

# Wolverley Surgery



## Quality Report

The Surgery  
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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?		Outstanding	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	9
What people who use the service say	14
Areas for improvement	14

### Detailed findings from this inspection

Our inspection team	15
Background to Wolverley Surgery	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wolverley Surgery on 19 January 2017. 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 for reporting and recording significant events which staff were aware of and participated in.
- Risks to patients were assessed and well managed across the practice and were regularly reviewed.
- There was evidence of regular audit and review of their practises to improve patient care which included palliative care, after death reviews and implementation of systems to ensure appropriate actions were taken from safety alerts.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients consistently reported high levels of satisfaction with all aspects of care at the practice. The said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. We received many examples from patients of how the caring and compassionate nature and actions of the GPs and staff had had a positive impact on their lives. Reception and dispensary staff were reported by patients to be exceptionally friendly, helpful and accommodating at all times.
- The practice had a carer's champion who worked closely with the Worcestershire Carers Association and had identified a higher than average number of carers. The practice also had good links and communication with the lead nurse for patients with a learning disability.

# Summary of findings

- Information about services and how to complain was available and easy to understand and 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 as well as a triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff reported being well supported at all times 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.

The areas where the provider should make improvement are:

- Introduce a formal record of actions taken in response to recommendations from the Legionella risk assessment.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events which staff were aware of and participated in.
- The practice had systems to ensure actions were taken in response to safety alerts and continually reviewed these to ensure they were effective.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, 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 to keep patients safe and safeguarded from abuse. They met regularly with the multi-disciplinary team to discuss patient who were at risk of harm.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 97% of the total points available which was comparable to the Clinical Commissioning Group (CCG) average of 99% and the national average of 95%. The exception reporting rate for the practice was 5% which was lower than the CCG and national averages of 8% and 10% respectively. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice maintained a log of clinical audits which demonstrated quality improvement in areas such as prescribing and end of life care.
- 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.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, such as the district nursing team and Macmillan nurses. The practice had regular communication with the learning disability nurse when they ensured that the register was accurate and up to date.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice significantly higher than others for all aspects of care. For example, 94% of patients would recommend the practice to someone new to the area compared with the CCG average of 84% and national average of 78% and 99% of patients said their overall experience with the practice was good.
- Patients consistently reported that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example, 94% of patients said the GPs involved them in decisions about their care compared to the CCG average of 85% and national average of 82%. Patients we spoke with gave many examples of how the GPs and nurses' explanations of their treatment had helped them manage their condition.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality. Patients we spoke with told us they experienced this. This was further supported by statements patients left on the comment cards. Patients reported high levels of satisfaction with all aspects of care at the practice. We received many examples from patients of how the caring and compassionate nature and actions of the GPs and staff had had a positive impact on their lives. For example, GPs carried out home visits following discharge from hospital after delivery of babies, complications of pregnancy and bereavement. Reception and dispensary staff were also reported by patients to be exceptionally friendly, helpful and accommodating at all times. Dispensary staff delivered patients' medicines if they knew the patients were having difficulty in attending to collect their prescription
- The practice had identified 126 carers which represented 4% of the practice population. They had appointed a carer's champion who maintained a register of carers and with patient

**Outstanding**



# Summary of findings

consent, shared information with the Worcestershire Carer's Association. They had a specific link person from the carers association and had regular contact with them. They facilitated quarterly drop in sessions at the practice to enable carers to attend and get more information about services and support available to them. The carers champion wrote to all patients on the carers register to inform them that the carers association would be holding the drop in session and also arranged meetings in between these times for carers who needed to speak with the carers support worker. Carers were given priority appointments to enable them to attend with the patient they were caring for and the practice facilitated appointments to meet the needs of the carers who needed appointments themselves. All staff at the practice were aware of the importance of identifying carers and encouraged patients to complete forms to register as carers.

