

# South Hermitage 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?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Hermitage Surgery on 22 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was a participant in the Prime Minister's Challenge Fund pilot, offering evening and weekend appointments across the locality with a range of GPs allowing full data-sharing of records. This service worked with a number of practices to extend GP opening hours with appointments which could be made at the participating GP practices between 6pm and 8pm weekdays and 9am and 1pm on Saturdays.
- The practice had improved patient access to services following their Patient Participation Group (PPG) survey and provided early morning appointment for patients twice a week from 7.30am and lunchtime appointments with the practice nurses.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- The practice completed 'Advanced Care Plans' for patients in care homes and these were reviewed when required or six monthly by the GP partner with a specialist interest in older people.
- The practice provided a 'Discharge to Assess' service for four beds in a local care home and attended weekly multi-disciplinary team meetings and 48 hour from discharge assessments.
- The practice had achieved 70% in the delivery of the shingles vaccine to 70 year old patients which was higher than the national average of 59% and CCG average of 67%. They also achieved 70% in the 78/79 year old uptake of the shingles vaccine which was higher than the national average of 57% and CCG average of 66%.
- The practice Care and Community Co-ordinator was located at the practice two days per week taking referrals from all clinicians and practice staff to provide a signposting role to community services and was a contact for the frail and vulnerable patients.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Outstanding



# Summary of findings

- Performance for diabetes related indicators were all better than the Clinical Commissioning Group (CCG) and national average.
- The practice provided a practice nurse-led weekly diabetic clinic, with concurrent foot screening. This included a recall system which they moved from six months to three months for newly initiated diabetic patients and they provided home visits for frail patients unable to attend the practice. The practice nurse encouraged patient self-management through the Diabetic Xpert patient scheme.
- The practice was a pilot practice for the diabetic specialist nursing service put in place to reduce admissions and out-patient attendances.
- One of the practice nurses had supported patients in the potential pre-diabetic blood test range to improve their health outcomes. In some patients there was evidence that the practice health information and pre-emptive support had reduced the need for diabetes medicine. This was also completed with the use of the health intelligence gathered from patients attending for NHS Health checks completed by the healthcare assistants.
- The practice nurse and GP partners initiated contact with the respiratory consultant specialist who reviewed all the patients diagnosed as having Chronic Obstructive Pulmonary Disease (COPD). The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 92.5%, which was slightly better than the national average of 89.9%.
- The practice nurses offered flexible appointments (including lunchtimes) to assist patients with asthma to attend the practice for regular reviews.
- The practice provided care closer to home with the provision of in-house spirometry, (Spirometry is a simple test used to help diagnose and monitor certain lung conditions by measuring how much air a patient can breathe out in one forced breath), 24 hour blood pressure monitoring and doppler's. (A doppler is a non-invasive test that can be used to measure blood flow and blood pressure).

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Good



# Summary of findings

example, children and young people who had a high number of A&E attendances. This included registers for children with a child protection plan in place and carers. Immunisation rates were relatively high for all standard childhood immunisations.

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control, was 69.72% when compared to the national average of 75.35%.
- 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.
- The practice's uptake for the cervical screening programme was 83.29% which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Flu immunisation rates for pregnant women were 66% which was higher than the CCG locality average.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided a family planning clinic on Wednesday evenings which included booked or drop-in nurse and GP appointments and in-house family planning procedures (coils / implants) using the same regular specialist locum GP.
- The practice provided a confidential email facility for young people called "Ask Debs."

## **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 was a participant in the Prime Minister's Challenge Fund pilot, offering evening and weekend appointments across the locality with a range of GPs allowing full data-sharing of records.
- The practice provided early morning GP appointments from 7.30am twice a week.

Good



# Summary of findings

- The practice had set up a “Virtual” Patient Participation Group facilitating engagement from a wider range of patients which included those of working age.
- Text appointment reminders and recalls were offered to patients.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This was to review all palliative care patients, emergency admissions of patients on the frail and vulnerable register, any safeguarding concerns and mental health issues.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice maintained a frail and vulnerable register with care plans in place for vulnerable patients, including rapid post-discharge contact and same day appointment/home visit availability. The practice had identified 122 frail and vulnerable patients all had been contacted by the practice care coordinator, received post discharge telephone calls and regular reviews.
- The practice worked closely with ‘Aquarius’ who provided a free confidential service to those who have a problem with alcohol, or were affected by someone else's drinking.
- The practice had set up a deceased patient's notification system, followed by same day contact for the bereaved by their usual GP.
- Additional support was provided for those on the practice register of carers with “Carers Health Checks” one hour appointment with the health care assistant and Care and Community Co-ordinator.

