

# St Johns House Medical Centre

## Quality Report

299 Bromyard Rd, St Johns, Worcester, WR2 5FB

Tel: 01905 421688

Website: [www.stjohnshousesurgery.com](http://www.stjohnshousesurgery.com)

Date of inspection visit: 29 November 2016

Date of publication: 04/09/2017

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

### Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## 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	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	13
Background to St Johns House Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Johns House Medical Centre on 29 November 2016. Overall the practice is rated as good.

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

- There were clearly defined processes and procedures to ensure patients were safe and an effective system was in place for reporting and recording significant events.
- The practice had a clear vision which had quality and safety as its top priority. This was regularly reviewed and discussed with staff.
- Patients said they were treated with dignity, respect and compassion. Patients were involved with decisions about their care and treatment.
- Risks to patients were assessed and well managed.

- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Urgent same day patient appointments were available when needed. The majority of patients we spoke with and those who completed comment cards before our inspection said they were always able to obtain same day appointments, although a small number said it could be difficult to get an appointment at times.
- Information about how to complain was available and easy to understand.
- Patients said GPs gave them enough time and treated them with dignity and respect.

We saw several areas of outstanding practice including:

- The practice employed a clinical pharmacist and at the time of our inspection was about to employ a second clinical pharmacist. They provided advice on areas such as prescribing, medicine reviews, repeat prescribing and hospital discharge reviews. This

# Summary of findings

included patients who lived in the care homes served by the practice. This reduced GP's workload. Close working had been developed with the clinical commissioning group (CCG) pharmacist.

- One partner GP dealt exclusively with care home work. This enabled a consistent approach to be taken and a close working relationship to be developed with the care homes, care home staff and patients concerned. Learning was shared with other practices and the CCG. Some families had been given a mobile telephone number and/or email address for this GP to allow direct contact to be made. Since implementing this, there had been a reduction in patient falls and fractures and in unplanned hospital admissions.
- The practice had formed a learning network with the CCG, the local healthcare trust, Worcestershire County Council and locally based housing

associations. This was still being developed at the time of our inspection. One of the primary aims of this network was to explore external funding opportunities for improving local healthcare.

- A staff member had received specialist training to work as a care navigator within the practice. Patients were referred to this staff member for help and advice on both healthcare and social care matters within the charitable and professional sectors. This enabled patients to access services they might otherwise be unaware of.

The area where the provider should make improvements are:

- Continue work already in progress to identify more patients who were carers.

**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



- Appropriate systems were in place for reporting and recording significant events. They were regularly reviewed in practice meetings.
- Risks were assessed and well managed.
- Clinical staff met daily on an informal basis (in addition to weekly formal meetings) to discuss any immediate concerns and challenges.
- Procedures were in place to ensure patients were kept safe and safeguarded from abuse. All staff had received appropriate safeguarding training at the required level for their role.
- Safety alerts for medicines were reviewed and actioned. Details of reviews and actions were recorded.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available from the Quality and Outcomes Framework (QOF) 2015/16 demonstrated that patient outcomes were mostly similar to the Clinical Commissioning Group (CCG) average and national average. The practice scored 99% with an exception rate of 9%. This was similar to the clinical commissioning group CCG average of 98% with an exception rate of 8%.
- The practice used clinical audits to identify areas of improvement and acted upon their results.
- Care was delivered by staff according to current evidence based guidance.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice, for example by the formation of a learning network with the CCG, the local healthcare trust, Worcestershire County Council and locally based housing associations.
- Care plans were in place for the most vulnerable patients, for example those most at risk of unplanned hospital admission.

# Summary of findings

- One partner GP dealt exclusively with care home work. This enabled a consistent approach to be taken and a close working relationship to be developed with the care homes, care home staff and patients concerned.
- Practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment.
- The practice employed a clinical pharmacist. They provided advice on prescribing, medicine reviews, repeat prescribing, hospital discharge reviews and patient care for patients who lived within the care homes served by the practice.
- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs.
- All staff received appraisals and had personal development plans.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- The results of the National GP Patient Survey published in July 2016 showed patients rated the practice highly for aspects of care.
- Patients were treated with kindness and respect. Patient confidentiality was maintained.
- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.
- Easy to understand and accessible information about services was available for patients.
- A staff member had received in-depth training to work as a care navigator within the practice. Patients were referred to this staff member for help and advice on both healthcare and social care matters within the charitable and professional sectors.
- The practice had implemented additional ways to identify patients who were carers as only 1% had been identified. For example, by launching a carer's surgery.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Most patients told us they were always able to obtain a same day appointment when needed. Appointments were available on the day of our inspection.
- Children and elderly patients were prioritised for same day appointments.

# Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from staff and patients, for example, by using the CCG Clinical Contact Centre to handle some patient enquiries.
- The practice building had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- Appropriate processes were in place to monitor and improve quality and identify risk.
- The management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and procedures which outlined how it should operate and held regular governance meetings.
- The practice had a clearly defined vision which explained how it delivered care and treatment to patients. Staff understood this vision and how it related to their work. This was linked to a five year development plan for the practice.
- At the time of our inspection, the practice planned to re-launch a Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.

**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.

Good



- Care plans were in place with the most vulnerable older patients (2% of the practice patient list) and used with multi-disciplinary teams to reduce unplanned hospital admissions. These patients had an alert placed on their patient records to ensure clinical staff were aware.
- The practice worked closely with the Clinical Commissioning Group (CCG) Proactive Care Team to provide integrated care for patients within the community.
- Older patients were given personalised care which reflected their needs.
- One partner GP dealt exclusively with care home work. This enabled a consistent approach to be taken and a close working relationship to be developed with the care homes, care home staff and patients concerned. Learning was shared with other practices and the CCG. Some families had been given a mobile telephone number and/or email address for this GP to allow direct contact to be made.
- Over the last 12 months all patients aged 75 and over had been invited for a health check. This included blood tests, fracture assessment, frailty assessment, and checks for depression and dementia. From those checks, the practice identified patients who needed further investigation and referred them appropriately.
- Home visits were offered to patients who could not reach the practice.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

### People with long term conditions

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

Good



- The practice had a register of patients with long term conditions to enable their health to be effectively monitored and managed.
- Patients with more than one long term condition were reviewed annually in a 'multi-chronic disease' clinic to reduce the number of reviews needed by each patient.

# Summary of findings

- Longer appointments and home visits were available when needed.
- Patients had a named GP and a review every 12 months to monitor their condition and ensure they received correct medicines. This also included carers if the patient had one. The frequency of the review depended on the severity of the patient's condition.
- All patients who had been prescribed eight or more medicines had had a medicines review within the last 12 months.
- The practice employed a clinical pharmacist. They provided advice on areas such as prescribing, medicine reviews, repeat prescribing and hospital discharge reviews.
- The practice achieved a 100% influenza vaccination record for diabetes patients during 2015/16. This was above the CCG average of 97% and the national average of 94%.

## Families, children and young people

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

- A total of 78% of eligible patients had received cervical screening in the last 12 months. This was below the CCG average of 83% and the national average of 82%.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Outcomes for areas such as child vaccinations were in line with the national average.
- We saw positive examples of joint working with midwives and the local health visitor. Antenatal and postnatal appointments were available at the practice every week.
- A monthly multi-disciplinary team meeting was held with the midwife and health visitor. The child protection register and non-attendance for immunisations and checks were reviewed at this meeting.
- A full range of family planning and sexual health services were available.

Good



## Working age people (including those recently retired and students)

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

- The practice ensured it provided services to meet the needs of the working age population, For example, extended hours appointments were available on weekdays from 7am to 8am and from 6.30pm to 7.30pm.

Good





# Summary of findings

- On-line access was available for booking appointments and ordering repeat prescriptions.
- Telephone consultations were available for patients who were unable to reach the practice during the day. Non-urgent call backs could be requested within 48 hours.
- The practice used the CCG Clinical Contact Centre to handle some patient enquiries and provide a triage service. This enabled patients to receive non-urgent telephone advice when they were unable to reach the practice.
- Regular reviews of the appointment system were held to ensure patients could access the service when they needed to. This had recently resulted in additional telephone appointments being made available.
- A full range of services appropriate to this age group was offered, including travel vaccinations and smoking cessation.

