

# Westbury Medical Centre

## Quality Report

Westbury Medical Centre

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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

**This practice is rated as Good overall.** (Previous inspection November 2014 – Rated Requires improvement overall).

The key questions are rated as:

Are services safe? – Good

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 comprehensive inspection at Westbury Medical Centre on 21 November 2017. 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 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 they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

### The areas where the provider should make improvements are:

- Date the policies recently reviewed and note an indicative date for the next review.
- Implement a systematic approach to patient consent in respect of minor surgical procedures.

# Summary of findings

- Make available to complainants information about the next steps to take following any complaint investigation.
- Consider suitable delegation and document any division of responsibilities and governance processes to enable appropriate continuance.
- Continue to action areas identified for improvement in the infection prevention and control audit.

**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.

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

# Westbury Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Westbury Medical Centre

Westbury Medical Centre is a well-established GP practice and is located in Westbury, Shrewsbury. It is part of the NHS Shropshire Clinical Commissioning Group (CCG). The total practice patient population is 2,872. The practice is located within one of the less deprived areas of Shrewsbury. They are a dispensing practice situated in a rural locality. This can present significant challenges for the practice with secondary care providers, transport services, patient mobile phone, and internet access. The practice is a single storey building with good access for cars and has parking bays for people with a physical disability. There is a ramp for ease of access for wheelchairs and pushchairs.

The practice has a Lead GP clinical partner and a non-clinical partner. GP services are provided by the female Lead GP who provides 0.7 whole time equivalent hours (WTE) and four salaried GPs (two female and two male) providing a total of 1.1 WTE hours. In addition, two practice nurses (one male and one female) provide one WTE. The clinical team are supported by the practice manager,

dispensary staff and reception and administrative staff. The practice employs, together with the CCG, a male community and care coordinator who attends the practice for two and a half days each week. (The community and care coordinator supports the practice team to proactively identify frail and vulnerable people and to assess and signpost where appropriate as the practices expert on available community resources).

The practice provides a GP led walk in surgery for patients Monday to Friday from 8.30am to 10am, or patients can call before 10am and will be seen by a doctor that morning. Bookable afternoon appointments with a GP are available from 3pm to 5.15pm. Nurse appointments are bookable Monday to Friday from 8.30am to 11pm and 2pm to 5.30pm. To arrange and book appointments patients, can call the practice Monday to Friday between 8:20am and 6pm. 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.

Services provided at the practice included contraception and sexual health, asthma, diabetes and a drop in clinic for lifestyle checks and advice for example, smoking cessation.

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 are a dispensing practice, offer minor surgery and childhood vaccination/immunisation schemes for their patients.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good 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. The practice manager was aware that several policies needed a review and was employing a systematic approach. Policies were accessible to all staff and 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). The practice were in the process of collating all staff vaccination and immunity histories.
- All staff received up-to-date safeguarding and safety training and refresher training planned as appropriate to their role. Some clinical staff had received a face-to-face training update, which included safeguard training in 2017. 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 (IPC). An action plan was in place where areas for improvement had been identified. A practice nurse attended the IPC link forum meetings. They had sought guidance from specialist nurses at the

forum on how to develop policies and strategies to work around the constraints of the practice building. These included not having a sluice and a lack of elbow taps in some consultation rooms. The Lead GP informed us that a carpeted area in a consultation room was of industrial quality and had antibacterial qualities, which could be cleaned should the need arise. These areas were also highlighted in the IPC action plan. The practice treatment room used for minor surgical procedures had a wipeable floor surface.

- 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 locum 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.

# Are services safe?

## Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. 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. The GPs at the practice provided patients with information and counselling in their use, interactions and side effects. The practice employed a controlled drug medicines three-book system which could be streamlined to become more time efficient.
- The dispensary fridge actual temperature readings were documented and were within accepted limits. The dispensary staff had documented the upper limit of the fridge temperature to be set at 12 degrees Celsius, which was above the eight degrees recommended. The Lead GP suggested the reason for this was likely to be that when the fridge was stocked the temperature was not reset appropriately by staff. We were assured this would

be investigated and actioned. Following the inspection we received confirmation of the investigation completed as a significant event and that remedial actions were taken as result.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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. For example, practice systems were strengthened with clinical alerts, following an incident when a patient with a particular allergy to certain medicine was prescribed this medicine. Staff picked this up quickly and the patient did not suffer ill effects.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. These were discussed at regular clinical meetings and minutes of significant event meetings were seen.

# 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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.
- 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 251 patients a health check 128 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 patients at one year old were 87% and 100% for the three vaccines given to two year olds.
- 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 76%, when compared with the Clinical Commissioning group (CCG) average of 83% and England average of, 81%; this was slightly below 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.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice learning disability register showed that six patients were registered.

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

- 87.5% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was slightly above the CCG average of 86% and national average of 84%.
- Twenty-two patients were registered on the practice mental health register.



