

Whitehall 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 carried out an announced comprehensive inspection of Whitehall Medical Practice on 5 July 2016. Overall the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by local management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There were also areas of practice where the provider should make improvements:

- Improve staff awareness in the use of the practice hearing loop system for patients who may require this aid.
- Maintain full recruitment records at the practice on locum GPs and ensure that these are requested from the agencies used.
- Improve the practices approach to Medicines and Healthcare products Regulatory Agency (MHRA) alert findings.
- Carry out regular checks on all patients prescribed high risk medicines.

Summary of findings

- Introduce a systematic approach to monitor patient outcomes and the number and type of minor surgical procedures undertaken.

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



- There was an effective system in place for reporting and recording significant events, and in learning from events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from the risk of abuse.
- Risk assessments such as legionella records were completed, a fire risk assessment had taken place following the inspection.
- Improvement in the practice approach to Medicines and Healthcare products Regulatory Agency (MHRA) alert findings needed to be systematic.
- Regular checks had not been completed on all patients prescribed a particular high risk medicine, however action was taken during the inspection to remedy this and monitoring systems were implemented to ensure patient safety.
- Policies and procedures to support staff with current best practice had been reviewed on a regular basis.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The GP had completed clinical audits and used findings as an opportunity to drive improvement.
- Improved practice was needed in the monitoring of patient outcomes and the number and type of minor surgical procedures undertaken at the practice.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The results from the January and July 2016 GP national patient survey demonstrated positive feedback in relation to the patients' experiences at the practice.
- The practice offered additional services for carers, although the overall number of carers was under review to ensure its accuracy.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- There was a lack of staff awareness in the use of the practice hearing loop system for patients who may require this aid.

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. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had gone through a period of organisational change. There was a clear leadership structure and staff felt supported by the practice manager and local management, but lacked the support of a local lead GP. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and patient care. These

Summary of findings

included arrangements to monitor and improve quality and identify risk, however there were areas identified for improvement. These included; systematic approaches to Medicines and Healthcare products Regulatory Agency (MHRA) alert findings and for patients on particular high risk medicines, the monitoring of minor surgical procedures undertaken and in the maintenance of locum GP recruitment records.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 in the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice care coordinator provided patients with non-clinical support coordinating with other organisations such as district nurses, physiotherapists and charity and other voluntary organisations.

People with long term conditions

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

Good



- Patients at the highest risk of unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice involved the patients carer where consented to do so in their medicines management reviews.
- Nursing staff had lead roles in chronic disease management and had undertaken additional training. For example, a practice nurse with specialist diabetic nurse training supported diabetes patients with dietary advice, referred patients to a structured education program, foot screening service and retinal screening service when they were first diagnosed.

Families, children and young people

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

Good



Summary of findings

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83% which was comparable with the local CCG average of 83% and national average of 82%.

Working age people (including those recently retired and students)

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

- The practice offered telephone appointments with the GPs and the Advance Nurse Practitioner and these were also bookable for working patients unable to attend the practice.
- The practice provided online services to enable patients to book appointments, order repeat medicines and access some parts of their health records online.
- The practice provided appointment reminder text messages.
- Health promotion and screening services reflected the health needs of this group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including known vulnerable adults, those who were housebound and patients with a learning disability.
- The practice involved the patients carer where consented to do so in their medicines management reviews.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held a register of the practices' frail and vulnerable patients and had identified patients who may be at risk of unplanned hospital admissions.
- The care co-ordinator supported patients and signposted to other allied health and social care professionals, voluntary agencies and charitable agencies when required.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Performance for poor mental health indicators was slightly higher than the national averages. For example, 100% of patients with enduring mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example the percentage of patients with dementia care plans on their dementia register was 100%.

Good



Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from:

- The results of the most recent national GP patient survey were published in July 2016. The July 2016 survey invited 356 patients to submit their views on the practice, a total of 102 forms were returned. This gave a return rate of 29%.
- The practice worked with the patient participation group (PPG) and the practice manager attended each meeting.
- We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 20 completed cards.

In the national GP survey, patient satisfaction was positive in areas relating to interaction with nurses, reception, opening hours and overall experience.

