

# St Johns Surgery

## Inspection 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 location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



# Overall summary

This practice is rated as good overall. (Previous rating 19 March 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at St Johns Surgery on 22 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The 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. The practice had carried out nine audits in the last two years.
- 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. Several members of staff had been provided with extra training in order to progress and improve the practice.
- The practice was the lead provider for extended hours provision in Redditch and Bromsgrove and provided the hub service.

- Same day appointments were available for urgent and non-urgent concerns.
- The practice had a very flexible approach with prescriptions. If prescriptions were requested by 11am then they were provided to the patient on the same day.
- The practice looked after a ward in the community hospital a mile away called Red Ward. There were 12 beds in Red Ward for patients. This resulted in fewer unplanned acute admissions this figure was currently at 9% of the practice population which was lower than other practices in the area. This service was accessible by GPs in surrounding practices by calling a dedicated number to make the referral. Therefore patients from other practices benefited from this service.
- The practice carried out minor surgery for their own patients and for patients of neighbouring practices. For example between 2017 to 2018 the practice had carried out 61 procedures for patients who were at different practices and 438 for patients registered at the practice.
- The practice looked after 57 patients under the violent and aggressive scheme. If there had been any incidents in a GP surgery the police were informed and the individual practices would then apply to have patients removed to this scheme. The practice had no say in who was referred to them. Patients were referred to the scheme by NHS England. Patients often seen under the scheme would be rehabilitated and be seen in ordinary general practice again once they were ready.

We saw an area of outstanding practice:

The practice had a one stop dermatology clinic. Patients with moles for example were treated in one stop as they had dermoscopy facilities.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

<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>	

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a member of the CQC medicines team.

## Background to St Johns Surgery

St Johns Surgery is located in Bromsgrove in Worcestershire and provides primary medical services to 13,600 patients. A nursery is co-located in the premises. The practice website is [www.stjohnssurgerybromsgrove.nhs.uk](http://www.stjohnssurgerybromsgrove.nhs.uk). St Johns has a branch surgery at Wychbold which we visited as part of this inspection. The branch surgery offers a dispensing service. St Johns Surgery has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice covers Bromsgrove and Wychbold areas. The practice has low levels of deprivation.

St Johns Surgery is an approved GP training practice for registrars. Fully qualified doctors who want to enter into general practice spend 12 months working at the practice to gain the experience they need to become a GP. At the time of the inspection the practice had two GP registrars.

The practice also teaches undergraduate medical students from the University of Birmingham. Patients have the option to see the trainees. Every consultation with a medical student is reviewed by a GP.

The practice has four male and four female GP partners, four salaried GPs, a practice manager, a nursing team including a nurse practitioner who has extended duties such as prescribing certain medicines and referring patients for tests, three pharmacists, administrative and reception staff.

Please see the evidence table for details of the opening hours and extended hours provision.

The practice does not provide an out of hours service but has alternative arrangements in place for patients to be seen when the practice is closed. The out of hours service is provided by Care UK.

# Are services safe?

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

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

•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 including 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

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

- The number of antibiotic prescriptions issued by this practice was comparable to CCG and national averages.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The dispensary was in the branch practice and was clearly signed. We noted that the dispensary was secure and not accessible to patients.
- Standard Operating Procedures (SOPs) were available and these covered all processes in the dispensary. They were reviewed annually and we saw evidence that staff had read and understood them.

## Are services safe?

- Repeat prescriptions could be ordered online, in person or on the telephone and were processed in line with current guidelines.
- Repeat prescriptions were produced and signed in accordance with Schedule 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and paragraph 39(3) of Schedule 6 to the GMS Regulations.
- Dispensary fridge temperatures were monitored daily. The maximum and minimum temperatures of the fridge were measured and recorded.
- Expiry dates of medicines in the dispensary were checked and recorded.
- The practice carried out Dispensing Reviews of the Use of Medicines (DRUMS). These were carried out by the GPs.
- One of the GP partners was named as responsible for the dispensary.
- Blank prescriptions were kept securely in the dispensary. The serial numbers of the prescriptions were recorded by the dispensary team.
- GPs and nurses had printers in their rooms. The trays were removed at night and stored in locked cupboards
- Controlled Drugs (CDs) were stored securely in a Controlled Drugs cabinet. The key to this was kept securely.
- Receipt, dispensing and disposal of the CDs were recorded in a CD register and a running balance was kept. We noted that balances and expiry dates were checked on a monthly basis.
- Dispensary staff knew whom to contact if there were problems with CDs or if they had to be disposed of.
- Repeat prescriptions for CDs were signed before they were dispensed to patients.

