

# Hollinswood and Priorslee Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Hollinswood and Priorslee Medical Practice on 4 February 2016. The overall rating for the practice was Good, with the Well Led key question being rated as Requires Improvement. We found one breach of a legal requirement and as a result we issued a requirement notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.

The full comprehensive report from the inspection on the 4 February 2016 can be found by selecting the 'all reports' link for Hollinswood and Priorslee Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection on 6 July 2017. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and improvements had been made to the system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients commented that there were challenges around making appointments. Patients said they did not always know which site to attend for their appointment and were unaware of the availability of extended hours appointments two evenings a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were areas of practice where the provider should make improvements.

The provider should:

- Formalise and record clinical supervision which takes place between the nurse practitioner and GP.
- Obtain a Disclosure and Barring Service (DBS) check pertaining to the current employment for the Advanced Nurse Practitioner.
- Consider obtaining portable oxygen cylinders or a means of transporting the current cylinders around the building.
- Ensure all staff are up to date with their required training.
- Ensure that staff have access up to date policies that have been reviewed.
- Review the GP survey results and identify action to improve patient satisfaction scores for consultations and interaction with the GPs.

**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



- Improvements had been made to the system in place for managing and reviewing significant events.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. Risk assessments had been completed for all three sites and included fire risk assessments and infection control audits.
- Staff demonstrated that they understood their responsibilities although not all staff had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, the oxygen cylinders were not easily transportable around the buildings.
- The advanced nurse practitioner received mentorship and support and the lead GP reviewed a random sample of their consultations and provided feedback. However the feedback was not recorded.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average.
- Staff were aware of current evidence based guidance and guidance was discussed at clinical meetings.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Staff said they were supported to develop their skills by the practice.
- Not all staff had completed their required training updates.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for satisfaction on consultations with GPs but were comparable for consultations with nurses.

# Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment when they were seen by the nursing team but less so when they were seen by GPs.
- Information for patients about the services available was accessible. Information about the availability of interpreting services was on display at all three sites.
- We saw staff treated patients with kindness and respect.
- We saw that patients were offered support following a bereavement.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. The services were planned and delivered to take into account the needs of different patient groups and to help provider flexibility, choice and continuity of care.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients commented that there were challenges around making appointments. Patients said they did not always know which site to attend for their appointment and were unaware of the availability of extended hours appointments two evenings a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice aims were developing to take into account the changes in practice following the merger and the continual changes with the primary care setting.
- Improvements had been made to the management structure within the practice. There was a clear leadership structure and staff felt supported by management.

# Summary of findings

- The practice had policies and procedures to govern activity and had introduced a structured plan for meetings.
- Improvements had been made to the governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities, although priority needed to be given to ensuring all staff were up to date with their training.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. For example the practice nurses had identified an unmet need as they only offered morning appointments and patients regularly requested appointments in an afternoon. As a consequence the practice had introduced afternoon appointments.

# 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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

### People with long term conditions

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

Good



- The GPs had special interests in diabetes, cardiology and respiratory medicine.
- Performance for diabetes related indicators was similar or above the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 88% compared with the CCG average of 75% and national average of 78%.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The practice had a structured system for inviting patients for their review or identifying patients who did not attend.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Systems were in place to follow up children who did not attend out patients appointments.
- Immunisation rates were high for all standard childhood immunisations.
- Priority was given to children for same day or next day appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group.

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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example extended hours between 6.30pm and 8pm on Tuesdays at the main site and on Wednesdays at the Priorslee branch site.
- The practice offered all patients aged 40 to 75 years old a health check with the nursing team.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had identified 29 patients on the learning disability register, who were invited to attend for an annual review.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Good





# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Patients were invited for an annual review of their physical health needs.
- The percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 94% compared to the local CCG average of 91% and national average of 89%.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The patients had access to a counsellor working from the premises, enabling ease of access.
- The practice proactively managed patients that presented to the emergency department with mental health conditions. When the practice received a notification from the emergency department, crisis team or mental health outreach team, the GPs followed up and reviewed the patient as appropriate.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with or above the local and national averages. 301 survey forms were distributed and 88 were returned.

- 78% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Forty-two of the 43 patient Care Quality Commission

comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Six out of the 10 patients described to us the challenges around making appointments. One person commented that they were not always able to get an appointment at their preferred site and another person told us they would often wait for an appointment to see their preferred GP. Three patients told us that they were often unable to get an appointment when they rang at 8.30am, and two other patients were unaware that appointments were available two evenings a week. Patients were also confused about which site their appointment had been made at.

## Areas for improvement

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

Formalise and record clinical supervision which takes place between the nurse practitioner and GP.

Obtain a Disclosure and Barring Service (DBS) check pertaining to the current employment for the Advanced Nurse Practitioner.

Consider obtaining portable oxygen cylinders or a means of transporting the current cylinders around the building.

Ensure all staff are up to date with their required training.

Ensure that staff have access up to date policies that have been reviewed.

Review the GP survey results and identify action to improve patient satisfaction scores for consultations and interaction with the GPs.

# Hollinswood and Priorslee Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Hollinswood and Priorslee Medical Practice

Hollinswood and Priorslee Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Telford, Shropshire.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 6,100 patients. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and minor surgery. The practice area is one of average deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. The practice population has a higher number of younger patients; 25% are under 18 years old (national average 21%) with only 10% being over the age of 65 years, where the national average is 17%.

The practice operates from three sites. The main site is The Surgery, with branch sites at Priorslee and Holliwell. The sites are as follows:

- The Surgery, Downmead, Hollinswood, Telford, TF3 2EW

- Priorslee Surgery, Glen Cottage, Priorslee, Telford, TF2 9NW
- Holliwell, Deercote, Hollinswood, Telford, TF3 2BH

We visited all three sites as part of this inspection. The Hollinswood and Holliwell sites are within walking distance of each other and Priorslee is approximately five minutes away by car.

The practice has two full time GPs (both male), one part time Advanced Nurse Practitioner and two practice nurses (working 20 hours per week each). They are supported by a practice manager, a deputy practice manager and administrative / reception staff. All three sites are open every day from 8.30am to 6pm except Wednesdays when the main practice closes at 3pm, and the Holliwell branch site closes at 1.30pm and Thursdays when the Priorslee branch site closes at 1pm. The practice offers extended hours between 6.30pm and 8pm on Tuesdays at the main site and on Wednesdays at the Priorslee branch site.

The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropshire Doctors Co-operative Limited (Shropdoc), a GP out-of-hours service provider.

We carried out an announced comprehensive inspection at Hollinswood and Priorslee Medical Practice on 4 February 2016. The overall rating for the practice was Good, with the Well Led domain being rated as Requires Improvement. We found one breach of a legal requirement and as a result we issued a requirement notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.

# Detailed findings

The full comprehensive report on the 6 February 2016 can be found by selecting the 'all reports' link for Hollinswood and Priorslee Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

We undertook a comprehensive inspection of Hollinswood and Priorslee Medical Practice on 4 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was Good, with the Well Led domain being rated as Requires Improvement. We issued a requirement notice to the provider in respect of good governance.

We undertook a further announced comprehensive inspection of Hollinswood and Priorslee Medical Practice on 6 July 2017.

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 6 July 2017. We also reviewed policies, procedures and other information the practice provided before the inspection day. During our visit we:

- Visited the main practice site Hollinswood and the branch sites - Priorslee and Holliwell.
- Spoke with a range of staff including the GPs, the advanced nurse practitioner, a practice nurse, practice manager and members of reception staff.

- Spoke with patients who used the service, including two representatives from the patient participation group.
- Reviewed comments cards where patients and members of the public shared their views and experiences of the service, and looked at survey information.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

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

We saw that improvements had been made to the system in place for managing and reviewing significant events.

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- The practice had recorded five significant events between June 2016 and June 2017. From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, 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 and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, due to communication difficulties a child referred for an acute admission to hospital did not attend until the following day. The hospital notified the practice on the day of the admission and all attempts were made to contact the parent of the child. As a consequence all staff have been reminded to check that the parent has understood what has been discussed and to consider routinely using translation services. The safeguarding lead now follows up all notifications that children have not attended for outpatient appointments to ensure they are no safeguarding issues.

We saw that the practice did not have a clear system for the management of medicines and equipment alerts issued by external agencies. The practice manager and lead GP partner received medicine and safety alerts and disseminated these to relevant staff. However, the practice

was unable to evidence that they had acted upon two recent medicine alerts and carried out searches to identify any patients prescribed these medicines, so they could take appropriate action. There was no evidence to support that alerts were discussed at clinical meetings or actions were recorded in a central log.

The practice provided evidence following the inspection that they had reviewed and acted upon medicine and safety alerts. They told us that all alerts received between 2015 and 2017 had been reviewed and searches carried out to identify if any patients may be affected or require a change to their medication. In relation to an alert dated April 2017 one patient was identified who would potentially be affected. This patient had been contacted and a face to face consultation was due to take shortly. The practice also planned to introduce a system to record all alerts and subsequent action and outcome on a central log available to all staff in the practice. Medicines and safety alerts were also to be added as standing agenda items at the clinical and management meetings.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. Regular meetings were held with the health visitors to discuss any child or families at risk.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs, Advanced Nurse Practitioner (ANP) and one of the practice nurses were trained to child safeguarding level three, and the other practice nurse trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

## Are services safe?

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The ANP had recently taken over the role of infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff received training, although not all staff were up to date with their training. A recent IPC audit had been undertaken at all three sites and the practice was working through the recommendations. For example, disposable curtains had been introduced into all consulting and treatment rooms.

We saw that improvements had been made to the arrangements for managing medicines, including emergency medicines and vaccines in the (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. However, we noted that for three patients prescribed on a particular medicine, their blood monitoring had been carried out every four months rather than every three months. The practice provided evidence following the inspection that these patients had been contacted and had appointments for a face to face consultation and blood tests the week after the inspection. The practice planned to introduce a system to monitor patients' attendance for blood tests and discuss patients' prescribed high risk medicines at the practice meetings.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and improvements had been made to the systems used to monitor their use. The distribution and use of prescribing forms and pads was monitored for all sites.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this

extended role. They told us the lead GP reviewed a random sample of their consultations on a monthly basis and provided verbal feedback. However the feedback was not recorded.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, the DBS for the advanced nurse practitioner, dated August 2015, was from their previous employment. The practice manager told us they would obtain a DBS pertaining to this employment for this member of staff.

### Monitoring risks to patients

Improvements had been made to the procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The GP partners owned all three sites and were responsible for the maintenance of the buildings and equipment.
- The practice had an up to date fire risk assessment for all three sites. The practice did not carry out regular fire drills. However, fire training and a fire drill had been arranged for the week after the inspection.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. However the partners recognised the need to recruit additional clinical staff as the long term locum GP left their employment at the end of March 2016. The

## Are services safe?

partners had been successful in recruiting an experienced part time Advanced Nurse Practitioner, as well as a full time female salaried GP. The new GP was currently working several sessions a week and would start full time at the beginning of August 2017.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and e
- Each practice site had a defibrillator available on the premises and oxygen with adult and children's masks. However, the oxygen cylinders were not easily transportable around the buildings.
- The business continuity plan had been updated since the last inspection to reflect the changes in the organisational structure. The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- We saw that change to guidance was discussed at the clinical meetings.
- 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 were 98.3% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.2% and national average of 95.3%. The practice clinical exception rate of 11.3%, was 0.2% below the CCG average and 1.5% above the national average. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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

- Performance for diabetes related indicators was similar to or above the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 88% compared with the CCG average of 75% and the national average of 78%. The practice exception reporting rate of 39% was higher than the local average of 19% and the national average of 12.5%.

- Performance for the percentage of patients with who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 93%. This was comparable to the local CCG average of 93% and the England average of 90%. The practice exception reporting rate of 4.1% was lower than the local average of 12% and the national average of 11.5%.
- Performance for mental health related indicators was above the local CCG and national averages. For example, the percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 94% compared to the local CCG average of 91% and national average of 89%. The practice clinical exception rate of 3% for this clinical area which was lower than the local CCG average of 15% and the national average of 12.7%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was above the local CCG average and England averages (100% compared with the CCG and national average of 84%). The practice clinical exception rate of 0% for this clinical area was lower the local CCG average of 12% and the national average of 6.8%.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last 12 months, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, one audit looked at whether patients 45 years and over who were prescribed anti-inflammatory medicines were also co-prescribed medicines to protect against gastro-intestinal bleeds. The first audit identified that 71% of patients on anti-inflammatory medicines had also been prescribed medicines to protect against gastro-intestinal bleeds. The second audit identified that 96% of patients were on the correct medicines.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending update training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from colleagues and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The clinical team had identified that one of the practice nurses had additional skills that they were not using in their current job role. They were looking to develop their role and use their skills for the benefit of patients. The Advanced Nurse Practitioner also planned to introduce structured clinical supervision for the practice nurses.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, not all staff had completed their training updates.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with