The feedback we received from patients about the practice care and treatment was positive. Themes of positive feedback included:

- The helpful, caring, compassionate and professional nature of staff.
- Overall good or excellent experience of the practice including access to appointments.

All comments received were positive but two included comments that at times patients had waited to be seen by clinical staff. This was fed back to the practice management and it was clear they wanted to focus on improving patients experience and would take action on the feedback given by patients.

Whitehall 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 also included a GP specialist advisor, a practice manager specialist advisor and an expert by experience.

Background to Whitehall Medical Practice

Whitehall Medical Practice is registered with the Care Quality Commission as an organisation provider. The organisation, Malling Health joined with IMH Group during 2015. They are a clinically led group which provide services at 50 locations, including GP practices, walk-in, and urgent care centres as a network of primary care sites based across the UK. IMH's aim is to enable GPs to spend more time with their patients by taking care of the running of practice functions such as training, practice operations, CQC support and facilities management and to help the NHS deliver its five year forward plan. Their central teams are based in Manchester and they provide field based operational support and head office support to staff.

Whitehall Medical Practice holds a General Medical Services contract with NHS England. At the time of the inspection the practice has 3,111 registered patients. The practice has a higher proportion of registered patients aged 20-29 years old, 619 patients (20%) and 30 to 39 years old, 653 patients (21%) which is a different demographic to the average patient age range within the local CCG. For example, the percentage of patients aged 65 and above at Whitehall Medical Practice is 7% compared to the local CCG practice

average of 24% and the national practice average of 17%. The percentage of registered patients from ethnic minorities is 2.21% which includes Polish, Asian and African decent patients.

Whitehall Medical Practice is located in Shrewsbury. The practice opened as the Shropshire walk in centre in September 2009 and originally provided a practice for registered patients with a walk in service. The walk in centre moved in December 2014 to the Urgent Care Centre based at the Royal Shrewsbury hospital and Whitehall Medical Practice remained and continues to grow its patient list.

The practice treatment areas and consulting rooms are on the ground floor. As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery
- Venepuncture (blood sample taking)

The practice is open each weekday from 8am to 6.30pm. The practice has opted out of providing cover to patients outside of normal working hours. These out-of-hours services are provided by Shropdoc.

There are 14 permanent staff in total, working a mixture of full and part times hours. Staff at the practice include:

- Four salaried GPs (two male and two female) providing 1.6 whole time equivalent (WTE) GP hours.
- A full time Practice Manager
- An advanced nurse practitioner, two practice nurses and a healthcare assistant, providing 2.6 WTE hours.
- Three reception staff, a Data Summariser and Quality Outcomes Framework lead, and a secretary providing 3.45 WTE hours.

Detailed findings

The provider is aware that a registered manager application is required for Whitehall Medical Practice and for the former registered manager needs to deregister. The practice informed the Care Quality Commission that applications were in the process of being made.

Why we carried out this inspection

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

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

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey. We informed NHS England, NHS Shropshire Clinical Commissioning Group and local Healthwatch that we would be inspecting the practice and received no information of concern.

During the inspection we spoke with members of staff including the Medical Director, GP, advanced nurse practitioner, practice nurse, care co-ordinator, healthcare assistant, practice manager, area manager, reception and administrative staff. We also spoke with a member of the patient participation group (PPG). (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

- We observed how patients were being cared for and talked with carers and/or family members.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events.
- Significant events had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team.
- Significant events were discussed at practice meetings. Most but not all the staff we spoke with could recall the meetings they had attended to discuss these events.
- All occurrences were reviewed and trend discussion/analysis took place and when needed changes were made to promote a safe culture.

We reviewed records, meeting minutes and spoke with staff about the measures in place to promote safety. Staff knew the processes and shared recent examples of wider practice learning from incidents. For example, a GP attended a patient on a home visit and the GP bag which the GPs at the practice share, was not fully equipped as the blood sample test strips to measure a patients' blood sugar did not fit the medical device in the GP had in the bag. The GP on this occasion was able to carry out the home visit. It was reported as a significant event and measures put in place to reduce the risk of reoccurrence. Examples included, making arrangements for checks to be completed after home visits and for weekly checks allocated in their appointment book, the use of a checklist and the event was discussed at a clinical meeting.