## People whose circumstances may make them vulnerable

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

Good



- The practice had a register of patients who were vulnerable to enable their health to be effectively monitored and managed. This included patients with a learning disability.
- The practice participated in the learning disability enhanced service and offered comprehensive reviews by clinical staff who had undertaken relevant training.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- Longer appointments were available for patients with a learning disability.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team and community matron. Vulnerable and complex patients were discussed at the monthly multi-disciplinary team meeting.
- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record 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).

Good



# Summary of findings

- The practice had a register of patients with poor mental health to enable their health to be effectively monitored and managed.
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients were signposted to appropriate local and national support groups.
- Staff demonstrated a good working knowledge 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 largely performing in line with local and national averages for care, although some areas regarding patient access to the practice were below average and the practice was working to improve these. 233 survey forms were distributed and 110 were returned, which represented a 47% completion rate.

- 40% of patients found it easy to get through to this practice by telephone compared to the CCG average of 75% and the national average of 73%.
- 80% 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 89% and the national average of 85%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 66% 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 82% 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 30 comment cards, all of which made positive comments about all aspects of care received at the practice. All patients were positive about all aspects of care received at the practice, although two patients told us it could be difficult to get through on the telephone at times and six patients told us it could be difficult to obtain an appointment..

We spoke with five patients during the inspection. All the patients we spoke with said they were satisfied with the care they received and had no difficulty obtaining appointments when they needed one.

## Areas for improvement

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

- Continue work already in progress to identify more patients who were carers.

## Outstanding practice

- The practice employed a clinical pharmacist and at the time of our inspection was about to employ a second clinical pharmacist. They provided advice on areas such as prescribing, medicine reviews, repeat prescribing and hospital discharge reviews. This included patients who lived in the care homes served by the practice. This reduced GP's workload. Close working had been developed with the clinical commissioning group (CCG) pharmacist.
- One partner GP dealt exclusively with care home work. This enabled a consistent approach to be taken and a close working relationship to be developed with the care homes, care home staff and patients concerned. Learning was shared with other

practices and the CCG. Some families had been given a mobile telephone number and/or email address for this GP to allow direct contact to be made. Since implementing this, there had been a reduction in patient falls and fractures and in unplanned hospital admissions.

- The practice had formed a learning network with the CCG, the local healthcare trust, Worcestershire County Council and locally based housing associations. This was still being developed at the time of our inspection. One of the primary aims of this network was to explore external funding opportunities for improving local healthcare.

## Summary of findings

- A staff member had received specialist training to work as a care navigator within the practice. Patients were referred to this staff member for help and advice on both healthcare and social care matters within the charitable and professional sectors. This enabled patients to access services they might otherwise be unaware of.

# St Johns House Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to St Johns House Medical Centre

St Johns House Medical Centre is located in Worcester. It moved to new purpose built premises two years ago. The practice is a partnership and had 13,271 patients registered at the time of our inspection. The practice is located in a semi-urban area with some pockets of deprivation. There are a large number of elderly patients, 11% of the patient list are aged over 75 (above the national average of 8%). This includes 150 patients who live in six care homes, 109 of whom have severe frailty.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

St John's House Medical Centre has three partner GPs (female), along with two salaried GPs (one male and one female) and a GP seconded from the local Healthcare Trust (male). There are also two practice nurses (nurse practitioners who are able to prescribe) and three healthcare assistants. They are supported by a clinical pharmacist, a practice manager and administrative and reception staff. One of the reception staff also works as a care navigator and at the time of our inspection the

practice was about to employ a second clinical pharmacist. The practice manager was recently appointed and was shared with another local practice and this had allowed close working between the two practices to begin. There were plans to develop this in the future.

The practice is open from 8.15am to 6pm during the week. Appointments are available throughout those times. Telephone lines are open from 8am to 6.30pm. Extended hours appointments are available on weekdays from 7am to 8am and from 6.30pm to 7.30pm.

When the practice is closed, patients can access out of hours care provided by Take Care Now located in Worcester through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice. Telephone appointments are available for patients who are unable to reach the practice during normal working hours and a 48 hour call back system is available for patients with non-urgent queries.

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart disease.