- The SOP for the ordering, receipt, dispensing, supply and disposal of CDs was available in the dispensary for staff to refer to if required.

- Staff we spoke with confirmed they knew whom to contact if they had an issue with any controlled drugs.

- The dispensary team recorded significant events and near misses.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues for example fire safety risk assessments and health and safety risk assessments.

- The practice monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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. During the inspection we saw examples of when the practice had apologised to patients when things had gone wrong and we saw changes made to procedures to try to prevent this from happening again.

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services.**

## 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' immediate and ongoing 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 were frail or might be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their medicines.
- The practice looked after patients in two residential homes. Each of these patients received an annual physical health check as well as visits whenever they required one.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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.
- The practice had a one stop vascular clinic for patients with cardio-vascular disease. In this clinic patients could have their medical reviews done and could be seen by

Health Care Assistants, practice nurses and the GP as required. Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

- At the time of the inspection the practice had plans in place to have a similar process for patients with diabetes.
- The practice had effective recall systems to ensure annual reviews were carried out in a timely manner.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. Each of the GPs had a specific lead area and most of the GPs had a special interest in a specific area such as dermatology and elderly care.
- GPs followed up patients who had received treatment in hospital or through out of hours services for a number of different conditions such as exacerbation of asthma.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions was in line with and sometimes above local and national averages. The percentage of patients with hypertension who had received blood pressure readings in the last 12 months was 91% which was above the CCG average of 84% and national average of 83%.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%. The percentage of children under two who had received their vaccinations was 99% and the percentage of children aged under five who had received their vaccinations was 95%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice had a safeguarding lead and that GP met with the health visitor every six to eight weeks to follow up on failed attendance and any other concerns raised.
- The practice provided ante-natal care via an in-house midwifery team with access to the GPs when required. This



## Are services effective?

allowed early identification of patients who required consultant care. It also helped to identify patients who needed additional support for conditions such as diabetes and mental health issues in pregnancy.

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

- The practice's uptake for cervical screening was 79%. During the inspection the practice was able to share more recent unverified data which showed the practice was approaching 90% for the current year and had improved significantly.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- 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. The practice had identified that 3,636 patients were eligible for NHS health checks. All of these patients had been invited to the practice and in the last year 198 health checks had been carried out. 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. We spoke with care home managers who praised the GPs' end of life care.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice actively encouraged family members and carers to attend appointments with young, frail and vulnerable individuals to provide the best care possible.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks,

interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. On the day of the inspection we saw a member of the administration team escalating a concern of this nature to the duty GP.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice's performance on quality indicators for mental health was in line with and sometimes above local and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% compared with the CCG average of 93% and national average of 90%.
- The practice had weekly dedicated dementia, mental health and addiction appointments to enhance access and promote engagement in a supportive way.

### 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.

- Overall QOF results were higher than the CCG and national averages. The practice scored 554 points out of a possible 559 compared with the CCG average of 550 and the national average of 539.
- Each of the GP partners managed a QOF domain in order to achieve the best possible results.
- The exception rates were in line with the CCG and national averages. The QOF allows practices to exception-report (exclude) specific patients from data collected to calculate achievement scores. Patients can be exception-reported from individual indicators for various reasons, for example if they do not attend appointments or where the

# Are services effective?

treatment is judged to be inappropriate by the GP (such as medication cannot be prescribed due to side-effects). They can also be exception reported

if they decline treatment or investigations. Patients who are newly registered or diagnosed are automatically exception reported.

- The practice used information about care and treatment to make improvements. They had carried out nine clinical audits in the last year to improve quality. This included an audit on the minor surgery carried out at the practice.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. There were many examples of initiatives the practice took part in to improve quality for example the violent and aggressive scheme, the extended hours hub and the minor surgery procedures.

## Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

## 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised with, community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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.

## 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 own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

## Consent to care and treatment



## Are services effective?

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with and sometimes above local and national averages for questions relating to kindness, respect and compassion. For example, the percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 99% compared to the CCG average of 81% and the national average of 79%.

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials 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 carers and supported them.

• The practice's GP patient survey results were in line with and sometimes above local and national averages for questions relating to involvement in decisions about care and treatment. For example, the percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments was 97% compared to the CCG average of 92% and the national average of 90%.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

## 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.
- The practice was very accessible to patients. Patients were able to get appointments on the same day for urgent and non-urgent concerns.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had a very flexible approach with prescriptions. If prescriptions were requested by 11am then they were provided to the patient on the same day.
- The practice had pharmacist cover every day to respond to prescription requests on the same day basis as well as facilitating greater concordance and compliance with routine, dangerous (immunosuppressant) and addictive (opiates, benzodiazepines) medicines. The practice employed three pharmacists.
- Travel advice and immunisation clinics were held on a weekly basis.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The Senior Partner and Practice Manager have been heavily involved in coordinating care access for 180,000 patients across Redditch and Bromsgrove. The practice

took an active role in working with the Community Neighbourhood Teams. The aim of this was to ensure that services were joined up and planned across local areas rather than individual organisations.

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 ensured that weekly reviews of patients in care homes took place to target admission avoidance.
- The team of three practice pharmacists was involved in undertaking medicine reviews in patients aged over 75 and in care home settings.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice looked after a ward in the Princess of Wales community hospital a mile away called Red Ward. There were 12 beds in Red Ward for patients. This service was accessible by GPs in surrounding practices by calling a dedicated number to make the referral. Therefore patients from other practices benefited from this service.
- The patients were usually discharged from Red Ward within a week. One of the GPs went to A&E three days a week to identify patients who could be treated at Red Ward. Patients were given the choice of moving to Red Ward or remaining in the acute hospital. Physiotherapists and occupational therapists also saw patients on Red Ward. The GPs went to the other wards in the community hospital to see if there were patients that could be managed on Red Ward. If this was the case then patients would be moved here. This resulted in fewer unplanned acute admissions. This figure was currently at 9% of the practice population which was lower than other practices in the area.
- A total of 2,132 patients of patients aged over 65 were eligible for the flu vaccine at the time of our inspection 1,527 of these patients had already received their flu vaccine and 269 patients had declined. The inspection took place in the middle of the flu campaign.

# Are services responsive to people's needs?

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice carried out Warfarin ( anti-coagulant) monitoring and initiation, DOAC (an oral anti-coagulant) initiation in patients with atrial fibrillation ( irregular heart rhythm) with community Deep Vein Thrombosis management.
- The practice had ECG monitors so did not need to send patients to secondary care for this and also had in-house 24 hour blood pressure monitoring systems for patients with hypertension.

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 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.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments. Appointments were available from 7am two days a week and up to 8pm once a week. In addition the practice opened from 8am to 11am two Saturdays per week.
- The practice held family planning clinics with nurses and doctors as required and also provided procedure based clinics for minor surgery, cryotherapy and musculoskeletal injections with the aim of improving access for working age

patients. The waiting time for family planning and minor surgery was a maximum of two to three weeks. During the inspection we saw examples when patients had been seen in the same week.

- The practice carried out minor surgery for their own patients and for patients of neighbouring practices. For example between 2017 to 2018 the practice had carried out 61 procedures for patients who were registered at different practices and 438 for patients registered at the practice.
- Some of the procedures carried out by the practice included cauterisation of skin lesions, excision of cysts, injecting keloid scars ( the scar that forms when a wound heals) and injections. The practice shared many examples where patients had their consultation and then their procedure the same week or the following week. This meant that patients were not having to wait as long as if they were being treated in secondary care. Most lesions were sent for histology. The practice kept a log and made sure the histology report was received back. The practice regularly carried out audits and the last audit confirmed that no infections had been caused by minor operations carried out at the practice.
- The practice had a one stop dermatology clinic. Patients with moles for example were treated in one stop as the practice had dermoscopy facilities. During the inspection we asked the GP leading on this to provide us with an indication of the types of patients they had looked after in this clinic. In the last three weeks the GP had seen 56 patients. Out of these patients 71% were for dermatology problems of which 65% were in-house referrals and 35% came either by external referrals or because they had seen the doctor before. In the one stop dermatology clinic about 25% of patients had cryotherapy and the same percentage had dermoscopy.

People whose circumstances make them vulnerable:

- The practice held a register of patients who were receiving palliative care. At the time of the inspection there were 64 patients on the palliative care register.
- The practice looked after 57 patients under the violent and aggressive scheme. If there had been any incidents in a GP surgery the police were informed and the individual practices would then apply to have patients removed to this scheme. The practice had no say in who was referred to them. Patients were referred to the scheme by NHS England. Patients seen under the scheme would often be

# Are services responsive to people's needs?

rehabilitated and be seen in ordinary general practice again once they were ready. The practice had a facility on the ground floor of the building and sometimes security would be called as required. Sometimes patients on the scheme were admitted to acute psychiatric units in which case the GPs would provide advice as required. There was a specific number that patients on the scheme could phone and they would be directed to one of the two dedicated GPs leading on this. There was an alert on the patient notes if someone was coming in to the practice from the scheme in order for the practice to provide additional support as required. Experience gained from participating in the scheme helped the GPs at the practice deal with more challenging patients in their own practice.

- The practice held a learning disabilities register. At the time of the inspection there were 42 people on the register. This included three patients who were too young for health checks and three patients who had just joined the practice. So far 21 patients had received their annual review since April this year.

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

- The practice held GP-led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

- The practice had a register of patients who had dementia. There were 84 patients on this register. At the time of our inspection 64 patients had received their annual review and nine patients had declined.

## Timely access to care and treatment

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.

- Patients reported that the appointment system was easy to use. Patients could be seen on the same day for urgent and non-urgent matters and pre-bookable appointments were also available. A number of appointment slots were blanked out each day to enable this to happen and patients commented on how accessible the service was.

- The practice was the lead provider for extended hours in Redditch and Bromsgrove and ran the hub service.

- The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment was 87% compared to the CCG average and national average of 76%.

- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

## 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. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**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 were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.
- The GP partners went away for three days per year for team-building and to discuss the future of the practice.

## Culture

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

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

• Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. All staff we spoke with were positive about the GPs and the practice manager. They all felt respected and supported.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- The practice had a number of different meetings which took place on a regular basis. These were:
  - Weekly meetings with the GP partners, practice manager, practice nurse and reception manager. These multi-disciplinary meetings meant that patient issues relating to any area of the surgery could be aired and resolved quickly. Each of the GPs had a specialist lead area.
  - Monthly staff meetings with the practice manager, administration team, reception and nursing teams. Staff



## Are services well-led?

members we spoke with highlighted how helpful these meetings were as it gave them the opportunity to discuss issues and concerns. It helped to build strong relationships within the practice.

- Monthly End of Life meetings with one of the GP partners, the Macmillan nurses and district nurses.
- Regular significant events meetings. Usually the practice waited until they had approximately six significant events and had a meeting to discuss them. In the meantime, they would discuss significant events in the weekly partners' meetings and monthly staff meetings. This ensured learning from significant events was shared by the whole practice.
- Quarterly meetings with partners, salaried GPs and GP Registrars.
- Educational meetings as required.
- Safeguarding meetings were held every six to eight weeks with the safeguarding lead and health visitors.
- Quarterly meetings with the Clinical Commissioning Group (CCG) and the GPs looking after patients on the violent and aggressive scheme. The practice looked after 57 patients under the violent and aggressive scheme. If there had been any incidents in a GP surgery the police were informed and the individual practices would then apply to have patients removed to this scheme. The practice had no say in who was referred to them. Patients were referred to the scheme by NHS England.
- Extended access meetings as required. This practice was the lead provider for extended access in Redditch and Bromsgrove. As the lead provider for this service the practice had to ensure that all the rotas were arranged accordingly.
- Meeting with the Health & Care Trust regarding the Princess of Wales community hospital as required. The practice was the lead provider for the provision of GP medical cover and prevented many acute admissions as a result.
- Monthly meetings for promoting clinical excellence referral meetings with the lead GP and practice manager.
- Monthly promoting clinical excellence prescribing meeting with the lead GP and a pharmacist.

- Monthly alliance board meetings with one of the GP partners as the Neighbourhood Team Representative for the Bromsgrove Practices. The aim of the programme was to ensure services were joined up and planned across local areas rather than around institutions. This covered seven different practices and 75,000 patients.

- The Senior Partner and Practice Manager have been heavily involved in the delivery of the CCG wide agenda of the NHS England driven Enhanced Access and continue to act as the Lead Practice for coordinating care access for 180,000 patients across the whole of Redditch and Bromsgrove.

- Monthly neighbourhood team meetings with one of the GP partners.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

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

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

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety 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 considered and understood the impact on the quality of care of service changes or developments.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

## Are services well-led?

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

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice had carried out nine clinical audits in the last two years.
- The GP partners and the practice manager encouraged staff development.
- One member of the team had moved from a reception role to a document handling role and one of the dispensers was doing the pharmacy skills course at the time of the inspection.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.