The practice had a process in place to receive alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Clinical staff were aware of the most recent alerts. The organisation and practice however had not produced a systematic approach to actioning MHRA alert findings. We found an example of a patient who had been on two medicines with a risk of interaction identified in a less recent MHRA alert. The GP had immediately acted on the information provided via a local pharmacist contacting the practice.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

The practice had a number of systems in place to minimise risks to patient safety.

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards. The advanced nurse practitioner was identified as the safeguarding lead within the practice and the Medical Director as the overall lead for clinical responsibilities. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nurses used Patient Group

Are services safe?

Directions (PGDs) to allow them to administer medicines in line with legislation. Blank prescriptions were securely stored and there were systems in place to monitor their use. The GPs did not routinely hold medicines in their bags.

- Processes were in place for handling repeat prescriptions. The practice carried out regular medicines' audits, with the support of the local CCG medicine management teams. The practice prescribing data remained linked with the walk-in-centre (urgent Care Centre) in Shrewsbury. The practice was aware of and been discussing this tie in of their medicines management and prescribing with the local CCG, as the overall antibiotic prescribing data was above average for the locality. The practice worked with the local CCG medicine management teams to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed data in relation to one particular high risk medicine prescribed to patients. We found that out of the five patients prescribed this medicine, one patient had not been prescribed a regular supplementary medicine thought to reduce its toxicity, and another patient had not been in receipt of monitoring blood tests at the practice for over six months. We fed this back during the inspection and the Medical Director confirmed that actions had been immediately taken to remedy this. This was to form a significant event, that monitoring of high risk medicines would be improved across all the provider locations and any learning cascaded. We saw evidence during the inspection that the organisation could complete remote monitoring and electronic searches of patients on high risk medicines to assist the GPs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for relevant staff. In a locum GP record we reviewed, we found that there were no written references. The practice manager assured us that all the recruitment checks records required would be requested from the agency in future.

Monitoring risks to patients

Risks to patients were in general well assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives.
- The practice had contacted NHS estates and property service to obtain their up to date fire risk assessment which was not present during the inspection. A fire risk assessment took place following the inspection on 21 July 2016. A fire evacuation procedure was posted in each room used together with a floor plan of the premises on the corridors. They had completed regular fire drills.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A copy of the legionella risk assessment was not held at the practice but was forwarded to the Care Quality Commission following the inspection. A review of this was not due until 2017.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- Regular infection control audits were held and clinical staff were immunised against appropriate vaccine preventable illnesses.

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment accessible within the building. This included an automated

Are services safe?

external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).

- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date and one replacement

medicine had been ordered from the pharmacy. Medicines were stored securely and staff knew their location. The practice emergency medicines checks completed by staff included expiry date monitoring.

- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared and discussed at practice learning and training events/ meetings, clinical meetings as well as frail and vulnerable and palliative care multi-disciplinary team meetings.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed that within the practice:

- The practice achieved 97.5% of the total number of points available; this was comparable with the national average of 94.8% and clinical commissioning group (CCG) average of 96.9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for poor mental health indicators was higher than the national averages. For example, 100% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%. Clinical exception reporting was higher at 27%, when compared with the CCG average of 12% and national average of 13%; however, this only represented three patients. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.

- Performance for diabetes related indicators was similar to local and national averages. For example, 76% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 80% and national average of 78%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 100%, which was higher than the local CCG average of 85% and national average, 84%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- A practice nurse with diabetic nurse training supported diabetic patients with dietary advice, referred patients to a structured education program, foot screening service and retinal screening service when they were first diagnosed.
- The practice participated in the avoiding unplanned admission enhanced service. Two per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge.
- The Advanced Nurse Practitioner provided telephone advice and support to patients.

The practice was working with the primary support medicines management team on the practice performance on prescribing medicines, in particular, antibiotic prescribing levels within the practice. The practice prescribing was tied in with their walk-in-centre based at the local Urgent Care Centre in Shrewsbury and reflected a higher prescribing rate than the local CCG average. The organisation and practice had been discussing with the local CCG whether this prescribing data could be separated. They also had put in place best practice clinical guidance, for example use of the Centor Criteria which gives an indication of the likelihood of a sore throat being due to bacterial infection requiring antibiotics.

