatment was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

PPG members attended practice premises for three or four days every other month to support patients, for example encouraging patients to use the self-check-in screens. This had contributed to the number of patients using these screens doubling over the last two years.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, extended hours appointments were available on Monday or Tuesday evenings every week, and on Saturday mornings approximately once a quarter.
- Home visits were offered for those whose circumstances resulted in difficulty for them to attend the practice premises.
- There was continuity of care with urgent appointments available the same day.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, elderly patients, and patients with complex needs. The practice considered the need for double appointments on a case-by-case basis and did not restrict this to certain categories of patients.

Good 

Summary of findings

- 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. 95% of patients said they were able to get an appointment to see or speak to someone last time they tried, compared with the CCG average of 89% and the national average of 85%. 92% of patients said the last appointment they got was convenient, compared with the CCG average of 93% and the national average of 92%.
- 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.

Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a range of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems 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 and we saw examples of improvements made.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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.
- Practice staff worked closely with other healthcare professionals to deliver care to older people, for example community nursing staff.
- Enhanced checks for patients aged 75 and above were available.
- The practice directed older people to appropriate support services and this was supported by a dedicated care navigator role.

Good



People with long term conditions

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

- The practice held registers of those patients with long-term conditions and operated a system whereby patient reviews were carried out during patients' birthday months.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. We saw that nursing staff utilised, reviewed and kept up to date care plans for patients with long term conditions.
- Performance for diabetes related indicators was in line with CCG and national averages. For example, 95% of patients with diabetes received influenza immunisation in the last 12 months compared with CCG and national averages of 97% and 94% respectively. The practice's exception reporting rate for this indicator was 14% compared with the CCG average of 19% and the national average of 18%.
- Longer appointments and home visits were available when needed.
- All patients with long-term conditions had a named GP clinical lead.
- Structured annual reviews were provided to check health and medicines needs were being met.

Good



Summary of findings

- 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.

Families, children and young people

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

- There were systems 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 (A and E) 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 including care planning.
- Performance for cervical screening indicators were in line with CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 80% 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 education professionals including school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired 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. Patient engagement with online services was high.

Good



Summary of findings

- Appointments were offered to accommodate those unable to attend during normal working hours. For example, extended hours appointments were available on Monday or Tuesday evenings until 8.00pm.

People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances.
- We saw evidence that circumstances were considered in care planning and treatment for vulnerable patients and the practice regularly worked with other health care professionals to deliver care and treatment.
- The practice had a dedicated list of patients registered as having a learning disability and had offered health checks for all of these patients. The practice used information to support care planning and offered longer appointments for patients with a learning disability.
- The practice provided care and treatment for patients who were residents at a learning disability care home locally.
- The practice provided help and support for patients who were carers.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was above CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been

Good



Summary of findings

recorded in the 12 months was 95% compared with CCG and national averages of 89% and 90% respectively. The practice's exception reporting rate for this indicator was 8% compared with the CCG and national averages of 10%.

- Patients experiencing poor mental health (including those with dementia) had a care plan in place, and were invited to see a GP for a comprehensive review at least once a year. Patients who did not make appointments or attend booked appointments were contacted again.
- The practice carried out dementia screening for those identified with memory problems, and had access to early intervention dementia team clinics which took place in the practice building.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published during July 2016. There were 227 survey forms distributed and 109 returned. This represented a 48% response rate and 1% of the practice's patient list.

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

- 71% of patients said they found it easy to get through to the practice by telephone, compared with the Clinical Commissioning Group (CCG) average of 75% and the national average of 73%.
- 92% of patients said the last appointment they got was convenient, compared with CCG average of 93% and the national average of 92%.
- 78% of patients were satisfied with the practice's opening hours, compared with the CCG and national averages of 76%.
- 98% of patients said they had confidence and trust in the last GP they saw or spoke to, compared with the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with CCG average of 87% and the national average of 85%.
- 89% of patients described their overall experience of the practice as good, compared with the CCG average of 88% and the national average of 85%.