- The practice engaged with the local community. They had engaged with a local school who were working to develop and initiate a project to introduce young people to senior members of the community with the aim of promoting interaction between different age groups, sharing life experiences and reducing isolation. The practice had agreed to promote the scheme to patients they identified who met the criteria. The organisers of the scheme reported that the practice had been helpful and supported the project.
- Patients with long term conditions reported that GPs contacted them directly if they had not been to the practice for several months to enquire about their health and we noted many examples of where the GPs had contacted patients directly, provided home visits and additional support to patients experiencing difficulties with their health.
- Staff at the practice reported how they were supported by the GPs when experiencing difficulties in their lives. They told us the GPs were always supportive and caring.
- The practice had engaged in the Frail Elderly Scheme and the health care assistant visited any patient over 75 who had not been seen in the last three months. This scheme was no longer funded but the practice had continued with this service as they considered it beneficial for patients.
- Blood tests were arranged in the patients' own homes for those who could not attend the surgery.
- The dispensary offered a delivery service for older housebound patients.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had a dedicated telephone line for care homes, paramedics and community teams to contact the practice to prevent delay in communication.
- Patients said they found it easy to make an appointment with a named GP. There was continuity of care, with urgent appointments available the same day and a triage system.
- 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.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. There was a caring ethos throughout the practice and all staff demonstrated a commitment to ensuring that patients' needs were met.
- 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 weekly meetings where governance was discussed. The practice reviewed referrals weekly and had daily discussions regarding decisions about patients to maintain communication and facilitate peer review.
- 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 dealing with notifiable safety incidents and this information was shared with staff to ensure appropriate action was taken. The practice had a red, amber, green priority system for significant events to ensure they identified areas for action promptly.

**Good**



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active and reported being well supported and valued by the practice.
- There was a focus on continuous learning and improvement at all levels.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice participated in the local enhanced service for admission avoidance and provided support where necessary.
- The GPs were proactive in advanced care planning and were auditing this six monthly. They had seen improvements in completion of 'do not attempt cardio pulmonary resuscitation' (DNACPR) forms, advanced care planning and improved communication with the out of hours service as a result.
- The practice contacted all older people following A&E admission by telephone or carried out a home visit to determine if there were any preventable factors regarding readmission.
- The practice had engaged in the Frail Elderly Scheme and the health care assistant visited any patient over 75 who had not been seen in the last three months. This scheme was no longer funded but they had continued this service as they saw benefits to patients.
- The practice had worked with the local school and agreed to identify older patients who would be suitable to participate in a project to reduce isolation, encourage socialisation and share experiences with young people.
- Blood tests were arranged in the patient's own homes for those who could not attend the surgery.
- The practice had a dedicated telephone line for care homes, paramedics and community teams to contact the practice to prevent delay.
- The dispensary offered a delivery service for older housebound patients.
- GPs carried out a monthly ward round at the local care home.

### People with long term conditions

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

Good



# Summary of findings

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had good recall systems for patients with long term conditions.
- The practice utilised standard templates to ensure consistent recording of patient information and personal care plans were completed for patients with chronic obstructive pulmonary disease (COPD), asthma and diabetes. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The percentage of patients with diabetes whose last cholesterol measurement was within the recommended level was 77% compared to the CCG and national averages of 72% and 70% respectively.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review by a healthcare professional in the preceding 12 months was 88% compared to the CCG and national averages of 85% and 79% respectively.
- Longer appointments and home visits were available when needed.

## 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 A&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, and we saw evidence to confirm this.
- Cervical screening rates were comparable with the CCG and national averages. The percentage of eligible women who had received cervical screening in the previous five years was 82% which was in line with the CCG average of 83% and the national average of 82%.
- The practice offered a full range of family planning services and sexual health advice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

- The GPs visited patients at home following delivery of their babies as well as visits for patients following difficulties in early pregnancy.
- We saw positive examples of joint working with midwives and health visitor.

## **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 operated a same day urgent triage service and telephone consultations.
- Extended hours appointments were available both morning and evening on Tuesdays.

Good



## **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 a register of patients living in vulnerable circumstances and those with a learning disability. The practice had a learning disability lead GP who had contact with the local area lead nurse. Patients with a learning disability were offered annual reviews and longer appointments to facilitate this.
- Patients reported that GPs contacted them directly if they had long term health problems when they had not seen them for some time and visited patients who had experienced difficult health and life changing experiences such as bereavement.
- Vulnerable patients and those at risk of harm were flagged on the system to alert staff to this.
- The practice had identified 126 carers which represented 4% of the practice population. They had appointed a carer's champion who maintained a register of carers and with patient consent, shared information with the Worcestershire Carer's Association. They had a specific link person from the carers association and had regular contact with them. They facilitated quarterly drop in sessions at the practice to enable carers to attend and get more information about services and support

Good



# Summary of findings

available to them. The carers champion wrote to all patients on the carers register to inform them that the carers association would be holding the drop in session and also arranged meetings in between these times for carers who needed to speak with the carers support worker. Carers were given priority appointments to enable them to attend with the patient they were caring for and the practice facilitated appointments to meet the needs of the carers who needed appointments themselves.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had carried out three audit cycles regarding end of life care to work towards ensuring they were carrying out the wishes of patients and enabling them to die in a place of their choice as well as having advanced care planning documented. This was scheduled to continue.
- 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.