Good





# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

- 80.22% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84.01%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92.59% when compared with the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and received training as “Dementia Friends.”
- The practice offered patients access to their mental health counsellor and with direct referral from the GPs access to the community mental health team rapid access nurse.
- The practice enabled alerts on their electronic patient records which flagged up to offer double appointments and the use of separate waiting area if needed.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published January 2016. The results showed the practice was performing in line with or above local and national averages. Two hundred and forty-nine survey forms were distributed and 117 were returned, a 47% completion rate.

- 95% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 86% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 91%, national average 85%).

- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 84%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. We spoke with eight patients during the inspection. All the patients said they were happy with the care they received and thought staff were professional, courteous, approachable, committed and caring.

Details of the practices friends and families test showed there had been 191 responses received to January 2016, 97% of these were positive. The friends and families test comments were reported monthly to practice staff and to patients in the “you said, we did” section in the practice patient newsletter.

# South Hermitage Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

### Background to South Hermitage Surgery

South Hermitage Surgery is located in South Hermitage, Shrewsbury, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 7,600 and increasing. The practice provides GP services to 123 patients in 22 care homes including learning disability/supported living homes.

The staff team comprises four full-time partners, who have all been with the practice for over 10 years. The practice is a training practice for GP Registrars and has two GP Registrars (a GP Registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice), one is on maternity leave. The clinical practice team includes a lead practice nurse and two practice nurses and two healthcare assistants/phlebotomist (a person who takes blood). The practice is managed by a practice manager and a deputy practice manager and reception supervisor. The practice team is supported by, a prescription co-ordinator, eight receptionists, a practice administrator, two medical records administrators, two medical secretaries, an apprentice administrator and a care and community co-ordinator. In total there are 30 full or part time staff.

Routine appointments are available on Monday and Friday from 7:30am to 12:30pm and 2pm to 5.40pm, on Tuesday, Wednesday and Friday appointments are available from 8:30am to 12:30pm and 2pm to 5.40pm. Telephone consultations are available daily and calls are returned after the morning and afternoon surgery. The practice nurses provide lunchtime time appointment slots which are pre-bookable. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switch to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

The practice provides support for patients for example with long-term condition management including asthma and diabetes. It also offers child immunisations and minor surgery. The practice offers health checks and smoking cessation advice and support. The practice has a Personal Medical Services (PMS) contract with NHS England. This is a contract for the practice to deliver Personal Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example they offer minor surgery, childhood vaccination and immunisation scheme, and learning disability annual health checks.

### Why we carried out this inspection

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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

- Older people

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

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 February 2016. During our inspection we spoke with a range of staff which included the practice manager, nursing staff, administrative and receptionist staff, GPs and a GP Registrar. We spoke with eight patients who used the service. We reviewed 27 comment cards where patients shared their views and experiences of the service.

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there had been a police incident whereby the building was broken into but nothing was taken. Following this event the practice took advice from the police regarding the practice burglar alarm system, improved the security in the clinical treatment rooms by ensuring these were locked at night. This was discussed at the practice meetings and all staff were aware.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice also produced a list of staff who had been subject to these checks and were suitably trained. These lists were sited in each of the treatment and consulting rooms in order that clinical staff could source appropriate chaperone support.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nursing team took collective responsibility for the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. They also attended meetings with the local infection prevention teams on a regular basis. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads and electronic prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice reception staff had been providing additional cover during staff maternity leave. The

reception had provided additional cover for approximately 18 months. The practice management team recognised their response to the insufficient staff numbers had not been timely and informed us they had recently advertised for reception staff.

### Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 99.9% of the total number of points available, with 15.1% exception reporting. This was 6.1% above the Clinical Commissioning Group (CCG) average and 5.9% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators were all better than the CCG and national average. For example; the percentage of patients with diabetes on the register, in whom the last blood test within a specific range was recorded in the preceding 12 months, was 94.2%, compared to the national average of 77.54%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95.03%, compared to the national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.81% which was comparable to the national average of 83.65%.

- Performance for mental health related indicators were slightly better than national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92.59% compared with the national average of 88.47%.