However, the practice was performing slightly below local and national averages in some areas, namely:

- 47% of patients said they get to see or speak with their preferred GP, compared with the CCG and national averages of 59%.
- 58% of patients said they usually waited 15 minutes or less after their appointment time to be seen, compared with the CCG average of 64% and the national average of 65%.
- 53% of patients said they did not normally have to wait too long to be seen, compared with the CCG average of 60% and the national average of 58%.

Practice staff demonstrated they were aware of these results. We saw evidence of analysis of patient views, and we saw that these had been discussed in practice meetings and with the Patient Participation Group (PPG). The practice had a plan in place to continue to monitor and respond to patient feedback, for example by reviewing the availability of appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 23 comment cards and all but one of these were completely positive about the standard of care received at both the main and branch surgery. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect. One comment highlighted that there was sometimes a long wait to see a preferred GP.

We spoke with five patients during the inspection including those who used the branch surgery. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

St Martin's Gate Surgery

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 St Martin's Gate Surgery

St Martin's Gate Surgery consists of two premises within the South Worcestershire Clinical Commissioning Group (CCG), providing GP services to patients within Worcester and surrounding areas.

The main location surgery is a purpose-built GP practice located to the east of Worcester. In addition to the main surgery the practice also provides GP services at a branch surgery located to the south of Worcester, approximately three miles from the main location.

Both premises are served by the local bus network and there is accessible parking. Both buildings and facilities are fully accessible to wheelchair users, are fully computerised and linked through their IT and telephone systems. We visited the main location surgery as part of this inspection.

The practice and branch surgery provide primary medical services to approximately 12,300 patients in the Worcester and surrounding areas. The practice population is approximately 85% White British, with Black and Minority Ethnic groups making up the remaining 15%. The practice area includes a mixture of urban and rural areas and some areas of high deprivation.

The clinical staff team consists of three male and one female GP partners, one male and one female salaried GPs, a clinical pharmacist, five practice nurses (two being Advanced Nurse Practitioners), and two healthcare assistants. Additionally there is one regular locum GP.

The practice conducts GP training with qualified doctors who are undergoing a period of further training in order to become GPs. There is currently two trainee GPs at the practice.

The clinical team is supported by a practice manager, two office managers, and a team of 18 administrative and reception staff including one apprentice.

There are no staff who work solely at the branch surgery premises.

The main location and telephone lines are open from 8am to 6.30pm on weekdays. Appointments are available between these times. Extended hours appointments are available on Monday or Tuesday evenings until 8.00pm, and from 8am until 12pm on Saturday mornings approximately once a quarter.

The branch surgery is open for GP appointments from 9am until 12pm on weekdays.

When the practice is closed services are provided by Worcestershire Out of Hours service. This operates at the Worcestershire Royal Hospital at weekends, and between the hours of 6.30pm and 8am on weekdays. Patients are directed to this service by a recorded answerphone message, and there is information concerning out of hours arrangements on the practice website.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before 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 South Worcestershire Clinical Commissioning Group (CCG). We carried out an announced inspection on 1 December 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 treated in the reception and waiting areas, and talked with carers and family members;

- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed a total of 23 comment cards where patients 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 well-established system for reporting, recording, actioning and reviewing significant events, incidents and near misses.

- There was a dedicated template for recording and reporting significant events and incidents which was available on the practice's computer system. This encompassed clinical, practice management and administrative incidents and also included near misses. The form contained five separate sections for documenting the classification of the incident, information gathering, actions, analysis, and agreeing and implementing changes. This 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 saw evidence that events were being consistently reported, recorded, discussed, reviewed and shared.
- Staff were open and transparent, and were willing to report, discuss and learn from significant events, incidents and near misses. Staff told us they would inform the practice manager and GPs of any of these and we found that staff fully understood their responsibilities to do so. Staff told us they were involved in formal meetings and discussions which focussed on learning and improvement with the aim of improving safety and reducing risk.
- The GP partners were responsible for the oversight of significant events, incidents and near misses.
- We saw evidence of internal meetings where significant events, incidents and near misses were discussed. This included dedicated significant events meetings held when these were required. Significant events and incidents were discussed as part of a standing agenda item during full staff meetings, and we saw minutes of these.
- Staff told us they would share examples of learning from significant events and incidents with stakeholders (such as other healthcare professionals) where this was considered to be necessary.

