

# SW Healthcare Droitwich Medical Centre

## Quality Report

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Date of inspection visit: 20 March 2018  
Date of publication: 30/04/2018

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	

# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

### Detailed findings from this inspection

Our inspection team

3

Background to SW Healthcare Droitwich Medical Centre

3

Detailed findings

4

## Letter from the Chief Inspector of General Practice

**This service is rated as Good overall. This service has not previously been inspected.**

The key questions are rated as:

Are services safe? Rated Good

Are services effective? Rated Good

Are services caring? Rated Good

Are services responsive? Rated Good

Are services well-led? Rated Good

We carried out an announced comprehensive inspection of SW Healthcare Limited on 20 March 2018 as part of our inspection programme.

At this inspection we found:

- There were clear systems to manage risk so that safety incidents were less likely to happen. Incidents were discussed when they happened so that learning and improvements could be implemented as necessary. All incidents were kept under annual review to ensure any changes to procedures were embedded.

- There was a system for recording, actioning and tracking patient safety alerts. Alerts had been reviewed and action taken where appropriate.
- All appropriate recruitment checks had been carried out on staff prior to being employed by the service.
- There was a service development plan that documented both their long and short-term priorities.
- The leadership, governance and culture were used to drive and improve the delivery of its service. All staff were involved in the development of the service and were proud of their achievements.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Feedback from patients about their care was consistently positive.
- There was a focus on continuous learning and improvement at all levels.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# SW Healthcare Droitwich Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC lead inspector, supported by a GP specialist adviser.

## Background to SW Healthcare Droitwich Medical Centre

SW Healthcare Limited (SWH) is a GP Federation of 32 practices serving 303,000 patients in Worcestershire, operating from offices in Droitwich Medical Centre, Ombersley Street East, Droitwich, WR9 8RD. Their website provides more detailed information about their services. [www.swhealthcare.org.uk](http://www.swhealthcare.org.uk).

SWH was registered with CQC to provide a remote clinical access service until changes were made to their contract in February 2018. We are aware of these changes and are discussing changes to registration with the provider separately from this inspection.

SWH holds an Alternative Provider Medical Contract (APMS) with NHS England. The APMS contract is a contract between general practices and NHS England for delivering primary care services to local communities.

SWH is managed by a board of six, including five elected GP partners. They are supported by an executive team consisting of a chief executive officer and a senior management support team. SWH now provides services in Worcestershire through four primary care hubs offering local GP and nurse extended hours services to patients from across the county. Seven day access is provided at two of the hubs, Farrier House in Worcester and Riverside Surgery in Evesham. These hubs provide appointments from 6.30pm to 8.30pm on weekdays and 8am to 8pm on weekends and bank holidays. Two other hubs which are based at Prospect View Surgery, located in Malvern and Spa Medical Practice located in Droitwich Medical Centre provide services for patients on Saturday mornings.

The hubs have been chosen to best serve the rural and geographically diverse population in Worcestershire. Patients can be seen by direct appointment arranged by the patients' own practice. Details of the appointment are made available to the patient's regular GP. SWH plan to develop their system so that patients could be given an appointment through triaged referral by NHS 111 or the West Midlands Ambulance Service in the future.

# Are services safe?

## Our findings

**We rated the service as good for providing safe services.**

### Safety systems and processes

There were clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. They had safety policies which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff checks were carried out at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider ensured that facilities at the hubs and equipment were safe. This included making sure that equipment was maintained according to manufacturers' instructions, and that systems for managing infection prevention and control and healthcare waste were effective.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.

When there were changes to services or staff assessments were carried out and the impact on safety was monitored.

- Staff understood their responsibilities to manage emergencies and to recognise those patients in need of urgent medical attention and advised patients what to do if their conditions worsened.
- They knew how to identify and manage patients with severe infections such as sepsis. Emergency equipment needed to enable assessment of sepsis was available to clinical staff. For example, we saw the clinical software that triggered an alert for patients with examination findings which indicated sepsis.
- SWH planned further training for staff on the recognition and response to possible signs of sepsis.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff, the patient's practice and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

There were reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff ensured they kept accurate records.

### Track record on safety

SWH had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

## Are services safe?

- The service monitored and reviewed activity. This helped them understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

SWH learned and made improvements when things went wrong.

- There were adequate systems for reviewing and investigating when things went wrong. There was a well-developed system for recording and acting on incidents and significant events. All incidents were treated as significant events and 40 of these had been recorded, investigated and acted upon in the last 12 months. We were shown many examples of these, including two clinical examples. One example involved a patient who had been inappropriately given an appointment by the service when they should have been seen urgently by their own practice. This was due to the failure to record the reason for the appointment on the system. Had this been recorded the appointment would not have been booked. The other example was of a prescription generated for a patient who had a recorded allergy to the antibiotic prescribed. The clinician had failed to check the allergy history of the patient. In both examples there was evidence of shared learning and communication with improved patient safety. Significant events were discussed at board meetings which were held every two to four weeks and were attended by SWH's six directors.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service learned from external safety events and patient safety alerts. There was an effective mechanism in place to disseminate alerts to all members of the team. A detailed log was maintained of all alerts received, together with details of the originator, staff with whom these alerts had been shared and any action taken in response to the alert.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the service as good for providing effective services.**

### Effective needs assessment, care and treatment

There were systems to keep clinicians up to date with current evidence based practice.