St Johns House Medical Centre is an approved training practice for doctors who wish to become GPs. A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees

# Detailed findings

and the practice must have at least one approved GP trainer. However, at the time of our inspection, the practice was not operating as a training practice due to constraints on GP's time.

## Why we carried out this inspection

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

## How we carried out this inspection

Before our inspection, 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 29 November 2016. During our inspection we:

- Spoke with a range of staff (GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Saw how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients shared their views and experiences of the service.
- We reviewed policies, procedures and other information the practice provided before the 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).

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

St Johns House Medical Centre had an effective system for reporting and recording significant events.

- The practice carried out a thorough analysis of significant events and we examined two that had occurred within the last 12 months recorded, investigated and discussed fully with staff in the next available staff meeting. Lessons to be learnt had been identified and implemented.
- Staff we spoke with described the incident reporting procedure and we saw the recording form. 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 how when things went wrong during care and treatment, patients were informed of the incident, were given an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, 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, when a prescription for a controlled drug was mislaid within the practice, procedures were examined, modified and appropriate refresher training given to staff.

### Overview of safety systems and processes

We were satisfied St John's House Medical Centre had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Systems were in place to safeguard children and vulnerable adults from abuse. These were based on relevant legislation and local requirements. Staff told us how they could access these policies and we saw evidence of them. They 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 who, along with all other clinical staff had been trained to level three in child safeguarding. GPs,

nursing and administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding relevant to their role. A safeguarding information board kept staff informed of procedures and any changes.

- There were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who had received appropriate training and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the latest had been carried out in October 2016. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.
- Clinical staff met daily on an informal basis (in addition to weekly formal GP partners meetings) to discuss any immediate concerns and challenges. Practice nurses also met together monthly.
- A weekly staff meeting was held. This involved all staff within the practice and members of other healthcare teams, for example the district nursing team, were invited to this meeting when subjects that concerned them were due to be discussed. The practice referred to this as a multi-disciplinary team meeting. Safeguarding concerns were one of the weekly agenda items at this meeting.
- A quarterly full multi-disciplinary team meeting was also held. This included the district nursing team, midwife and health visitor. Regular agenda items were a review of the child protection register and non-attendance for immunisations and checks.
- There were Patient Group Directions (PGDs) in place to allow the practice nurse to administer medicines in line with legislation.
- There were suitable arrangements in place for managing medicines within the practice. This included emergency medicines and vaccines which were kept in the practice. Processes were in place for the handling of repeat prescriptions. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use.

## Are services safe?

- The practice employed a clinical pharmacist and at the time of our inspection was about to employ a second clinical pharmacist. They provided advice on areas such as prescribing, medicine reviews, repeat prescribing and hospital discharge reviews. This included patients who lived in the care homes served by the practice. This reduced GP's workload. Close working had been developed with the Clinical Commissioning Group (CCG) pharmacist.
- The practice carried out regular medicines audits, with the support of the local pharmacy team and a local pharmacy, to ensure prescribing was in line with best practice guidelines for safe prescribing. A monthly meeting was held with a CCG pharmacist.
- Systems were in place for monitoring the prescribing of high-risk medicines, for example warfarin, a medicine to increase the time blood takes to clot.
- We saw processes were in place to carry out recruitment checks prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). 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.
- There was a notice in the waiting room to inform patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a DBS check.

Patient safety alerts were well managed.

- The practice safety alerts protocol clearly described the process staff were to follow in responding to alerts.
- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- These were coordinated by the practice manager (with a nominated person identified for when the practice manager was not available) who ensured actions taken had been recorded.
- Searches were made to identify any patients affected by alerts.

- All actioned alerts were discussed in clinical meetings.
- GPs and nurses described examples of alerts where appropriate changes had been made as a result.

### Monitoring risks to patients

Risks to patient and staff safety were monitored in an appropriate way.

- All electrical equipment was checked to ensure the equipment was safe to use, this was last carried out in January 2016. Clinical equipment was also checked to ensure it was working properly. This had last been checked in January 2016.
- There were systems in place to ensure the practice was safely staffed to enable patient needs to be met. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover for each other when absent. Regular locum GPs were used when a GP was absent and appropriate checks were carried out.