patients' consent, using a shared care record. Meetings took place with other health care professionals as required when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. We saw that the care of these patients was routinely discussed at clinical meetings.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was obtained for certain procedures and completed examples of these were seen.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and or substance misuse.
- The practice worked with a healthy lifestyle advisor from the Healthy Lifestyle Hub, a locally commissioned service. The advisor worked with patients over six sessions to make changes to their lifestyle. The advisor visited the main practice site on a weekly basis.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG and national average of 81%. (The practice exception reporting rate of 5.7% was the same as the local average and below the national average of 6.5%). There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the

# Are services effective?

(for example, treatment is effective)

screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data from 2015/16 published by Public Health England, showed that the number of patients who engaged with national screening programmes was comparable to the local and national averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were all above

the national expected coverage of 90%, ranging from 98% to 100%. The uptake rates for vaccines given to five year olds were comparable to the national average and ranged from 87% to 92.6%.

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 could be treated by a clinician of the same sex.

Forty-two of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. One patient commented that one member of clinical staff had been abrupt and hadn't listened to their concerns. However, they also commented that the remainder of the staff, both clinical and non clinical had always treated them with dignity and respect.

We spoke with 10 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice was below average for its satisfaction scores on consultations with GPs. For example:

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and national average of 95%

- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.

However the practice was comparable to the CCG and national averages for its satisfaction scores on consultations with nurses. For example:

- 93% of patients said the nurse was good at listening to them compared with the CCG average and 91% and the national average of 92%.
- 93% of patients said the nurse gave them enough time compared with the CCG average and national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had usually had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However one person commented that they sometimes felt rushed during their appointment particularly if the GP was running late. Patient feedback from the comment cards we received was also positive and aligned with these views, although two patients commented about feeling rushed during consultations. We also saw that care plans were personalised.

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

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and national average of 86%.

## Are services caring?

- 59% 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%.

However, the results for nursing staff were comparable to the CCG and national averages. For example:

- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers (1% of the practice list). This was reflective of the practice demographics, as the practice had a lower than average number of patients aged 65 years and over (9.7% compared to the national average of 17.2%). The practice had a carer's policy that promoted the care of patients who were carers whenever possible. Written information was available to direct carers to the various avenues of support available to them. The practice had a dedicated carers bought in the reception area and the Carers Newsletter produced by the local Carers Centre available. This newsletter provided useful information for carers.

Staff told us that if families had experienced bereavement they were offered written condolences. Where appropriate, they were also offered a patient consultation at a flexible time and location to meet the family's needs. The practice manager told us about the support the practice offered to a bereaved patient following the death of their spouse. The patient was encouraged to visit the practice over the lunch time period to spend time talking with the practice manager, rather than staying at home and becoming lonely and isolated.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- Telephone consultations were available for all patients.
- There were longer appointments available for patients with a learning disability or patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately with the exception of Yellow Fever.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice proactively managed patients that presented to the emergency department with mental health conditions. When the practice received a notification from the emergency department, crisis team or mental health outreach team, the GPs followed up and reviewed the patient as appropriate.
- The patients had access to a counsellor working from the premises, enabling ease of access.

### Access to the service

All three sites were open every day from 8.30am to 6pm except Wednesdays when the main practice closed at 3pm, and the Holliwell branch site closed at 1.30pm and Thursdays when the Priorslee branch site closed at 1pm. The practice offered extended hours between 6.30pm and 8pm on Tuesdays at the main site and Wednesdays at the Priorslee branch site. The practice offered pre-bookable appointments with the GPs, Advanced Nurse Practitioner

(ANP) and practice nurses, as well as same day appointments with the GPs and ANP. Staff told us that the GPs would continue with surgery when capacity had been reached.

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

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 71%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 77% and the national average of 84%.
- 91% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 69% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

Six out of the 10 patients described to us the challenges around making appointments. One person commented that they were not always able to get an appointment at their preferred site and another person told us they would often wait for an appointment to see their preferred GP. Three patients told us that they were often unable to get an appointment when they rang at 8.30am, and two other patients were unaware that appointments were available two evenings a week. Patients were also confused about which site their appointment had been made at. We asked reception staff about this and they said they told patients where their appointment was as well as writing it on the appointment card if they attended the surgery to make an appointment. Comments on two of the 43 of the comment cards we received referred to difficulties getting appointments.

The practice had a system to assess:

- whether a home visit was clinically necessary; and

# Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

All patients who requested a home visit were contacted by the GP. The GPs telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Any urgent requests were transferred directly to the GPs by reception staff. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Complaint leaflets were available in the waiting rooms.
- Patients told us on the day of the inspection they knew about the complaints procedure. Those patients who had previously raised complaints said they were satisfied with how the practice had handled the complaint and with the outcome.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a misunderstanding over a telephone consultation, a clearer system was introduced and dedicated telephone consultation slots introduced in the electronic appointment system. We saw that complaints were discussed with staff at practice meetings.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 4 February 2016, we rated the practice as requires improvement for providing well-led services. This was because:

- Systems were not in place to monitor the distribution and use of prescription pads and blank computer prescription forms at all sites.
- There were inconsistencies in identifying, recording and managing risks and implementing mitigating actions across all three sites.
- A clear staffing structure had not been developed and staff were unclear about their roles and responsibilities.
- The policies and procedures had not been reviewed and revised following the merger.
- Not all staff felt involved in discussions about how to run and develop the practice, or given the opportunity to identify areas for improvement.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 6 July 2017. The practice is now rated as good for providing a well led service.

### Vision and strategy

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

- The GP described their plans for the future and areas for development, for example, developing reception staff to become care navigators, locality working and consolidation of the two sites at Hollinswood.

### Governance arrangements

There have been improvements in the governance processes within the practice. The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The main GP partner had the lead role for safeguarding and the Advanced Nurse Practitioner was the infection control lead.
- Job descriptions had been updated and issued to staff.

- Improvements had been made to the significant event process. There was evidence to support significant events were being recorded and discussed. We saw evidence from minutes of meetings that action to be taken and lessons learned were shared with staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Improvements had been made to the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions across all three sites. For example, risk assessments were available for all three sites, including fire risk assessments and infection control audits. Processes were in place to monitor the distribution and use of prescription forms and pads.
- An understanding of the performance of the practice was maintained. The practice had introduced a range of regular meetings which provided an opportunity for staff to learn about the performance of the practice. All meetings were minuted which enabled staff who were not in attendance to update themselves.
- Not all of the practice policies had been reviewed and revised. We saw that the hard copies of the policies available in reception at the main site had not been reviewed since 2013. However, we did see some policies that had been reviewed in June 2017, for example the infection control and health and safety policy. The practice provided evidence following the inspection to support that all policies had been reviewed.

### Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a

# Are services well-led?

Good 

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

culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

Following our previous inspection improvements had been made to the management structure within the practice. There was a clear leadership structure and staff felt supported by management.

- An assistant practice manager was appointed in January 2017 to support the practice manager.
- The practice had introduced a structured plan for meetings. Management meetings were held every two weeks, clinical meetings every six weeks and practice meetings every two to three months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice nurses had identified an unmet need as they only offered morning appointments and patients regularly requested appointments in an afternoon. As a consequence they had suggested amending their working hours so appointments were available both mornings and afternoons. This change had been implemented at the beginning of March 2017 and staff told us that patients were happier with this arrangement.
- Staff told us they enjoyed working at the practice and they felt that they all worked as a team.

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and provided feedback to the practice from comments they received from patients in the local community.
- the NHS Friends and Family test, complaints and compliments received
- staff through appraisals, staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The lead GP partner had attended formal leadership training to develop their skills and understanding around leadership. The practice was looking to develop the skills of the reception staff so they could become care navigators. The aim was to direct patients towards the most appropriate service, either within the practice or externally. For example, internally to the Advanced Nurse Practitioner or practice nurse, or externally to pharmacy or health trainers. However, clear guidelines would be put in place to ensure safety.

The practice had recently moved towards working with six local GP practices on a federated model. There were two broad work streams:

- Neighbourhood working
- Resilience

The aim is to provide services at a local level and create 'health and wellbeing' hubs, and free up time through sharing best practice, in particular around productive workflows.