- We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. Checks were in place to make sure staff kept up to date with relevant information. We saw records that NICE guidance was discussed in the management of a patient's condition.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff assessed and managed patients' pain where appropriate. Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

There was a comprehensive programme of quality improvement activity, which included audits. The effectiveness and appropriateness of the care provided had been monitored through audits for the services provided prior to the changes in contract and the services provided. It was planned to continue to use audits to monitor care and treatment in the new service provision.

- Clinical audit had a positive impact on quality of care and outcomes for patients.
- We were provided with details of an audit of antibiotic prescribing from June 2016. This was clinically driven and demonstrated that the rate of antibiotic prescribing was higher than would ideally be expected. As a result an antibiotic prescription protocol had been developed. The protocol had been kept under regular review to ensure the changes had been fully embedded.
- We saw evidence of how historically 2% of advanced nurse practitioner consultations were reviewed by the

senior doctor for quality and safety assurance using a template designed for this purpose. It was planned to extend this monitoring for all clinicians providing services.

Key performance indicators (KPIs) had been agreed with the Clinical Commissioning Group (CCG) to monitor performance to improve outcomes for patients. The measurable targets for SWH included:

- Timing of appointments
- Capacity
- Advertising and ease of access

As the service had been operating for approximately six weeks at the time of the inspection we looked at the KPI which focused on the expected rate of patient uptake of appointments. With the recent contractual changes the service had moved away from face to face provision in individual GP member practices to patients accessing appointments in the four hubs, which were spread across the county. Early data showing the uptake of appointments to be approximately 60% (compared with the target of 80%). SWH had identified difficulties for reception staff in individual practices accessing the extended hours appointment system and on-site training was being provided to address this. SWH were confident that uptake would improve with staff training and promotion of the service with patients.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. SWH ensured that all staff worked within their scope of service and had access to clinical support when required.
- SWH understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. This included the provider's mandatory training such as confidentiality and information governance.
- Staff were provided with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. SWH could demonstrate how they ensured the competence of staff employed in clinical roles through audit of their clinical decision making, including non-medical prescribing.

# Are services effective?

(for example, treatment is effective)

- There was a clear approach for supporting and managing staff when their performance was poor or variable. A human resource team member supported the management of personnel within SWH and advised on processes and action to take when required.

## Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff communicated promptly with a patient's registered GP so that their GP was aware of the need for any further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. After every episode of care was completed a copy of the consultation was transferred electronically to the patient's GP practice and if any action was required a task or message was sent to the practice. This was demonstrated to us.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. We were shown how the referral system was applied as required.

## Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients.

- Support was provided to help patients manage their own health and maximise their independence.

- Where appropriate, staff gave patients advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. This included patients at risk of developing a long term condition.
- Chronic disease management and health checks were not provided by the service but there were plans for this to be developed in the future. We saw that appropriate templates could be populated to ensure that relevant information was captured for conditions such as diabetes management.

## Consent to care and treatment

Consent to care and treatment was obtained in line with legislation and guidance.

- The process for seeking consent was monitored to ensure procedures were followed appropriately. Regular audits were carried out to check compliance was being maintained.
- All consultations required the consent of the patient and this was recorded.
- All telephone consultations were recorded. The service intended to introduce a method of ensuring patient's consent to a review of their records for quality assurance purposes was obtained.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Clinical staff understood the requirements of legislation and guidance when considering consent and all had completed mandatory training through an online training system.
- Information leaflets were available to guide patients about giving consent to treatment or examination. Staff confirmed this leaflet was regularly offered to patients.

# Are services caring?

## Our findings

### We rated the service as good for caring.

#### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

#### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Notices were

available in reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats to help patients be involved in decisions about their care.

- Feedback from the NHS Friends and Family test consistently demonstrated that patients were involved in their treatment, that clinicians listened to them and answered any questions they had about their health and treatment.

#### Privacy and dignity

Patients privacy and dignity was respected and promoted.

- Staff recognised the importance of people's dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients commented that they were always treated in a dignified manner and with respect.
- The service complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the service as good for providing responsive services.**

### Responding to and meeting people's needs

Services were organised and delivered in ways that met patients' needs and took account of patient preferences.