There had been a small number of two cycle clinical audits undertaken and we reviewed two. For example, there had been a review of the quality of clinical referrals; the aim was to improve the appropriateness and quality of referrals made. The first audit had identified that 81 patients had

Are services effective?

(for example, treatment is effective)

been referred to other services during the month of April 2016 and the individual referrals were discussed at a clinical meeting. The second audit in May found that 68 patients had been referred, a reduction of 13 referrals. The findings clearly showed there had been improvements made in considering whether the referrals were clinically indicated and further monthly audits were planned including the referral response times.

There had been no minor surgical audit or checklist of the outcomes of procedures undertaken. We were informed that appropriate histology samples were sent when appropriate and results were received back into the practice. Although there had been no issues or concerns, a checklist noting the date, the procedure completed, whether samples were taken for histology and the date sent, as well as the outcome of the procedure would enable the clinical staff team to monitor patient outcomes and ensure good governance.

Effective staffing

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

- The lead GP had left the practice and the practice had been unable to recruit to the position. The salaried GPs at the practice received could access support from the organisations' Medical Director.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The locum GP induction pack provided clear and relevant information.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Working with colleagues and other services

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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Minuted meetings took place on a monthly basis.

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.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.
- We found that verbal consent was gained when clinical staff completed minor surgical procedures. The use of a standard proforma was not utilised. The details of the procedures were written in the patients record, this included the information discussed, any specific requests made by the patient, the procedure and details of any decisions that were made..

Health promotion and prevention

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

- NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.

Are services effective?

(for example, treatment is effective)

- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- The practice's uptake for the cervical screening programme was 83% which was comparable with the local CCG average of 83% and national average of 82%.

Data from 2014, published by Public Health England, National Cancer Intelligence Network Data showed that the number of patients who engaged with national screening programmes when compared with local and national averages:

- 71% of eligible females aged 50-70 had attended screening to detect breast cancer .This was slightly lower than the CCG average of 77% but comparable with the national average of 72%.
- 42% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer which was lower than the national average of 58%.

The practice was aware of the need to increase bowel cancer screening awareness in the eligible patient groups.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 20 completed Care Quality Commission comment cards, all were positive about the caring and compassionate nature of staff. Patients told us they were treated with care, dignity, respect and understanding.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016 and the most recent survey completed in July 2016. The July 2016 survey invited 356 patients to submit their views on the practice, a total of 102 forms were returned. This gave a return rate of 29%.

The results from the GP national patient survey demonstrated the practice was similar to other practices in the local Clinical Commissioning Group (CCG) in relation to the experience of their last GP appointment. For example:

- 86% said that the GP was good at giving them enough time compared to CCG average of 92%, and national averages of 87%.
- 96% had confidence in the last GP they saw or spoke with compared to the CCG average of 97% and national averages of 95%.
- 91% said that the last GP they saw was good at listening to them compared with the CCG average of 92% and national average of 89%.

The practice discussed findings from the National GP surveys with their Patient Participation Group (PPG). The PPG had, with the support of the practice, designed a patient satisfaction survey which was to take place over a three month period.

The results in the national patient survey regarding nurses showed slightly higher than average satisfaction when compared locally and nationally:

- 95% said that the nurse was good at giving them enough time compared to the CCG average of 94% and national average of 92%.
- 96% said the nurse was good at listening to them with compared to the CCG average of 94% and national average of 91%.

Care planning and involvement in decisions about care and treatment

Individual patient feedback we received from patients about involvement in their own care and treatment was positive, all patients felt involved in their own care and treatment.

The GP patient survey information we reviewed showed patient responses to questions about their involvement in planning and making decisions about their care and treatment with GPs in comparison to national and local CCG averages. The GP patient survey published in July 2016 showed;

- 85% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% said the last GP they saw was good at explaining tests and treatments which was lower when compared with the CCG average of 91% and national averages of 86%.
- 90% said the last nurse they saw was good at involving them about decisions about their care which was higher than the national average of 85%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment.

Are services caring?