- 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.

We reviewed safety records, incident reports, MHRAs (Medicines and Healthcare Products Regulatory Alerts), patient safety alerts and minutes of meetings where these were discussed. The practice had an alerts protocol to identify, share and respond to any alerts. The practice pharmacist was responsible for responding to and sharing information relating to safety and medicines alerts. We reviewed the last three MHRAs actioned by the practice and saw that these were handled appropriately, with appropriate actions taken including patient searches and audits.

We saw evidence that lessons learnt were shared and action was taken to improve safety for patients. For example the practice had placed warnings on patient notes where there were two or more patients with the same name, to remind staff to check all patient details.

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:

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Up to date policies and procedures were accessible to all staff on the practice's computer system. We saw these had been regularly updated with effective version control processes in place. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated awareness of the content of these policies and procedures. There was a dedicated safeguarding incident reporting form in use.
- There was a lead member of staff for safeguarding who was one of the GP partners. The GPs and nurses attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Are services safe?

- The practice maintained up to date child protection and vulnerable adult lists and we saw evidence of internal and external meetings having taken place. We saw detailed records of these meetings which included comprehensive risk assessments, discussions and actions.
- The practice had set up a dedicated email address for safeguarding issues which had been circulated to stakeholders, for example the police and social services. One of the administrative staff was the lead for all safeguarding correspondence and administration. There was a staff buddying system in place for when this member of staff was not available.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to child protection or child safeguarding level three.
- Notices throughout the practice advised patients that chaperones were available if required. All staff who were required to act as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There were managerial and clinical leads for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training.
- Internal infection control audits were undertaken every six months by the nurse leading in this area. These audits were unannounced and results were shared with all staff. We saw that this approach had been in place for over three years. The most recent internal audit had taken place during November 2016. Infection control was a standing item in team and full staff meetings.
- We reviewed clinical and non-clinical staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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 CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions, receiving mentorship and support from the GPs and practice pharmacist for this extended role.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures 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, had carried out weekly tests of the fire alarm system, and had carried out annual tests of fire safety equipment (with the most recent taking place in July 2016). Results of these checks and tests had been recorded and stored.
- 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 and calibrated every 12 months, most recently during February 2016. The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet

Medicines management

Are services safe?

patients' needs across both sites. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover each other's roles where necessary.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the reception area and all the consultation and treatment rooms, including at the branch surgery. This alerted staff to any emergency.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- All staff received annual basic life support training and there were emergency medicines available on-site. There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There were processes to ensure that the equipment remained safe for use.
- Emergency medicines were easily accessible to staff in a secure area of the practice and branch surgery and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off-site. The practice had carried out staff training on emergency procedures.

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. This included 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 implemented processes to keep all clinical staff up to date. We observed that staff could access current NICE guidelines and local guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed at clinical and full staff meetings, and minutes of these meetings were produced. Staff used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records. Outcomes of these checks were discussed in clinical, team and full practice meetings, with improvements implemented and documented where necessary.
- We reviewed the practice's response to examples of recent NICE guidelines and found comprehensive and appropriate actions had been completed and documented appropriately.

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 slightly above 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 is

unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.) For example the practice exception reporting rate for the clinical domain was 5%, compared with the CCG and national averages of 8% and 9% respectively.

The practice scored above or in line with CCG and national averages for clinical targets overall. For example, data from 2015-16 showed:

- Performance for diabetes related indicators was in line with CCG and national averages. For example, 92% of patients with diabetes received influenza immunisation in the last 12 months compared with CCG and national averages of 97% and 94% respectively. The practice's exception reporting rate for this indicator was 14% compared with the CCG average of 19% and the national average of 20%.
- Performance for mental health related indicators was above CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the 12 months was 99% compared with CCG and national averages of 89% and 90% respectively. The practice's exception reporting rate for this indicator was 3% compared with the CCG and national averages of 10%.
- Performance for a hypertension related indicator was similar to CCG and national averages. For example, the percentage of patients with hypertension (high blood pressure), whose last measured blood pressure was under the recommended level, was 84% compared with the CCG average of 86% and the national average of 84%. The practice's exception reporting rate for this indicator was 1% compared with the CCG average of 3% and the national average of 4%.
- Performance for asthma related indicators was similar to the CCG and national averages. For example, the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 70% compared with CCG and national averages of 76% and 75% respectively. The practice's exception reporting rate for this indicator was 8% compared with the CCG average of 7% and the national average of 8%.