### Arrangements to deal with emergencies and major incidents

St Johns House Medical Centre had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available, securely stored and staff knew how to access these.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- There were emergency medicines securely kept on the premises which were easily accessible to staff. Checks were regularly made on these medicines to ensure they were within date and therefore suitable for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Arrangements were in place to use facilities owned by a nearby practice if the practice building was unavailable. The plan included emergency contact numbers for staff. Copies were kept by key staff at home so they could access them if the practice building became unusable.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We were shown how St Johns House Medical Centre assessed patient's needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were 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 patients' 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 (2015/16) showed that the practice scored 99% with an exception rate of 9%. This was similar to the clinical commissioning group (CCG) average of 98% with an exception rate of 8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects.)

Data showed:

- Chronic Obstructive Pulmonary Disease (COPD – a collection of lung diseases). There are 6 COPD disease indicators, when aggregated the results showed that the practice achieved 94% with an exception rate of 9%. The overall score was just below the CCG average of 98% with an exception rate of 12%.

- Hypertension (high blood pressure). The practice achieved 100% with an exception rate of 3%. This was similar to the CCG average of 100% with an exception rate of 3%.
- Dementia. The practice achieved 99% with an exception rate of 8%. This was just above the CCG average of 97% with an exception rate of 8%.

The practice performance had improved over the last 12 months. At the time of our inspection, St Johns House Medical Centre was ranked for clinical achievement at 10th out of the 32 practices within the CCG. One year ago it had been ranked at 17th.

There was evidence of quality improvement including clinical audit:

- A programme of clinical audit was in place and findings were used by the practice to improve services. For example, following a change in clinical guidance, an audit was carried out on patients prescribed solifenacin (a medicine used to treat overactive bladders) safely reduced the number of patients who received this medicine from 18 to three.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

One partner GP dealt exclusively with care home work. This enabled a consistent approach to be taken and a close working relationship to be developed with the care homes, care home staff and patients concerned. Learning was shared with other practices and the CCG. Some families had been given a mobile telephone number and/or email address for this GP to allow direct contact to be made. Since implementing this, there had been a reduction with patient falls and fractures and with unplanned hospital admissions. The GP dealt with all urgent visits, patient reviews, new patient admissions, medicines reviews (in conjunction with the clinical pharmacist), discussions with families, advance care planning and vaccinations.

### Effective staffing

Practice staff at St Johns House Medical Centre had the skills, knowledge and experience to deliver effective care and treatment.

- GP partners also reviewed the clinical staff rota on a weekly basis and made adjustments according to projected or actual patient demand.

# Are services effective?

## (for example, treatment is effective)

- An induction programme was in place for newly appointed staff. This covered such topics as safeguarding, infection prevention and confidentiality. New staff received a period of mentoring with an established member of staff. This included locum GPs and the practice had a locum induction pack.
- There was a system of appraisals, meetings and reviews of developmental needs in place. Staff received training to meet their learning needs and to cover the scope of their work. We saw evidence of ongoing support and coaching. All staff we spoke had received an appraisal within the last 12 months.
- A staff handbook was produced and regularly updated to provide staff with all necessary information about the practice and procedures.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.
- Practice staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Training was regularly updated.
- For planned and long term GP absence, St Johns House Surgery used locum GPs known to the practice.

### Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- Information included care plans, medical records and investigation and test results. Patients at risk of unplanned hospital admissions (2% of the patient list) had care plans in place.
- Information was shared with other services appropriately, for example when referring patients to other services, such as for secondary health care appointments.
- Practice staff worked with other health and social care professionals to meet patients' needs and to assess and plan ongoing care and treatment. This resulted in an integrated package of care with other providers. For example, when referring patients for family planning or sexual health matters.

### Consent to care and treatment

We were told how practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- When care and treatment was provided for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw that staff understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.
- 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.

### Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

- Smoking cessation advice was available from the practice. Over the last 12 months, all patients who smoked had received smoking cessation advice.
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Patients who need additional support, such as dietary advice.
- The practice offered additional support for diabetic patients.

The practice's uptake for the cervical screening programme was 78%, which was just below the CCG average of 83% and the national average of 82%. The practice had one of the highest percentages for practices located within Worcester and had seen this figure increase year on year. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance and demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

# Are services effective?

(for example, treatment is effective)

cancer. 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.

Childhood immunisation rates for the vaccinations given were comparable to the national average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 93% which was similar to the national range of 73% to 93% and five year olds from 90% to 93% which was comparable to the national range of 83% to 95%.

The practice used a text message reminder service to remind patients about vaccinations and screening.

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. Over the last 12 months the practice had carried out checks on 92% of patients aged over 45. 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

During our inspection of St Johns House Medical Centre we saw staff treated patients with kindness and respect at all times.

- We received 30 comment cards from patients, all of which made positive comments about the standard of care received.
- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Patients we spoke with told us they were involved in decisions about their care and treatment. They told us

clinical staff listened to them. Every patient we spoke with told us they were given enough time by GPs and felt cared for. Comments made by patients on the comment cards completed before our inspection supported this.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were largely in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- The practice was able to translate for most patients within its own staff. If this was not possible, largely with some eastern European languages, there was a translation service available. Notices were displayed in the reception area about this. The service was regularly used.
- Information was displayed in other languages and additional information could be provided in other languages on request.
- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.

The Proactive Care Team (PACT) met on a monthly basis. Their remit included:

- A focus on the frailest patients and those most at risk of deterioration and /or hospital admission.
- Reviewing care plans and carrying out regular patient reviews.

## Are services caring?

- Liaising with the multi-disciplinary team to ensure patients received appropriate care within the community.

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

Literature was available in the waiting room to publicise local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. We discussed this with GPs and the practice manager, who were aware this was low. We were told how

the practice has worked to identify 'hidden carers' and had taken advice and started to work with Worcestershire based carer's associations. All carers were also offered a carer's assessment.

A staff member had received in-depth training to work as a care navigator within the practice. Patients were referred to this staff member for help and advice on both healthcare and social care matters within the charitable and professional sectors. This enabled patients to access services they might otherwise be unaware of.

GPs contacted families following bereavement. Patients were also signposted to relevant support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

St Johns House Medical Centre reviewed the needs of its local population and engaged with the NHS England Area Team and the South Worcestershire clinical commissioning group (CCG) to secure improvements to services where these were identified.

- Extended hours appointments were available on weekday mornings and evenings and the practice had recently made additional telephone appointments available.
- Same day appointments were available for all patients when required. Appointments were available on the day of our inspection.
- Telephone consultations were available for patients who were unable to reach the practice during the day. Non-urgent call backs could be requested within 48 hours.
- With the patient's permission, some patient calls were transferred to the CCG Clinical Contact Centre to handle enquiries and provide a triage service. This enabled patients to receive non-urgent telephone advice when they were unable to reach the practice. This had made an average of 150 extra patient appointments available at the practice each week. This was a new initiative and had been well-received by patients.
- Practice staff were able to translate for most patients who did not speak English as a first language and a translation service was also available.
- There were longer appointments available for patients with a learning disability and carers were also invited.
- The practice also offered telephone consultations for patients who could not attend the practice during normal working hours.
- Clinical staff made home visits to patients who were unable to reach the practice. This included patients who lived within the local care homes served by the practice who were served by a dedicated GP partner.
- Travel vaccinations were available.

### Access to the service

The practice was open from 8.15am to 6pm during the week. Appointments were available throughout those times. Telephone lines were open from 8am to 6.30pm. Extended hours appointments were available on weekdays from 7am to 8am and from 6.30pm to 7.30pm.

When the practice was closed, patients could access out of hours care provided by Take Care Now located in Worcester through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website.

Home visits were available for patients who are unable to attend the practice for appointments. There was also an online service which allowed patients to order repeat prescriptions and book new appointments without having to telephone the practice. Telephone appointments were available for patients who were unable to reach the practice during normal working hours and a 48 hour call back system was available for patients with non-urgent queries.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages, apart from satisfaction with the practice's opening hours.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 40% of patients said they could get through easily to the practice by telephone compared to the CCG average of 75% and the national average of 73%.

Six patients who completed comment cards before our inspection told us they had difficulty getting appointments at times and two patients said it could be difficult to get through on the telephone.