Clinical audits demonstrated quality improvement.

- There had been five completed clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- In addition, nine ad-hoc audits had been carried out. For example, three medicine audits, a time from consultation to referral letter sent audit, an audit of Hospital Admissions Relating to Medicines (HARMS), and a patients accessing online services audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services and a meeting to present and review practice audits were held in December 2015. For example, following alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), all patients on a medicine used for the treatment of osteoporosis had been reviewed and treatment changed accordingly. The repeat audit in 2015 showed all patients on this particular medicine were receiving the appropriate treatment, which was an improvement of 40%.

### Effective staffing

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

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



# Are services effective?

## (for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a training practice for GP Registrars (a GP Registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice). The GP partners all provided GP training support for the GP Registrars.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- One of the practice nurses had supported patients in the potential pre-diabetic blood test range to improve their health outcomes. In some patients there was evidence that the practice health information and pre-emptive support had reduced the need for diabetes medicine. This was completed with the use of the health intelligence gathered from patients attending for NHS Health checks completed by the healthcare assistants.
- Another of the practice nurses had contacted the respiratory consultant specialist to inform their clinical practice. With the support of the GP partners the specialist conducted a review of all of the records of patients on their asthma and Chronic Obstructive Pulmonary Disease (COPD) register. (COPD is an umbrella term used to describe a number of conditions including emphysema and chronic bronchitis).
- The 2014/2015 Quality Outcomes Framework (QOF) showed that the percentage of patients with COPD who



## Are services effective? (for example, treatment is effective)

had a review undertaken including an assessment of breathlessness in the preceding 12 months was slightly better, 92.5% when compared with the national average of, 89.9%.

The practice's uptake for the cervical screening programme was 83.29% which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.7% to 100% and five year olds from 95.7% to 97.8%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The health care assistants at the practice had seen the number of patients attend for NHS health checks increase month on month, for example they saw 35 patients between April and June 2015 and 80 patients October to December 2015. The practice had instigated a 40th Birthday card sent to patients eligible for an NHS Health Check. This was one of the ways the practice had achieved a 128% increase in the number of patients attending for NHS Health Checks between April and December 2015.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that 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.
- GPs personally collected patients from the waiting room rather than use an electronic calling system to ensure a personalised service.

Of the 27 patient Care Quality Commission comment cards we received all were positive about the service experienced, four contained some neutral comments.

Comments included waiting times, lunch time telephone difficulties at times, and the occasional abruptness of a GP. Patients said they felt the practice offered an excellent service and staff were professional, courteous, helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the Clinical Commissioning Group (CCG) averages and above the national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90.3% said the GP was good at listening to them compared to the CCG average of 92.2% and national average of 88.6%.
- 91.7% said the GP gave them enough time (CCG average 91.9%, national average 86.6%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96.9%, national average 95.2%).

- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 91%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 91%).
- 95% said the nurse gave them enough time (CCG average 94.3%, national average 91.9%).
- 93.4% said the nurse was good at listening to them (CCG average 93.7%, national average 91.0%).
- 95% said they found the receptionists at the practice helpful (CCG average 91%, national average 87%).

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

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

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 88%, national average 82%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).
- 94.5% who said the nurse was good at explaining tests & treatments (CCG average 91.7% and national average, 89.6%).

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

## Are services caring?

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients on their practice list who were carers. They had developed a 'Carer Pack' which included a variety of information such as a leaflet about the Community and Care Coordinator, and local voluntary services such as the Royal Voluntary Service, the Shropshire Carers Support Service and

information such as Relate and Dementia care as well as housing information. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice had put in place a deceased patient's notification system, which meant same day contact for the bereaved by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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. For example they provided on-site phlebotomy (blood taking) and hosted podiatry services.