QOF performance was closely monitored at all times. One of the GP partners was the practice lead for performance and was supported in this role by a member of the

Are services effective?

(for example, treatment is effective)

administrative team responsible for monitoring data. Where QOF targets were not met all individual cases were reviewed by the clinical team and discussed. The practice had a documented approach to exception reporting which was followed consistently.

There was evidence of quality improvement including clinical audit.

- The practice had carried out 10 clinical audits in the last year. Eight of these were completed audits where the improvements made were implemented and monitored. This included for example an audit into patients on long-term antibiotics for urinary tract infection.
- We saw that audit findings had been presented, discussed and documented as part of clinical, team and practice meetings.
- Findings were used by the practice to improve services. For example, we saw evidence of reduced prescription rates for patients with asthma.

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. We reviewed staff files and saw this training had consistently taken place.
- 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 in contraception and asthma. One of the nurses was being supported by the practice to complete a master's degree in nursing.
- Staff who administered 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, discussion at practice meetings and support from their line manager.

- 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 which included documented progress, achievements, outcomes and actions.
- All staff had received training that included safeguarding, fire safety awareness, basic life support, dementia awareness, domestic abuse awareness, 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.
- The practice held internal education sessions for staff where individual staff members took turns to present information to colleagues. Staff told us they were required to feed back content and learning points from any external training events and conferences they attended, with the aim of disseminating learning throughout the practice.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the practice's patient record and intranet systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We saw that 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, such as when they were referred or after they were discharged from hospital.

Meetings took place with other health care professionals (for example local care home staff) on a regular basis when

Are services effective?

(for example, treatment is effective)

care plans were routinely reviewed and updated for patients with complex needs. We saw evidence of multidisciplinary meetings which included focus on avoiding admissions to hospital.

Practice staff told us they prioritised working with other health care professionals including those based within the same building at the main practice location. This included for example district nurses, health visitors and social workers.

Consent to care and treatment

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

- The practice had a detailed and comprehensive consent and mental capacity policy.
- Staff demonstrated to us that they 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.
- A member of the clinical team assessed the patient's capacity and recorded the outcome of this assessment where a patient's mental capacity to consent to care or treatment was unclear.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support and provided services at both practice premises to meet these needs. This included patients receiving end of life care, carers, those experiencing or at risk of developing a long-term condition, and those requiring advice on their lifestyle. Patients were also signposted to relevant local services.

- A range of advice including for example smoking cessation, mental health, bereavement, counselling and sexual health was available from practice staff and from local support groups.
- The practice hosted a range of outreach clinics for example dementia care, pain management, physiotherapy, spinal clinics and bowel screening.

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 83% and the national average of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice ensured a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme. The practice followed up cases that 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, 72% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 75% and 72% respectively. 60% 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 50% to 97% and for five year olds from 90% to 96%. The CCG averages ranged from 49% to 97% for under two year olds and from 92% to 96% 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. Suitable 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 saw that practice staff were courteous and 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. We saw there were rooms available for this.

We saw that all but one of the 23 patient Care Quality Commission comment cards we received were completely positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect. Comment cards indicated that staff responded compassionately when they needed help and provided support when this was needed.

We spoke with the chair and deputy 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.

Results from the National GP Patient Survey published during July 2016 showed patients felt they were treated with care and concern. The practice scored above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the last GP they saw or spoke to was good at giving them enough time, compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 87%.
- 95% of patients said the last GP they saw or spoke to was good at listening to them, compared with the CCG average of 91% and the national average of 89%.