## 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).

- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national averages of 85% and 84% respectively.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record, agreed between individuals, their family and/or carers as appropriate, which was comparable to the CCG average of 92% and national average of 91%.
- 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 advanced care planning for patients with dementia.

Good



## Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and had access to an in-house counsellor.
- The practice had a system to follow up patients who had attended (A&E) 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.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing above the local and national averages in all areas. There were 210 survey forms distributed and 118 were returned. This represented a 56% response rate and 4% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by telephone compared to the CCG average of 82% and national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 99% of patients described their overall experience of this GP practice as good compared to the CCG average of 91% and the national average of 85%.

- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received frequently referring to appreciation of the GP's ability to listen and provide support during times of significant health issues and bereavement. Patients reported how GPs and nurses took time to explain their condition, treatment and tests and reassured them at all times.

We spoke with seven patients as part of the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, friendly, kind, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Introduce a formal record of actions taken in response to recommendations from the Legionella risk assessment.

# Wolverley Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Wolverley Surgery

Wolverley Surgery is a rural dispensing GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 3,100 patients living in Wolverley and the surrounding areas in Kidderminster. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a single storey building, which accommodates other members of the primary health care team. For example, the district nursing team, pharmacy adviser, physiotherapist, chiropodist, counsellor and drug and alcohol adviser. The practice has parking facilities and disabled access.

The practice population has a higher than average number of patients aged 45 to 80 years and lower than average number of patients in the 0 to 10 years age group. National data indicates that the area is one that does not experience high levels of deprivation. The practice population is predominantly made up of patients of white British ethnic origin.

There are two GP partners, one male and one female. The practice employs two practice nurses, a health care assistant, a practice manager, an office manager who are supported by a team of administration and reception staff.

The practice is a dispensing practice dispensing to approximately 1,800 patients who live more than one mile from a pharmacy. This is staffed by a team of trained dispensary staff.

The practice offers a range of services including minor surgery, long term condition monitoring, cervical cytology, family planning, child health services and phlebotomy (blood taking).

The practice premises is open on Mondays, Wednesdays, Thursdays and Fridays from 8am until 6.30pm, and Tuesdays from 7am until 7pm. Extended hours appointments are offered from 7am until 8am and from 6.30pm until 7pm on Tuesdays for pre-bookable appointments only.

The dispensary is open Monday to Friday from 8.30am until 6pm. Between 6pm and 6.30pm a collection service is available from the practice reception. When the practice is closed cover is provided by the out of hours service Care UK, who can be contacted via NHS 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. We carried out an announced inspection on 19 January 2017. During our inspection we:

- Spoke with a range of staff including GPs, practice manager, office manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were assisted by staff when they attended the practice and talked with carers and family members.
- Reviewed an anonymised sample of the patient records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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



# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system for reporting and recording significant events. The practice kept a comprehensive log which showed actions taken, details of the staff responsible for actions and dates of review. They also used a red, amber, green system to demonstrate the priority for actions.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw how additional training had been sourced for a member of staff following identification of a training need as a result of the investigation into a significant event.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices 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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and staff we spoke with were all aware of this. The GPs attended safeguarding meetings and always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two. Patients who were at risk of abuse or the subject of safeguarding were flagged on the GP system to alert staff.

- 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 practice nurse was the infection control clinical lead and had met with the local Clinical Commissioning Group (CCG) infection control lead in 2015 to discuss infection control procedures at the practice. Staff told us the infection control lead had reviewed hand washing with all staff and we saw they had completed a full audit in February 2016 and addressed areas highlighted for action. There was an infection control protocol available and staff had received up to date training. Cleaning schedules were also seen and were appropriate.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed all the records of patients taking high risk medicines and those who required regular monitoring and found that all these patients had received the appropriate monitoring and blood tests prior to repeat prescribing. The practice carried out regular medicines audits, with the support of the pharmacy adviser 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 to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer

## Are services safe?

vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice maintained twice daily checking of fridge temperatures and also had a data logger from which they ran a report monthly. All temperatures had been maintained within the recommended levels.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. There was one member of the dispensary staff who was towards the end of their training and we saw they were being supervised and supported until completion of this. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system to monitor the quality of the dispensing process. Dispensary staff showed us their standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed three personnel files which were complete and we 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.