- The practice was a participant in the Prime Minister's Challenge Fund pilot, offering evening and weekend appointments across the locality with a range of GPs allowing full data-sharing of records. The service worked with a number of practices to extend GP opening hours with appointments made which could be at any of the participating GP practices between 6pm and 8pm weekdays and 9am and 1pm on Saturdays. The practice manager was the locality champion for Prime Minister's Challenge Fund pilot.
- Early morning GP appointments from 7.30am were available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice provided a 'Discharge to Assess' service for four beds at a care home and attended weekly multi-disciplinary team meetings and 48 hours from discharge assessments.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice telephoned patients in the evening with administration queries when they were more likely to be home.
- Translation services were available, and one staff member was a fluent Polish speaker.
- A range of facilities were available for patients with a disability. This included a wheelchair accessible reception desk, a panic alarm in the disabled toilet, a doorbell for assistance with navigating the entrance doors, contrasting colours on the handrail in the toilet, a hearing aid loop, and a practice welcome booklet and patient newsletter available in large print. There was a wheelchair available on site and the practice corridor flooring was marked with directional exit arrows for patient ease.
- There was a daily on-call GP service with no limit to appointments to ensure all urgent patients were seen on the same day. When a patient had been given an urgent appointment they were given a card by reception staff that explained to the patient what an urgent appointment was and that the appointment would be with the duty GP on call on the day.
- There were flexible nurse appointments which included lunchtimes.
- The practice offered care closer to home in-house spirometry, (Spirometry is a simple test used to help diagnose and monitor certain lung conditions by measuring how much air a patient can breathe out in one forced breath), 24 hour blood pressure monitoring and Doppler's. (A doppler is a non-invasive test that can be used to measure blood flow and blood pressure).
- Telephone appointments were available each day with all clinical staff (GP/nurse/health care assistant).
- There were regular minor surgery clinics, supported by the healthcare assistants which were audited for appropriateness and completeness of histology. (Histology is the study of tissues and organs through the examination of the microscopical architecture).
- An on-site counsellor and Community Mental Health Team (CMHT) Rapid Access nurse with direct referral were available via the GPs.
- An on-site physiotherapist with direct referral from the GPs was available.
- An additional healthcare assistant was employed to provide Help2Quit & Help2Slim services for patients.
- "Ask Debs" a confidential email facility provided by the practice for young people was advertised on the practice website.
- A family planning clinic was run on Wednesday evenings. It included booked or drop-in nurse and GP appointments and in-house family planning procedures (coils / implants) using a specialist locum GP.
- There was a Care and Community Co-ordinator at the practice two days per week taking referrals from all clinicians and practice staff to provide a signposting role to community services and a point of contact for frail and vulnerable patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice was open for routine appointments on Monday and Friday from 7:30am to 12:30pm and 2pm to 5.40pm and on Tuesday, Wednesday and Friday appointments were available from 8:30am to 12:30pm and 2pm to 5.40pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them and telephone appointments were also available.

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

- 74% of respondents were satisfied with the practices' opening hours compared to the CCG average of 76% and national average of 75%.
- 95% of respondents said they could get through easily to the surgery by phone. This was significantly better than the local CCG average of 86%, and national average of 73%.
- 58% of respondents said they always or almost always saw or spoke to the GP they preferred (CCG average 63%, national average 59%).

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

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and that there were complaint summary leaflets available.

We looked at three of the 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, annual meetings took place to review complaints which all staff could attend, and staff we spoke with were aware of the complaints received and of the learning and actions taken following complaints. An example included access to the district nursing service. The practice had taken this forward and spoken with the community team and the local CCG to ensure the referral pathways used by the practice were current and that the service between the practice and the district nursing team was as seamless as possible for their patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had developed a communication and meetings policy. This whole team approach was to ensure all staff benefited from, or participated in, any learning from significant event meetings, compliments and complaints.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held various meetings, including clinical, partner, business and whole team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All the staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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. There was an active PPG which met six monthly, and a virtual PPG who 'met' quarterly. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice v
- The practice had gathered feedback from staff through staff away days such as training days and generally through staff meetings, appraisals and discussion. Staff

# Are services well-led?

Good 

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

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.

- The practice produced a patient newsletter. We saw the Spring 2016 newsletter which included information such as; carer health checks, electronic prescriptions, referral processes, the Prime Minister's challenge fund and the new patient survey.
- Details of the practices friends and families test showed there had been 191 responses received to January 2016, 97% of which were positive. The friends and families test comments were reported monthly to the practice staff and to patients, including a "you said, we did" section in the practice patient newsletter.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was a participant in the Prime Minister's Challenge Fund pilot, offering evening and weekend appointments across the locality with a range of GPs allowing full data-sharing of records. This service worked with a number of practices to extend GP opening hours with appointments which could be made at the participating GP practices between 6pm and 8pm weekdays and 9am and 1pm on Saturdays. The practice manager was the locality champion for the Prime Minister's Challenge Fund pilot.