- SWH understood the needs of their population and provided extended hours services to meet those needs. For example, patients booked appointments through their usual GP practice to see a GP or nurse at one of the hubs.
- There was a system that alerted staff to any specific safety or clinical needs of a patient using the service. Patient records were flagged according to specific alerts and this information was available to clinical staff providing extended hours services.
- SWH had assessed that the facilities and premises at the hubs were appropriate for the services delivered.

### Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The extended hours service operated in four hubs: seven day access was provided at two hubs, Farrier House in Worcester and Riverside Surgery in Evesham. These hubs provided appointments from 6.30pm to 8.30pm on weekdays and 8am to 8pm on weekends and bank holidays. Two other hubs were based at Prospect View Surgery, located in Malvern and Spa Medical Practice located in Droitwich Medical Centre. These hubs were open for appointments on Saturday mornings.

- Patients could be seen by direct appointment arranged by the patients' own GP. Details of the appointment were made available to the patient's regular GP. Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Referrals and transfers to other services were undertaken in a timely way. We found the referral system was simple, safe and effective, with links to necessary resources and information such as safeguarding.

### Listening and learning from concerns and complaints

Complaints and concerns were taken seriously and responded to appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available for patients and easy to follow. This included information for other agencies such as Healthwatch and the ombudsman.
- The complaint policy and procedures were in line with recognised guidance. Two complaints had been received in the last 12 months. We reviewed both complaints and found that they had been satisfactorily handled in a timely way.
- We saw that where complaints had involved other providers joint discussions had taken place in order to resolve and learn from issues raised.
- The service learned lessons from individual concerns and complaints and also from analysis of trends to improve the quality of care. All complaints were logged as significant events and kept under annual review to ensure actions required had been completed and any changes made to policies and procedures were embedded. This was demonstrated in the annual report for the period March 2017 to March 2018.

# Are services well-led?

Good 

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

## Our findings

### We rated the service as good for leadership.

SWH was registered with the Care Quality Commission (CQC) to provide a remote clinical access service until changes were made to their contract in February 2018 to provide extended hours services in Worcestershire. The changes to the services provided had been in place for approximately six weeks at the time of the inspection.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- SWH was managed by a board of six members which included five elected GP partners. They were supported by an executive team which consisted of a chief executive officer and a senior management support team.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

There was a clear vision and credible strategy to deliver high quality care to promote good outcomes for patients.

- The strategy was realistic with supporting business plans to achieve their aims.
- The service developed its vision, values and strategy jointly with patients, staff and external partners. Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the Worcestershire population.
- Progress was monitored against delivery of the strategy.

- SWH aimed to give patients more control over their health and their treatments. Patients were supported in their communities by GPs who were able to deliver, holistic, personalised care that ensured continuity of care was maintained.
- Processes were in place that ensured that staff who worked away from the main base felt engaged in the delivery of the vision and values.

### Culture

There was a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service with a clear focus on the needs of patients.
- There was a warm and open culture evident amongst all staff we met, who felt well supported in a proactive learning environment.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw an example where performance management had been discussed. Action had been taken to ensure that working practice for all staff was consistent with requirements of the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff told us there was a culture of continual development, both as individuals and for the service as a whole.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

# Are services well-led?

Good 

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

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. Annual reviews were scheduled to ensure the governance plan was followed correctly.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There were processes to manage current and future performance. SWH had a committed staff group and although the new service had only been operational for approximately six weeks efforts were being made to increase uptake on appointments through focused staff training.
- Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Monthly random reviews of patients notes were carried out to ensure that appropriate investigations and referrals had been made with detailed records maintained. For example, we saw that call audits were completed for individual clinicians during 2017. These audits showed that notes were satisfactory and any areas of learning identified were discussed with the individual concerned. There were plans to continue audit and review of consultations with the revised service going forward.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

- Leaders had a good understanding of service performance against key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local Clinical Commissioning Group (CCG) as part of contract monitoring arrangements.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality, operational information and the views of patients was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Any identified weaknesses were addressed.
- Information technology systems were used to monitor and improve the quality of care provided.
- Data or notifications were submitted to external organisations as required.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.

## Engagement with patients, the public, staff and external partners

Patients, the public, staff and external partners were involved to support high-quality sustainable services. Views and concerns were encouraged, heard and acted on to shape services and culture.

- In-house patient surveys had not been conducted by the service as yet. All patients were however, encouraged to complete the NHS Friends and Family tests at each appointment. Feedback from patients for January 2018 showed that all patients were likely or extremely likely to recommend the service to others. Comments included that the service was efficient, very useful and prompt.
- There were plans to set up a new website and an IT application with the facility for patients to provide feedback on their experiences of the services provided.

# Are services well-led?

Good 

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

- Staff were had opportunities to give feedback on the service at staff meetings and through supervision. Staff told us they felt able to share ideas or express any concerns during meetings or at any other time and were supported to do this.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. The recent changes to the services provided had meant operational changes and revised processes. Changes would continue as the service developed, such as those to the IT system and the introduction of an in-house patient survey programme.