- 94% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with the CCG average of 87% and the national average of 85%.
- 94% of patients said the last nurse they saw or spoke to was good at giving them enough time, compared with the CCG average of 94% and the national average of 92%.
- 95% of patients said the last nurse they saw or spoke to was good at treating them with care and concern, compared with the CCG average of 92% and the national average of 91%.

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 and aligned with these views. We reviewed a sample of care plans and saw that these 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 above CCG and national averages. For example:

- 92% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, compared with the CCG average of 89% and the national average of 86%.
- 93% 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 87% and the national average of 85%.

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.
- We saw that information leaflets and information about local support were available in an easy read format.

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 had recently appointed a care navigator who was building a directory of local and national services to signpost patients to.

The practice held a carer's register, and the practice's computer system alerted staff if a patient was also a carer. The practice had identified 210 patients as carers (2% of the practice list). The practice's patient registration form included a section for prospective patients to identify as a carer. One of the PPG members sat on the local carers association board, and the practice had worked with the PPG to promote National Carers Week including holding events at the practice. Written information was available to

direct carers to the various avenues of support available to them which included a noticeboard section in the reception area. Patients who were carers told us that they were signposted to local support services. Carers were offered influenza vaccinations each year.

PPG members told us they attended both practice premises for three or four days every other month to support patients. PPG members wore sashes to identify themselves and spent time in the patient waiting areas to provide support and guidance, for example encouraging patients to use the self-check-in screens. This had contributed to the number of patients using these screens doubling over the last two years.

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

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.

- Extended hours appointments were available on Monday or Tuesday evenings until 8.00pm, and from 8am until 12pm on Saturday mornings approximately once a quarter.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, elderly patients, and patients with complex needs. The practice considered the need for double appointments on a case-by-case basis and did not restrict this to certain categories of patients.
- Patients were able to book appointments and order repeat prescriptions online, and the practice used an automated text message appointment reminder system.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- GPs carried out weekly rounds at local care homes to review patients.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available. Staff demonstrated awareness of the difficulties and issues faced by patients with hearing impairments. One of the GPs was learning sign language to help them communicate with deaf and hard of hearing patients.
- Both practice premises and all facilities were fully accessible for wheelchair users and patients who were less mobile.
- There was adequate onsite parking available.

Access to the service

The main location and telephone lines were open from 8am to 6.30pm on weekdays. Appointments were available between these times. Extended hours appointments were available on Monday or Tuesday evenings until 8.00pm, and from 8am until 12pm on Saturday mornings approximately once a quarter. The branch surgery was open for GP appointments from 9am until 12pm on weekdays.

When the practice was closed services were provided by Worcestershire Out of Hours service. This operated at the Worcestershire Royal Hospital at weekends, and between the hours of 6.30pm and 8am on weekdays. Patients were directed to this service by a recorded answerphone message, and there was information concerning out of hours arrangements on the practice website.

Appointments could be booked up to four weeks in advance for GPs and six weeks in advance for nurses, and there were urgent appointments available on the day.

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:

- 71% of patients said they found it easy to get through to this practice by telephone, compared with the Clinical Commissioning Group (CCG) average of 75% and the national average of 73%.
- 95% of patients said they were able to get an appointment to see or speak to someone last time they tried, compared with the CCG average of 89% and the national average of 85%.
- 92% of patients said the last appointment they got was convenient, compared with the CCG average of 93% and the national average of 92%.

However, the practice was performing below local and national averages in some areas, namely:

- 47% of patients said they usually get to see or speak with their preferred GP, compared with the CCG and national averages of 59%.
- 58% of patients said they usually waited 15 minutes or less after their appointment time to be seen, compared with the CCG average of 64% and the national average of 65%.

Are services responsive to people's needs?

(for example, to feedback?)

- 53% of patients said they did not normally have to wait too long to be seen, compared with the CCG average of 60% and the national average of 58%.

Practice staff demonstrated they were aware of these results. We saw evidence of analysis of patient views, and we saw that these had been discussed in practice meetings and with the Patient Participation Group (PPG). The practice had responded by developing an action plan and by increasing appointment availability.

