

Alveley Medical Practice

Quality Report

Alveley Medical Practice
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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 14 January 2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced inspection at Alveley Medical Practice on 28 February 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The system in place for monitoring and managing patient medicine and safety alerts at the time of the inspection was not failsafe. The practice following the inspection immediately rectified this and has taken appropriate action.
- Improvements were needed in patient group directions, medicines refrigeration monitoring and to ensure that medicines dispensed in trays do not include tablets surrounded by the foil blister packaging.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when

Summary of findings

they needed it. The national patient survey findings reported higher patient access satisfaction rates than that of the local clinical commissioning group and national averages.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had set up a Dementia Café at the local chapel with the support from their Patient Participation Group. Carers of patients with dementia attended this café and feedback received was extremely positive. The café was well attended and plans had further developed with a local care home and staff at the practice to run a Dementia Café from the care home.
- The practice completed a mental health ward round once a month at a local care home with the support of a Consultant Psychiatrist. The practice was the pilot for this service and following its success it was being considered for roll out to other practices in the area.

The areas where the provider must make improvements are:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular:

- Medicines dispensed in packs/trays must not include tablets surrounded by the foil blister packaging.
- All patient safety alert systems to include evidence of the actions the practice has taken.
- Continue with the governance improvements made in respect of patient group directions and fridge temperature monitoring.

The areas where the provider should make improvements are:

- Continue with the governance improvements made in respect of patient group direction monitoring.
- Continue with the governance improvements made in medicines refrigeration monitoring.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Alveley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a member of the CQC medicines team.

Background to Alveley Medical Practice

Alveley Medical Practice is located in Alveley, Shropshire and is a small rural dispensing GP practice that was purpose built and opened in October 1991. It is part of the NHS Shropshire Clinical Commissioning Group (CCG). The total practice patient population is 2,306. The practice area covers Alveley, Hampton Loade, Quatt, Six Ashes and Romsley. The practice has a higher proportion of patients aged 65 years and above compared with the CCG locality and practice average across England. For example, 35% of patients registered are aged 65 years plus compared with the CCG average of 25% and national average of 17%; this has increased since the last CQC inspection by 2%. Patients aged 75 years and over numbered 14%, compared with the CCG average of, 11% and the national average of 8%.

There are two GP partners, one male and one female. The clinical practice team includes two female practice nurses, two dispensary staff and one trainee dispenser. The practice is supported by a practice manager, a practice administrator and two reception staff and is further supported by a care coordinator who offers a signposting service for frail and vulnerable patients, their family and/or carers. The practice also employs a cleaner. In total there are 14 full or part time staff employed. The practice is able

to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. This service is offered to over 99% of their patients.

The practice and dispensary are open Monday to Friday 8.30am to 12.30pm and 2pm to 6pm with the exception of Wednesday afternoons. The practice offers extended hours pre-bookable routine nurse appointments on Wednesday mornings from 8am to 8.30am. GP appointments are available from 9am to 11.30am and 3pm to 5pm Monday, Tuesday and Thursday. On Wednesday's GP appointments start at 8.30am to 11am as the practice closes in the afternoon and on Friday's GP appointments are available from 9am to 11.30am and 3pm to 4.30pm. When the practice is closed the margins are covered by the out of hours provider. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice is a teaching practice accredited by Keele University and has regular foundation year two GPs on a four monthly basis.

The practice provides a number of clinics, for example long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations, minor surgery, and travel vaccinations. The practice offers health checks and smoking cessation advice and support. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they offer minor surgery and the childhood vaccination and immunisation scheme.

Further details can be found by accessing the practice's website at www.alveleymedicalpractice.co.uk

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice 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.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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.

- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. We found that three medicines the practice could consider for their emergency drugs box were available in the practice dispensary. The practice clinical staff following a discussion chose to add two of the three absent medicines into their emergency drugs box during the inspection and produced a risk assessment with clear rationale regarding the third, the day after the inspection.
- There was a system in place for monitoring vaccines, however we found that the fridge temperature ranges for both the dispensary and vaccine fridges were incorrect. This meant that the fridge alarms would not alert staff to the fridges exceeding or going below the expected range of between two and eight degrees Celsius. It was not possible to ascertain when these ranges had been altered as staff did not check them. The checklist staff completed had the fridge

Are services safe?

temperature ranges prepopulated. However, the actual fridge temperature readings documented by staff had not exceeded or gone below the expected range. The practice acted on this information immediately, they amended the fridge temperature checklist in order that it was no longer prepopulated with the temperature ranges, trained and refreshed staff in the checks required to maintain them within the expected ranges and purchased two 24 hour fridge data loggers to enable a failsafe system. They also recorded the incident and shared the outcome as a learning event.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, we found that the printed versions two of the Patient Group Directions (PGD) were out of date. Nursing staff advised us that they used online guidance and guidelines for example from the Clinical Commissioning Group as the most up to date practice. Following the inspection the practice manager advised on the actions they had taken that included a significant event analysis and review. This included all the paper copies of the PGDs to ensure they were the most current, that all had been signed off by the GP, read, and signed by the nursing staff. They forwarded a copy of the practice's systematic process regarding their revised PGD process which included management oversight.
- We found that a patient's medicine dispensed in a tray had been surrounded by the foil blister packaging. There had been a recent patient safety alert issued in this regard of which the dispensary was unaware. This risk had been mitigated by the fact that the patient's family member was the only person who administered the medicine, which was known by the dispensing staff. However, there was no documented risk assessment in place.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe. There was evidence that dispensers

made every attempt to ensure a particular patient received the medicine they required due to their allergies which following investigation required sourcing the medicine from another country.