We discussed appointments and telephone access with GP partners and practice management. They discussed how allowing some non-urgent triage calls to be handled by the CCG contact centre had freed up an average of 150 patient appointments each week. They explained how calls were only transferred with the permission of each patient. Two patients we spoke with and three patients who completed comment cards had used this service and made only positive comments about it and said their queries had been handled well. One patient we spoke with who used the contact centre said staff had quickly identified he needed an urgent GP appointment and had made an appointment for the same day.

The practice had made more staff available to answer telephones at busy times and had tried to encourage

# Are services responsive to people's needs?

(for example, to feedback?)

patients with non-urgent needs to telephone at quieter times. The situation was kept under constant review and we saw minutes of staff meetings where this had been regularly discussed.

## Listening and learning from concerns and complaints

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

- The practice complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had designated the practice manager to handle all complaints received.
- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.
- An annual complaints summary was prepared and discussed to review progress and any potential trends.

We saw that 27 complaints had been received within the last 12 months and these covered a broad range of subjects with no major themes. We reviewed two of these and saw they had been dealt with in an appropriate way within the published timescales. Patients received an appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated. The practice acted on concerns raised by patient complaints; for example, by making additional patient appointments available. We saw how a patient who had complained about difficulty obtaining an appointment had been invited into the practice to discuss concerns, had been shown how the appointment system worked and had been involved in a discussion about what the practice planned to do to improve the situation.



# 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

We saw St Johns House Medical Centre had a clearly defined purpose 'to provide high quality primary health care' and 'to seek to join up care with our local community of health and social care colleagues'. This was evident throughout the practice's work; staff referred to it, initiatives demonstrated it and the aims were displayed in patient literature and on the practice website.

The partner GPs told us the practice had been through a difficult time until 12 months ago and a number of key staff had left in a short space of time. We saw how the practice team had worked hard to give the practice a fresh focus and recruit new staff and re-deploy some existing staff into roles more suited to their areas of expertise and interest.

### Governance arrangements

The practice had a governance framework in place which facilitated the delivery of care and reflected the practice values. This ensured that:

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- A comprehensive understanding of the performance of the practice was maintained and changes were made when concerns were identified. For example, with patient concerns about being able to get through on the telephone.
- Clinical staff met daily on an informal basis (in addition to weekly formal meetings) to discuss any immediate concerns.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.

### Leadership and culture

We saw how the lead GP and management team had the necessary experience and skills to run the practice and provide appropriate high quality care to patients. Staff we spoke with told us the partners were doing an excellent job and were very approachable and open to new ideas. Staff

also told us how open the lead GP and management were and they felt they could easily raise any concerns they had. All staff we spoke with said how the existing GP partners and management team had made the practice a different and much improved place than it was 12 months ago and were encouraged about the future the practice had and its vision.

There were systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness, approachability and honesty. Staff we spoke with confirmed this. There were appropriate systems in place at the practice to ensure that when things went wrong with care and treatment:

- Patients affected were supported, given an explanation and a verbal and written apology.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- Staff we spoke with told us they felt valued and supported. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered by the practice.
- A staff incentive scheme was in place which encouraged staff members 'to go the extra mile' and recognised staff achievements.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.

### 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 previously had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG met quarterly, carried out patient surveys and discussed



# Are services well-led?

Good 

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

developments within the practice. This had lost impetus over the last year and the practice had plans in place to re-form it and had already recruited several members. The first meeting was due to be held in January 2017.

- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- Results from the NHS Friends and Family Test during the last eight months showed that 65% of patients who responded were either likely or highly likely to recommend the practice to friends and family. We saw how results were much lower at the beginning of this period, but had improved each month.

## Continuous improvement

St Johns House Medical Centre had a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice had formed a learning network with Worcestershire South Clinical Commissioning Group (CCG), the local healthcare trust, Worcestershire County Council and locally based housing associations. This was still being developed at the time of our inspection. One of the primary aims of this network was to explore external funding opportunities for improving local healthcare.

One partner GP dealt exclusively with care home work. This enabled a consistent approach to be taken and a close working relationship to be developed with the care homes, care home staff and patients concerned. Learning was shared with other practices and the CCG. Some families had been given a mobile telephone number and/or email address for this GP to allow direct contact to be made. Since implementing this, there had been a reduction with patient falls and fractures and with unplanned hospital admissions.