We spoke with five patients on the day of the inspection and all of them told us they were able to get appointments when they needed them, and that they had never experienced problems doing so.

Following a patient request for a home visit the practice had a system to assess the urgency of the need for medical attention. Reception staff would take details to pass to a 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 and patient circumstances. Pre-bookable home visits were available. Staff told us they never refused requests for home visits.

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 for handling concerns, complaints and feedback from patients and others.

- The practice had a complaints policy and associated procedures and these were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (one of the GP partners) who oversaw all complaints made to the practice. The practice manager was responsible for overseeing and monitoring complaints and the practice's response.
- We saw that information was available to help patients understand the complaints system including information in waiting areas, other areas of the practice and on the practice website.
- Staff told us they would explain the complaints process to any patient wishing to make a complaint.
- A dedicated complaints and comments form was available to patients in the reception area.

We looked at eight complaints received since 1 April 2016 and found that each of these were handled in a satisfactory and timely way. Complainants were responded to by letter in each case and additionally by telephone in some cases. Apologies had been given where appropriate. Patients told us that they knew how to make complaints if they wished to.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We saw that complaints were discussed as part of staff meetings with learning points shared throughout the practice.

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, which was to provide high quality healthcare to all and to deliver continuity of care and a therapeutic relationship, in a safe environment, and in a timely manner. Staff told us that effective communication within an open and honest culture was prioritised with a focus on learning to improve.

The practice had a detailed current business plan and a range of strategy documents to support this.

Governance arrangements

The practice had an overarching and comprehensive governance framework which supported the delivery of the practice vision and good quality care. This included:

- There was a clear staffing structure and that staff were aware of their own and each other's roles and responsibilities. Each member of clinical staff had a 'buddy' in place to promote efficient working and continuity of care.
- Current, practice-specific policies and procedures were in place, and these were easily accessible to all staff on the practice's computer system. Staff demonstrated they were aware of their content and where to access them.
- We saw evidence of oversight and governance of all policies, procedures and processes through for example comprehensive version control and effective reviews.
- A comprehensive understanding of the performance of the practice was maintained. This included discussion of performance at a range of meetings and the sharing of information and learning points with staff and other stakeholders.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements and this was discussed in dedicated team and full practice meetings.
- There were arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions. Oversight and monitoring of the full range of risk assessments and risk management was available in one place.

- The practice had systems for overseeing and monitoring staff training. We reviewed staff training logs and saw that these had been fully documented and were up to date.

Leadership and culture

On the day of inspection the partners and practice manager, supported by other staff, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The partners and practice manager told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager 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 training for all staff on communicating with patients about notifiable safety incidents. The partners and practice manager encouraged a culture of transparency.

The practice had systems to ensure that when things went wrong with care and treatment:

- Staff provided reasonable support, clear information and a verbal and written apology to those affected.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff told us that they felt supported by managers.

- Staff told us the practice held regular team and full practice meetings plus dedicated meetings for specific areas for example weekly multidisciplinary educational meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff said they felt confident and supported in doing so. Staff were encouraged to identify and raise concerns or ideas to help benefit the practice and the service provided to patients.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported by the partners in the practice, the Practice Manager and their colleagues.

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 consisted of between 12 and 20 patients who met at least every quarter at the main practice premises.
- PPG meetings had a formal agenda, and minutes and action logs were produced.
- The PPG had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced a patient newsletter following input from the PPG.
- 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 had an established record of engaging in research, including with the University of Warwick Medical School. Staff told us the practice recruited the largest number of patients in the South Worcestershire Clinical Commissioning Group (CCG) area for 2015-16.
- The practice had received Royal College of General Practitioners (RCGP) Research Ready accreditation. (Research Ready is a quality assurance programme which is intended for use by all research-active GP practices. It is designed in line with the UK Research Governance Framework's legal, ethical, professional, and patient safety requirements.)
- Practice staff held weekly internal educational sessions for the benefit of all staff. This included staff taking turns to lead and present on specific areas.