# Are services effective?

## (for example, treatment is effective)

- 100% 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 above 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 at the practice was 100%, compared with the CCG average of, 93% and national average of, 91%). The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation at the practice was 97% compared with the CCG and 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 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.5% and national average of 96%. The overall exception reporting rate was 6%, which was lower than the CCG and national average of 10%. (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 percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with particular types of medicines often used to treat high blood pressure was 100%. The clinical exception rate was 50%, which was significantly higher than the CCG average of 18% or national average of, 14%. When discussed with the lead GP it was found that this figure represented only a very small number of patients and each had been contacted.

- The practice used information about care and treatment to make improvements. The practice completed an audit of near patient testing in March 2017. Near-patient testing (also known as point-of-care testing) is defined as an investigation taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care. The practice found that of the 28 patients, all had received the recommended level of monitoring required and appropriate actions taken where results were not satisfactory. Medicines were not prescribed or dispensed until results were received and acceptable.
- The practice was actively involved in quality improvement activity. The practice had for example conducted an audit of A&E and walk in centre attendances by their registered patients in July 2017. They found that most were appropriate attendances. The results were discussed with practice staff and the audit outcome discussed with practice managers within the north locality group. Patients assessed as having inappropriately attended a service had an electronic alert flagged on their record so this could be discussed at their next consultation with a GP.

### 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. The practice manager had recognised there were gaps in staff training records and staff were contacted via email to alert them when their training was overdue. Staff were encouraged and given opportunities to develop. For example, it was clear that a staff member had been encouraged and given every opportunity to develop their skills and had recently applied to commence a nursing access course.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

# Are services effective?

(for example, treatment is effective)

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. 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.
- Multi-disciplinary case reviews occurred but were not pre planned regular meetings. The meeting discussion and actions were documented in the individual patients' records. Patients on palliative care register were discussed.

## 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, tackling obesity.

## Consent to care and treatment

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making. There was no systematic approach in documenting patient consent in respect of minor surgical procedures. The Lead GP assured us this would be reviewed.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# 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 92 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented positively on all staff, who were described as kind, professional, they listened to their concerns and that they had received exemplary care and treatment. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. A patient spoke of how the practice was part of their community, that they valued the practice highly and staff were professional, had lively banter when appropriate and considered and acted on their views.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and seventeen surveys were sent out and 121 were returned. As a total number, this represented about 4% of the practice population. However, the practice had analysed the GP National Patient survey 2017 results and had determined the findings per response to each question were from a small sample and therefore not representative.

The annual national GP patient survey in the public domain showed however, that practice satisfaction scores on consultations with GPs and nurses were comparable with the national averages and showed higher satisfaction scores in patients who said they found the receptionists helpful. For example:

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of, 89%.
- 85% of patients who responded said the GP gave them enough time compared with the CCG average of 91% and the national average of, 86%.
- 97% 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%.
- 86% 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%.
- 99% 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%.
- 91% of patients who responded said the nurse gave them enough time compared with the CCG average of 95% and the national average of, 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of, 97%.
- 92% 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%.
- 95% 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. The provider of the interpreter service via the CCG had recently changed and staff were aware of these changes.

## Are services caring?

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials, such as larger fonts 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 new patient questionnaire asked patients if they were a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (1.4% of the practice list). Staff acted to help ensure that the various services supporting carers were coordinated and effective.

- Staff told us that if families had experienced bereavement, the GP contacted them and this 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.

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 in line with local and national averages for GP consultations and higher than local and national averages for the nurse consultations:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 91% and the national average of 86%.
- 84% 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%.
- 96% 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, a GP morning walk in surgery for patients, bookable afternoon 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 provided patients with musculo-skeletal health problems access to their cyclo-sage massage therapy system which the lead GP researched to discover it assisted by relaxing muscle spasm and alleviating the ache and pain. A practice audit was completed on the effectiveness of this treatment in October 2016 with positive results.
- The practice made reasonable adjustments when patients found it hard to access services, providing home visits, hosted services such as podiatry and screening services such as abdominal aortic aneurysm (AAA), this is a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through the chest and abdomen.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice ran 'Help 2 Quit' smoking and 'Help 2 Slim' clinics and were in the process of organising an exercise for health initiative.

### 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 GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- The practice hosted and employed a community care-coordinator who visits patients to assist them in ensuring they are in receipt of appropriate support services at home.
- The total number of patients aged 65 or older who were eligible to be in receipt of a flu vaccination in 2016-17 was 748. Of those, 131 patients had actively declined, 505 patients were in receipt, and the remainder did not take up the offer.

### 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 met with the local district nursing team on an as required basis to discuss and manage the needs of patients with complex medical issues.
- The Lead GP had been involved in developing the heart failure pathway for Shropshire and had implemented it in the practice as a pilot scheme.

### 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.
- Midwife clinics were hosted at the practice every two weeks.
- The practice provided weekly child health clinics.
- The Lead GP was formerly a Senior Community Paediatrician and provided advice on enuresis (Involuntary urination such as bedwetting) and child development.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Family planning and contraceptive advice was available at the practice.