The practice's computer system alerted staff if a patient was also a carer. As of July 2016 there were 59 carers (1.9% of the registered practice population) on the practice carers register. Known carers were offered an annual health check and seasonal flu vaccination.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice provided online services for ordering repeat prescriptions and appointments as well as text message reminders for appointments.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone consultations were provided by both the advanced nurse practitioner and GPs.
- There were longer appointments available for patients with a learning disability.
- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required.
- There were disabled facilities, a hearing loop and translation services available. It was clear however that staff we met had not used the hearing loop.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided a minor surgery clinic.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately; they offered an in house phlebotomy service and an electrocardiogram (ECG) service, which is a simple test that can be used to check your heart's rhythm and electrical activity.
- They provided health promotion support such as the Help 2 Quit and Help 2 Slim schemes and NHS health checks.
- The practice associated care co-ordinator provided information to patients such as the signposting to other health and social care services and offering non-clinical support and advice.
- The practice involved the patients carer where consented to do so in their medicines management

reviews. Electronic system software updates were made to ensure that data could be extracted to verify that patient's carers or their next of kin contacts had been involved in medicine or annual health check reviews were indicated as appropriate.

Access to the service

The practice was open Monday to Friday 8am to 6.30pm. During the practice opening times the telephone lines and the reception desk were staffed and remained open. The practice offered pre-bookable appointments and telephone access appointments. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service each weekday evening and during weekends and bank holidays.

Patients could book appointments in person, by telephone and on line access. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with GPs and nurses available on the same day, or with a specific named GP within a week.

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 by contacting the appropriate emergency service to meet their needs. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Results from the national GP patient survey published in July 2016 showed positive patient satisfaction when compared to local and national averages:

- 95% of patients found it easy to contact the practice by telephone compared to the CCG average of 85% and national average of 73%.
- 97% of patients said the last appointment they made was convenient compared to the CCG average of 95% and national average of 92%.
- 65% of patients felt they did not have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.
- 84% of patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, website and a practice leaflet.

The practice had received five complaints in the last 12 months. The complaints we reviewed had been acknowledged, investigated and responded to in line with the practice complaints policy. The practice analysed complaints for trends, to which they were none. Complaints were discussed with staff and at practice meetings. It was clear that learning took place and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This was to improve the health, well-being and lives of those they cared for.

- Staff knew and understood the practice values.
- The practice had a mission statement in place which was to improve the health well-being and lives of those they cared for.
- The practice had a strategy and supporting business plan which reflected the changing primary care priorities and this was regularly monitored. For example, the practice had actively been recruiting for a lead GP.

Governance arrangements

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

- Practice specific policies were implemented, monitored and reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a need to focus on some areas, such as high risk medicines, to further promote a programme of continuous performance management and in the interrogation of their systems to internally audit and monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there was a lack of a systematic approach in some areas of clinical practice. For example, in the monitoring of minor surgical procedures undertaken. The practice was proactive in their response to the inspection feedback provided. For example action was immediately taken regarding patients prescribed a particular high risk medicine and monitoring systems implemented to enable governance.
- The Medical Director acknowledged the lack of a local GP lead at the practice. The Medical Director informed us that they had advertised but had to date had not

been able to recruit. GPs were vigilant in their documentation to enable continuity between clinicians. GPs gave examples of where they relied on their colleagues to enable continuity, which included the co-ordination, follow up and communication between GPs and clinical staff of patients of concern awaiting test results and referrals to enable continuity and feedback to the GP referrer.

Leadership and culture

The practice had gone through a period of change from a practice with a walk in centre to a GP practice. The GPs, nurses and practice management and support staff felt they worked well as a team. Staff found the practice manager to be approachable and nursing staff reported that all the GPs always took the time to listen to all members of staff and provide support and advice. Some staff however felt that the practice would benefit from a visit from their new organisations lead to gain an understanding of the structure and to put faces to the names they had heard.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. The practice had identified staff for key leadership roles within the practice. Staff attended regular meetings and held whole staff meetings on a quarterly basis.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active patient participation group (PPG) who worked with staff to improve services. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

Are services well-led?

Good 

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

The PPG met with the practice every two months and were pro-active in the community and had fund raised. The main priorities for joint working between the practice and PPG had been:

- To assist the practice in raising awareness and reduction in the number of non-attenders at the practice.

- To develop a new patient survey for its patients.

The staff had a good insight into the broad feelings of patients experience of the practice. Staff told us they felt able to provide feedback and discuss any issues in relation to the practice. Staff had received a recent appraisal and had a personal development plan.