Track record on safety

The practice had a good safety record.

- There were risk assessments in place in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The practice had reported 23 events/ incidents in the last 12 months. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Significant events were discussed at partner meetings weekly, clinical meetings and staff meetings. A policy and report forms were readily available in locum and foundation year two GPs information packs.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was insufficient documentation to evidence that the system in place for receiving and acting on safety alerts was failsafe. There was evidence of searches done and actions taken on the drug alerts completed by the dispensary staff. The practice clinical safety alerts were reviewed by the GPs, however there was no documentation seen that evidenced the searches completed or actions taken in this regard. There was no archive of patient safety alert records they could reference for actions taken. One of the GPs demonstrated how their three electronic software systems took into account these alerts and would warn the GPs when future prescribing. Immediately following the inspection the practice took action on the feedback they had received. They demonstrated how alerts would now be documented, reviewed, actioned and archived for ease of reference and patient safety.

Are services safe?

- There was evidence that the practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was comparable to other practices for hypnotic prescribing (July 2016 – June 2017). The Clinical Commissioning Group (CCG) and England average daily quantity of hypnotic prescribing was broadly one (for that therapeutic group). The practice average daily quantity was 0.34 for patients within that therapeutic group.
- The practice was comparable to the CCG and national averages for antibiotic prescribing (July 2016 – June 2017). The number of items the practice prescribed was 1.15% compared with the CCG and national average of just under 1%.
- The percentage of high-risk antibiotics prescribed (Co-amoxiclav, Cephalosporins or Quinolones) was 11%, compared to the CCG average of 8% and the England average of 9% (July 2016 – June 2017).
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice provided patients with 24-hour blood pressure monitoring equipment and trained them in their use for those clinically assessed as requiring them.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. We found that on 27 February 2018 there had been 61 patients on the practice severe frailty register who had had a completed medication review (77%).
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as

voluntary services and supported by an appropriate care plan. Over a 12-month period, the practice had offered 47 patients a health check. All of these checks had been carried out.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

Families, children and young people:

- 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 between 94% and 100%, which was above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 92% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was higher than the CCG average of 86% and national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable with the CCG average of 93% and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 94% comparable with the CCG average of 93% and national average of 91%. The percentage of patients experiencing physical and/or mental health conditions whose notes recorded their smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) was 98%, which was comparable with the CCG national average of 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96.5%. The overall exception-reporting rate was just under 6% compared with the CCG and national average of 9.5%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- The practice used information about care and treatment to make improvements. For example, one of the GPs at the practice was an appraiser for Shropshire and Staffordshire CCG and audited patients at the practice on a particular blood thinning medicine. Following this audit the practice changed the monitoring documentation and prescribing to a safer model for all their patients and shared this with the CCGs.
- The practice was actively involved in quality improvement activity. For example, they had completed an audit to review their prescribing of new oral anticoagulants 'NOACs' (blood thinning medicines). Their findings were positive for example they found that all prescriptions had information in respect of the medicine clearly visible to both patients' carers and other health professionals. A learning point included sharing best practice with others and updating any outstanding prescriptions with clear documentation on the indication for use, the duration and that the medicine is used for anticoagulation.
- Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, mentoring and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- 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. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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. The practice completed an audit last year, which showed that 10 out of 11 patients (91%) died at home, their preference, supported by the practice and the multi-disciplinary team.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Every clinical room had a consent and capacity folder, with up to date policies, guidance with consent forms as well as being accessible via their electronic system.
- The practice monitored the process for seeking consent appropriately.
- All staff had up to date mental capacity act training including administration staff.

Are services caring?

Our findings

We rated the practice, and all of the population groups, 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.
- The practice gave patients timely support and information.
- 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.
- All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and eleven surveys were sent out and 116 were returned. This represented about 5% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses and scored higher than the CCG average in all the questions asked. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the CCG average of 93% and the national average of 89%.
- 99% of patients who responded said the GP gave them enough time compared with the CCG average of 91% and the national average of 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.
- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 91% and the national average of 86%.
- 100% of patients who responded said the nurse was good at listening to them, compared with the CCG average of 94% and the national average of 91%.

- 98% of patients who responded said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 94% and the national average of 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 71%.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice registration forms requested carer information and notices in the waiting room requested that patients inform staff if they have or are a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (Over 2% of the practice list).

- A member of staff, a care coordinator acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice completed

Are services caring?

an audit last year, which showed that 10 out of 11 patients (91%), died at home, their preference, supported by the practice and the multi-disciplinary team.