### **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.
- Patients could access the morning walk in surgery from 8.15 am and telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- A patient survey on the use of the out of hours services at weekends over a month showed that four patients had contacted the practice during that time. The practice decided that extended weekend working was not required.
- The practice provided afternoon appointments four days a week but if special circumstances were explained to the practice regarding the patients hours of work, they did their best to accommodate that individual patient's requirements.

### **People whose circumstances make them vulnerable:**

- The practice held a register of patients living in vulnerable circumstances including any homeless people, those with hearing loss, requiring an interpreter and those with a learning disability.
- The practice closely monitored accident and emergency reports, out of hours service and walk in centre use and any concerns raised were discussed at the practice daily meeting actioned and disseminated to all staff and alerts flagged on patient records were appropriate.

### **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.
- At the time of the inspection 1% of the practice population had a dementia diagnosis. Of these, 94% had an agreed dementia care plan in place, the remainder had a rationale as to when they were due a

review or had declined the offer of a review.. The practice advised that all bar one patient with a new diagnosis of dementia had had a follow up appointment within 56 days of diagnosis.

### **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 afternoon appointment system was easy to use for GP access and the practice provided nurse appointments in both the morning and afternoon.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment. This was supported by observations on the day of inspection and completed comment cards. Two hundred and seventeen surveys were sent out and 121 were returned. As a total number this represented about 4% of the practice population. However, the practice had analysed the GP National Patient survey 2017 results and had determined the findings per response to each question were from a small sample and therefore not representative. It was clear that patients would have difficulty in answering some questions for example the practice provided a morning walk in surgery which did not require an appointment so any comments in relation to wait and appointment times were not applicable.

- 85% 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%.
- 95% 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%.
- 91% 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%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients who responded said their last appointment was convenient compared with the CCG average of 86% and the national average of 81%.
- 74% 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%.
- 44% 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 national average of 58%.

## 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. Two complaints were received in the last year. We reviewed these complaints and found

that they were satisfactorily handled in a timely way. It was demonstrated in the practice correspondence that information had been made available to the complainant about how to take action if they are not satisfied with how the provider managed and/or responded to their complaint. Information should include the internal procedures that the provider must follow and should explain when complaints should/will be escalated to other appropriate bodies. The Lead GP said this information was available to patients on public websites, which they could search, and access if so required.

The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. The practice responded to a complaint in respect of delay in a patient being seen for a booked appointment. This was investigated and was due to a GP seeing an unwell patient. The GP contacted the patient to apologise and explain the circumstances later the same day. Reception staff advised they had explained to waiting patients that the doctor was held up with a sick patient. No other complaints were raised in respect of this event. Staff were reminded to remain vigilant in ensuring appropriate communication and updates to patients waiting to be seen.

# 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.
- The Lead GP, GPs and the practice manager were visible and approachable and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had 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 did not have a formalised or documented business plan, however demonstrated their awareness of the actions and activities they were required to undertake to achieve their goals.
- 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.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work at 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. 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. Staff had received regular annual appraisals, this year some appraisals had been delayed and the practice manager was in the process of arranging for them to take place. 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 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. Some 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 practice also conducted informal daily 'huddles' with staff to catch up each morning. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.



# Are services well-led?

Good 

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

- The Lead GP demonstrated strong leadership and governance, which was shared although not always documented as a process with members of the clinical team. It was recognised that in the event of absence/illness some processes/documents were known only by the Lead GP. The Lead GP advised that there was planning for some delegation now there was stability within the clinical staff team. This would enable appropriate continuance of a seamless service to patients.
- 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. Some policies were overdue a review the practice manager was aware of the need to date policies recently reviewed and note an indicative date for the next review.
- 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 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.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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 MHRA alerts, 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.

## 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. In August 2017, an audit was conducted of patient views and suggestions over a three-month period, which was designed to look at patients' views and the actions taken by staff in response. Eleven patient views were recorded in this period and discussed at practice meetings. Eight categories were identified and of those, only two had more than one patient comment. Three patients asked whether the seating in the waiting room could be more comfortable. The practice agreed to review this bearing in mind the availability of space and the need for wipeable surfaces and was continuing to look at alternatives.
- 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.

# Are services well-led?

Good 

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

- There was a focus on continuous learning and improvement at all levels within the practice. A staff member for example developed an interest in phlebotomy (taking blood) in order that fewer patients had to travel to hospital to have blood taken. Training was provided and a specific blood taking service was then provided. Staff also showed an interest in accessing a nursing course and the practice had supported them to do so.
- 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. The practice was part of the north locality group who were working together looking at how they could integrate care and treatment delivery in the locality for their patients.
- The practice had previously engaged with the Institute for Rural Health.
- One of the practice nurses had set up breast cancer support groups and patient support groups in the village, which further engaged patients in screening services.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.