### 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 had been a risk assessment of the whole building in 2016. They had recruited health and safety specialists to assist with the production of a health and safety handbook for staff.

The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These had all been completed in October 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). We noted that whilst there had been a Legionella assessment and the practice manager was carrying out actions as recommended they did not keep detailed records of the water temperatures.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Many of the staff were part time and provided cover for each other during times of annual leave and sickness.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. There were emergency medicines available and all staff were aware of their location. All the medicines we checked were in date and stored securely
- The practice had a defibrillator and oxygen with adult and children's masks available on the premises.
- The practice had a comprehensive business continuity plan in the event of major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

They had systems to keep all clinical staff up to date. Changes to NICE guidance were discussed at clinical meetings and we saw several audits carried out to ensure care was being provided in line with NICE guidance. For example, regarding appropriate management of patients with a diagnosis of heart failure. All staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

The practice was proactive in monitoring their compliance with national guidance and had assessed that these guidelines were followed through risk assessments, clinical discussions, 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 data from 2015/16 showed the practice had achieved 97% of the total number of points available. Exception reporting was 5% which was below the CCG and national averages of 8% and 10% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- The overall performance for diabetes related indicators was 91% which was comparable to the CCG and national averages of 95% and 90% respectively.

- The overall performance for mental health related indicators was 100% which was comparable to the CCG average of 99% and better than the national average of 93%.

There was evidence of quality improvement including clinical audit.

- The GPs demonstrated a commitment to improving the quality of the care they provided. There had been nine clinical audits completed in the last two years. These had been full cycle audits and many of these had a third cycle completed where the improvements made were implemented and monitored. For example, all seven patients identified as taking a specific high risk medicine had a management action plan in their clinical records. They had also reviewed the medicines of patients with diabetes in response to changes in NICE guidance and ensured all patients were receiving the correct medicine.
- The practice participated in local audits such as prescribing of certain antibiotics. The practice was able to demonstrate they had increased their prescribing compliance from 77% to 90%. The GP partners met weekly and discussed all referrals to secondary care as well as patients with complex conditions.
- Findings were used by the practice to improve services. For example, they had carried out an audit of end of life care for palliative care patients to establish their compliance with the Gold Standard Framework. As a result they had committed to be more proactive in identifying patients who were likely to die in the next 12 months and ensure advanced care planning took place. The practice had carried out three cycles of this audit and could demonstrate that more patients were being identified as a result and actions carried out to promote high standards of co-ordinated care at the end of life. The practice communicated with the out of hours service to notify them of any deterioration of patients with a terminal illness.
- The practice had identified that referrals to secondary care for heart failure patients was higher than the average for the county and carried out a series of audits to address this. This resulted in the practice reviewing all 25 patients on this disease register and ensuring appropriate management in line with NICE guidance. Practice protocols were amended and changes in the recall system were made to ensure ongoing timely reviews. The practice also introduced a laminated

# Are services effective?

## (for example, treatment is effective)

guidance sheet to support this practise. The subsequent audit showed the practice had identified 34 patients with heart failure and 33 of these had received a review of their condition (the last patient had declined invitations to attend). All of these patients had received kidney function blood tests in the last year and 23 (67%) had had this test every six months. They put plans in place to ensure reviews took place six monthly in line with NICE guidance. We saw a further audit cycle was scheduled to take place in April 2017.

### 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, for those reviewing patients with long-term conditions. One of the GPs and one nurse had a diploma in Diabetes and one had training in asthma and chronic obstructive pulmonary disease (COPD). COPD is irreversible damage to the lungs.
- 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 online resources and discussion at practice meetings. The practice nurses had online access to a national Practice Nurse Forum which provided information and support for nurses.
- 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, clinical supervision and facilitation and support for revalidating GPs. We reviewed staff records and saw that all staff had received an appraisal within the last 12 months.

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

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had had discussions with patients regarding their end of life care and discussed resuscitation requirements. As a result they had completed 'do not attempt cardio pulmonary resuscitation' (DNACPR) for patients in their homes and care homes.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services as well as with out of hours providers for patients with complex needs receiving palliative care.

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, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when 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.

# Are services effective?

## (for example, treatment is effective)

- The practice had a written consent forms for minor surgery which were completed and scanned into patient records. 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. For example:

- Older patients who had not attended the practice for three months were visited at home by the health care assistant, who would take blood samples if necessary and check their general health including blood pressure. Patients receiving end of life care, carers, those at risk of developing a long-term condition or at risk of hospital admission were highlighted and the practice kept a log of these patients to ensure they were discussed at meetings with the district nursing team and other members of the multi-disciplinary team. Those patients requiring advice on their diet, smoking and alcohol and substance misuse were advised and signposted to the relevant service. The drug and alcohol adviser attended the practice monthly and patients could self-refer to this service or the GPs could also make referrals.

The practice's uptake for the cervical screening programme was 82%, which was comparable 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 demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. They sent out pictorial information to patients with a learning

disability and communicated with their carers to ensure patients understood the procedure. There were failsafe systems 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 also encouraged patients to attend for national bowel and breast cancer screening. The practice's uptake for these was in line with the CCG and national averages. For example:

- The percentage of females aged 50-70 years, screened for breast cancer in last 36 months was 73% which was comparable with the CCG and national averages of 74% and 72% respectively.
- The percentage of patients aged 60-69 years screened for bowel cancer in last 30 months was 60% which was comparable with the CCG and national averages of 62% and 58% respectively.

Childhood immunisation rates for the vaccinations given were higher than the CCG and national averages. For example, childhood immunisation rates for all the vaccinations given to under two year olds were 100% with the exception of Meningitis C which was 76%. The rate of vaccinations given to children at five years of age was 100% with the exception of Meningitis C which was 94%.

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. 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 how staff assisted patients when they attended the practice and noted they were friendly, courteous and very helpful to patients and treated them with dignity and respect. Staff demonstrated a professional and engaging attitude towards patients. We also listened to how staff dealt with patients' queries on the telephone and noted staff were helpful and readily provided information to help patients.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 49 patient Care Quality Commission comment cards we received were exceptionally positive about the service experienced. Nine patients provided specific details of how the GPs and all staff had helped them during difficult times and had been supportive. They said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us they felt it was embedded in the practice ethos as all staff dealt with patients compassionately and respectfully. Comment cards consistently reinforced these views and provided many examples of where the actions and support of practice staff had made a difference to how they felt. Patients with ongoing health problems reported that GPs contacted them if they had not seen them for some time to enquire about their health which they found reassuring. We noted that the GPs carried out home visits to patients who had been discharged from hospital following delivery of their baby to check they were settled, supported and had no health concerns since leaving the hospital. Two patients also commented how they appreciated a home visit and

support from the GP after they had experienced difficulties following conception. Dispensary staff delivered patients' medicines when they were aware a patient was too ill to attend the surgery.

Results from the National GP Patient Survey 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:

- 96% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to 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 compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.
- The practice had previously engaged in the Frail Elderly incentive scheme which required a health care assistant to visit any patient over 75 years who had not attended the practice for three months. Whilst the incentive scheme had ended, the practice had continued to provide this service as they considered there were benefits to be gained for patients and could identify any deterioration in health early as well as address social isolation.
- The practice had engaged with a local school who were working to develop and initiate a project to introduce young people to senior members of the community with the aim of promoting interaction between different age groups, sharing life experiences and reducing isolation. The practice had promoted the scheme to patients they identified who met the criteria. The organisers of the scheme reported that the practice had been helpful and supported the project which was due to commence in February 2017.



# Are services caring?

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. Patients told us the GPs and nurses provided detailed information regarding their condition and treatment options.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.
- 99% of patients had confidence and trust in the GP compared to the CCG and national averages of 97% and 95% respectively.

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.
- There was a hearing loop to assist patients who had hearing difficulties
- There was a range of leaflets available for patients regarding a variety of conditions, for example, dementia, cancer, Alzheimer's and prostate problems.

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

Patient information leaflets and notices were available in the patient waiting area that told patients how to access a number of support groups and organisations such as the Well Being Hub which supported patients with low mood and anxiety. Information about support groups was also available on the practice website.

- The practice had identified 126 carers which represented 4% of the practice population. They had appointed a carer's champion who maintained a register of carers and with patient consent, shared information with the Worcestershire Carer's Association. They had a specific link person from the carers association and had regular contact with them. They facilitated quarterly drop in sessions at the practice to enable carers to attend and get more information about services and support available to them. The carers champion wrote to all patients on the carers register to inform them that the carers association would be holding the drop in session and also arranged meetings in between these times for carers who needed to speak with the carers support worker. Carers were given priority appointments to enable them to attend with the patient they were caring for and the practice facilitated appointments to meet the needs of the carers who needed appointments themselves. All carers were flagged on the practice computer system and all staff were aware and committed to promoting information to patients regarding registering as a carer when appropriate.

Staff told us that if families had suffered bereavement, their usual GP contacted them and carried out a home visit if appropriate to meet the family's needs or by giving them advice on how to find a support service. Two comment cards we received specifically reported how GPs had provided support to patients when they had suffered a bereavement which they said they appreciated and found it to be very helpful.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours appointments on Tuesday mornings from 7am and Tuesday evenings from 6.30pm until 7pm for working patients and those who could not attend during normal opening hours.
- The practice operated a triage system to enable same day appointments and access to a GP for those patients with medical problems that required same day or urgent consultation. There were telephone appointments available and appointments which could be booked in advance.
- There was a dedicated telephone line for care home staff, A&E, paramedic and community nursing teams to access the practice directly without delay.
- GPs attended the local care home when requested and also attended monthly to carry out a ward round.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GPs knew their patients and carried out home visits when they had not seen patients with long term conditions for a period of time.
- The practice participated in the CCG Frail Elderly incentive scheme which involved visiting any patients over 75 who had not been seen in the last three months.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available. The practice had leaflets in large print and pictorial leaflets for patients with learning difficulties.
- The dispensary arranged a medicines delivery service for older patients with difficulty in attending the practice which provided an opportunity for social interaction for isolated patients.

### Access to the service

The practice was open between 8am and 6.30pm on Monday, Wednesday, Thursday and Friday and from 7am until 7pm on Tuesdays which included extended hours appointments. Appointments were available during these times. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them with a triage system to facilitate this.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by telephone compared to the CCG average of 82% and the national average of 73%.
- 94% of patients said they could get an appointment when they needed one compared to the CCG average of 88% and the national average of 85%.

People told us on the day of the inspection that they were always able to get appointments when they needed them and comment cards we received aligned with these views.

The practice had a system to assess whether a home visit was clinically necessary by using the triage system. They were able to establish the need for urgent medical attention by accessing the duty GP.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits and were able to access the GPs readily at all times.

### Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information available to help patients understand the complaints system was displayed in the reception area and leaflets were available from reception staff.
- There was also a suggestion box in the reception area for patients to leave their comments.



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

We looked at the one complaint received in the last 12 months and found it had been satisfactorily handled and dealt with in a timely way with openness and transparency. We noted that lessons were learnt from this and

appropriate action had been taken to prevent a recurrence of complaints of this nature. For example, additional training had been sought and undertaken in a specific area relating to the complaint to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision which was to deliver high quality, evidence-based care, efficiently, compassionately and effectively in a timely manner without discrimination. All staff we spoke with knew and understood the practice values and demonstrated a commitment to this vision. We saw evidence of individual personalised care delivered with compassion, care and kindness. The practice had a strategy which reflected the vision and values which was regularly monitored.

### Governance arrangements

There were two GP partners who shared the responsibilities in areas of governance which supported the delivery of the strategy and good quality care. They met weekly to ensure all governance issues were addressed. They had allocated areas of responsibility which ensured all areas were covered. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The GPs discussed the performance of the practice regularly with staff to ensure areas identified as needing action were highlighted.
- We saw there was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

Discussions with staff and evidence provided to us during our inspection by the management team demonstrated the partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and this was evident throughout the day. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty and both staff and patients confirmed this. The practice had systems to ensure that when things went wrong with care and treatment they gave affected people reasonable support, information and a verbal and written apology.

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

- Staff told us the practice held team meetings every two months and the GPs met weekly to discuss clinical and management issues and we saw evidence to demonstrate this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- We noted the practice engaged with the community and local services such as the local schools, carers association, learning disabilities team, care homes and pharmacies.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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 and suggestions received. The PPG met approximately three monthly, engaged well with the practice and made suggestions for improvements to the practice. For example, they suggested that a hearing loop was needed in reception and the practice addressed this promptly. Members of the PPG spoke positively about how the practice

# Are services well-led?

Good 

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

engaged with them and told us the GPs and staff had always received their feedback positively and considered all suggestions. They reported feeling valued by the practice.

- The practice had also responded to feedback regarding the telephone system and had installed a new system which patients reported was more efficient.
- The practice had gathered feedback from staff through staff meetings and day to day conversations as well as annual appraisals. 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 were encouraged to contribute to how improvements could be made in the practice.