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

- 96% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 82%.

- 99% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 98% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice provided extended opening hours with an early start on Wednesday's, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was a dispensing practice for over 99% of its registered population in their rural community.
- The practice had developed close links with other local practices to provide access to services that they had limited clinic availabilities such as midwifery and health visitor services.
- Staff had undertaken training to provide services that were usually offered in hospitals, which meant that patients did not have to travel long distances for this care. For example phlebotomy services, minor surgical procedures, Dermascope (a technique for examining the appearance of the skin), Telederm (sending skin photographs to a consultant specialist) and joint injections, which results in lower referral rates and reduced waiting times for patients.
- The practice notice boards signposted information for Lesbian, Gay, Bisexual and Transgender individuals. Including signposting for 'Safe Ageing No Discrimination 'SAND' as well as Shropshire LGBT organisations and venues.

- The practice had a suggestion box in their reception area and a Friends and Family Test (FFT) box as well as providing patients with information on how to make a complaint or comment/feedback on their website. A recent FFT comment suggested hand sanitizer for exiting and entering the building. The practice thought this was a good idea and put it in place.
- Compassionate Communities was run locally by the practice care coordinator. It involved trained volunteers to visit frail and vulnerable patients who may feel lonely or isolated and give them some companionship.
- The practice provided a morning phlebotomy clinic every week day.
- Treatments such as a counselling service were provided at the practice every Friday.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice GPs completed regularly weekly ward rounds at the local care home.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held meetings or discussed with the local district nursing team the needs of patients with complex medical issues.
- The practice completed blood tests for dosing patients on a particular blood thinning medicine used for a heart related condition.
- One of the GPs at the practice was an appraiser for Shropshire and Staffordshire CCG and audited patients at the practice on a particular blood thinning medicine. Following this audit the practice changed the monitoring documentation and prescribing to a safer model for all their patients and shared this with the CCGs.

Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice ensured they had involvement in planning for the transition of children with complex health needs into adult services. Including communication, information sharing and decision making with other agencies, particularly midwives, health visitors and school nurses.

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

- The needs of this population group 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 opening hours on Wednesday mornings.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had set up a Dementia Café at the local chapel with the support from their Patient Participation Group. Carers of patients with dementia attended this café and feedback received was extremely positive. The café was well attended and plans had further developed with a local care home and staff at the practice to run a Dementia Café from the care home.
- The practice had developed a close working relationship with the community mental health trust to meet the needs of their registered patients. The practice

completed a mental health ward round once a month at a local care home with the support of a Consultant Psychiatrist. This was started due to reduced timely access to local services and a high numbers of referrals concerning mental health issues. The practice was the pilot for this service and following its success it is being considered for roll out to other practices in the area.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and eleven surveys were sent out and 116 were returned. This represented over 5% of the practice population.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- This survey demonstrated a much higher level of patient satisfaction on the ease of making an appointment, telephone access, convenient appointments and access to see or speak with a GP or nurse as well as not waiting too long to be seen, when compared to the local CCG and national averages.
- 99% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 84% and the national average of 71%.
- 95% of patients who responded 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 88% and the national average of 84%.
- 96% of patients who responded said their last appointment was convenient compared with the CCG average of 86% and the national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 93% of patients who responded described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 82% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice 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.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice ethos was to strive towards a partnership between patients and health professionals based on the following, mutual respect, learning and training and confidentiality.
- The practice 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 practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Examples were seen in the complaints and significant events we reviewed. 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given some protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice 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.

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. 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
- Practice 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.

Are services well-led?

Good 

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Staff said they had respect for confidentiality and many staff lived locally and all were required to read and sign a confidentiality declaration.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG) who held regular meetings with the practice. Twenty-four hour blood pressure monitoring equipment was purchased following a presentation to the PPG on hypertension (high blood pressure). The PPG membership attend improving health and well-being presentations, such as cancer awareness, provided by the clinical staff from requests made by the PPG membership.
- 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.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice completed numerous clinical audits, which were regularly monitored and reviewed. A new dispensary design and layout was planned for refurbishment in April 2018. This included scanning equipment for checking stock and items in the dispensary.
- The appointment of a healthcare assistant who completes phlebotomy clinics, which aided nursing and GP workload.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- In the last three years, the practice had completed the Bridgnorth walk (22 miles) and the team was made up of doctors, practice staff and patients. In the first year, they won 'best team effort.' Funds were donated to cancer research, the British Heart Foundation and their

Are services well-led?

Good 

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

PPG, which contributed to the purchases of 24 hour blood pressure equipment, a Doppler machine (an ultrasound non-invasive test that can be used to estimate the blood flow through blood vessels) and a new consulting room bed.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Services in slimming clinics Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• Medicines dispensed in packs/trays must not include tablets surrounded by the foil blister packaging.• All patient safety alert systems to include evidence of the actions the practice has taken.• Continue with the governance improvements made in respect of patient group directions and fridge temperature monitoring. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |