

# Brewood Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brewood Surgery on 26 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The arrangements for identifying, recording and managing risks and implementing mitigating actions were in place but did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

# Summary of findings

- Ensure care and treatment is provided in a safe way to patients by improving the system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure recruitment checks as required by legislation are completed for all staff employed.
- Develop a system which ensures blank prescription stationery are held securely and tracked through the surgery.
- Improve the accuracy of the recording within the controlled drugs register.
- Include emergency contact numbers for staff within the practice's business continuity plan.
- Ensure standard operating procedures (SOPs) in place are in line with the practice wide policies and procedures.

In addition the provider should:

- Ensure all staff know how to access information relating to safeguarding procedures and referral information.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example:
  - appropriate action was not taken to address medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
  - Safe medicine management practices were not followed.
  - Safe recruitment practices were not followed.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents. However, the practice business continuity plan did not include staff contact details.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example extended hours service was offered three mornings from 7am to 8am and two evenings per week.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The availability of appointments was continuously monitored.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had policies and procedures to govern activity however, there were areas, which required improvement, for example ensuring Standard Operating Procedures (SOPs) were in line with practice wide policies.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. This included for example, arrangements for the safe management of medicines and recruitment.

Good



# Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. The practice however did not have an effective system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas such as dementia care, used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns although some staff could not locate the safeguarding referral details in the branch surgery.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A GP and a lead nurse visited patients who lived in a care home on a weekly basis.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice had introduced a risk stratification toolkit, which assisted the practice in identifying patients most at risk. The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 64mmol/mol or less in the last 12 months was 77% compared to the CCG average of 80% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

# Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- New patient Health Check and NHS health checks were offered.
- Students who were back from University were seen as temporary residents.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

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

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

Good



- The practice carried out advance care planning for patients living with dementia. The practice had developed a dementia care pathway with consultant input, which allowed for early diagnosis and referral to memory clinics.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 85%, which was higher than the CCG average of 74% and the national average of 84%.
- The practice had a support group for patients affected by dementia, as well as a drop-in clinic for anybody worried about their memory.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The percentage of patients with severe poor mental health whose alcohol consumption had been recorded in the last 12 months was 94% compared with the CCG average of 91% and the national average of 89%.

# Summary of findings

- A mental health support worker had been added to the team of staff working at the practice. They work on site for one day per week. The mental health support worker accepts referrals from any clinician within the practice and usually can see the patient within a week.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. The practice recently gained the status of being a Dementia Friendly Practice through the Alzheimer's Society.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventeen survey forms were distributed and 121 were returned. This represented 1% of the practice's patient list.

- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 80%.

- 85% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients commented that staff were helpful and polite and treated them with dignity and respect. Patients felt that staff listened to them and gave good explanations. We also received positive comments about the environment, and patients described it as safe, clean and hygienic.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Brewood Surgery

## 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 advisor, a second CQC inspector and a Pharmacist specialist advisor.

## Background to Brewood Surgery

Brewood Surgery is registered with CQC as a partnership provider operating out of a new purpose built premises in Brewood, Staffordshire. Car parking, (including disabled parking) is available at this practice.

The practice also has two branches, Wheaton Aston and Coven. We carried out an announced comprehensive inspection at Brewood Surgery, the main practice site and visited the branch at Wheaton Aston. The Coven branch was not inspected as part of this visit. This semi-rural practice also serves the villages of Coven, Coven Heath, Wheaton Aston, Stretton, Lapley and Bishopswood, as well as outlying hamlets.

The practice holds a General Medical Services contract with NHS England and is part of the NHS Staffordshire and Surrounds Clinical Commissioning Group (CCG). This practice dispenses medicines from its branch surgery at Wheaton Aston. The practice area is one of less deprivation when compared with the local average and national average. The practice has more patients aged 50 and over and less patients aged 44 years and younger when compared to the CCG and national average.

At the time of our inspection the practice had 10,224 registered patients.

The practice staffing comprises of:

- Five GP partners
- Three salaried GPs
- Two nurse prescribers
- Three practice nurses
- Five healthcare assistants
- Five dispensary staff
- The management team, which includes the practice manager, assistant practice manager and receptionist manager who oversees the operational delivery of services supported by a team of administrative staff.

Brewood surgery is an approved GP training practice for Registrars (qualified doctors who undertake additional specialist training to gain experience and higher qualification in General Practice and family medicine).

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered between 7am and 8am on Monday, Tuesday and Thursday mornings and between 6.30pm and 7.30pm on Monday and Tuesday evenings. The practice is closed one afternoon each month for team training (details are available on the practice website).

Patients are advised that if they need medical attention outside the normal working hour of the surgery, they can call 111 for the NHS 111 service. Alternatively calls to the surgery after 18.30pm are transferred to the NHS 111 service.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 June 2017.

During our visit we:

- Spoke with a range of staff (including GP, Nurses, HCA, receptionist, dispensing staff and practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Visited two of the three practice locations.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Sixteen significant events had been recorded within the previous 12 months. The practice recognised that they could widen the scope of recording significant events to include events such as new cancer diagnosis and unexpected deaths. We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had a formalised system in place to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We found however that this system was not effective. For example, we found that a number of recently issued safety alerts had not been included in the alert folder and evidence was not available to confirm that these alerts had been viewed and acted upon by practice staff to ensure patient safety.

### Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff at Brewood and outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff at the branch (Wheaton Aston)

however could not locate the safeguarding referral details. There was a lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses at the practice had received level two training.

- A notice in the waiting room and in each of the clinical rooms, advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

There were arrangements in place for managing medicines, including emergency drugs and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). However these were not always effective.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- Blank prescriptions were not held securely and there was no system to track prescriptions through the surgery as well as the branch.
- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

# Are services safe?

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, and had undertaken continuing learning and development.
- The dispensary had standard operating procedures (SOPs) in place. However we found that these did not have a review date or an authorised by name on them. We also found that these were not implemented fully in practice.
- At the Wheaton Aston branch practice we found that a dedicated medicine fridge was not used to store medicines. We saw a number of medicines including vaccinations, stored in an unlocked domestic fridge in the kitchen and in unlocked cupboards. There were gaps in the fridge temperature logs, which meant that we could not be assured that medicines in the fridge would be safe or effective for use. Maximum and minimum temperatures were not recorded and where temperatures had been recorded, records showed that the fridge had been running above the recommended temperatures for storing medicines for a period of one month. There was no evidence that staff had acted on these abnormal temperatures.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the safe destruction of controlled drugs. Whilst dispensary staff were completing checks of CDs we found some discrepancies in the recording of controlled drugs in the register at the branch.

We reviewed 5 personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification including a photograph was missing from four of the five files checked. There was no information relating to the physical and mental fitness of staff to carry out their work on the files. Evidence of satisfactory conduct in previous employments in the form of references was available. Appropriate checks through the DBS, however were not

always in place. For example the practice had not obtained a DBS for a locum clinician. Whilst the practice had checked that they were on the performers list, they had not contacted the NHS England for a copy of their disclosure and as such had not assured themselves of the locums suitability to work in their role.

## Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and had carried out a fire drill in March 2017. There were designated fire marshals within the practice. There was a fire evacuation plan, which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. On the day of the inspection, the practice's legionella risk assessment was unavailable and we were told that this was with the contractor who had completed the assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice however, told us that following our inspection, they had instructed another full legionella risk assessment to be carried out, which had been completed on the 30 June 2017 and a copy of the risk assessment had been sent on to us.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

## Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice at Brewood and all staff knew of their location. We found that emergency medicines at Wheaton Aston surgery however were not kept in a secure area of the practice. All the medicines we checked were in date.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan however did not include emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective in reducing referrals.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The clinical exception rate was 9%, was lower than the CCG rate of 13% and the national rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 71%. This

was lower than the CCG average of 72% and the national average of 78%. Clinical exception reporting for the practice was 8% compared to the CCG average of 13% and the national average of 9%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 78% compared to the CCG average of 83% and the national average of 80%. Clinical exception reporting for the practice was 12% compared to the CCG average of 14% and the national average of 13%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the last 12 months was 77% compared to the CCG average of 80% and the national average of 78%. Clinical exception reporting for the practice was 8% compared to the CCG average of 14% and the national average of 13%.

Performance for mental health related indicators were comparable to the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 85%, which was higher than the CCG average of 74% and the national average of 84%. Clinical exception reporting for the practice was 2% compared to the CCG average of 8% and the national average of 7%.
- The percentage of patients with severe poor mental who had a comprehensive, agreed care plan documented in their record, in the last 12 months was 87% compared with the CCG average of 93% and the national average of 89%. Clinical exception reporting for the practice was 9% compared to the CCG average of 29% and the national average of 13%.
- The percentage of patients with severe poor mental health whose alcohol consumption had been recorded in the last 12 months was 94% compared with the CCG average of 91% and the national average of 89%. Clinical exception reporting for the practice was 6% compared to the CCG average of 24% and the national average of 10%.

There was evidence of quality improvement including clinical audit. There had been a number of clinical audits commenced in the last two years, some of these were

# Are services effective?

## (for example, treatment is effective)

completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken showed improvement in the management of gout.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had attended training in the management of asthma and atrial fibrillation.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Patients had access to

# Are services effective?

(for example, treatment is effective)

appropriate health assessments and checks. These included health checks for new patients. The practice nurse offered annual visits to elderly patients who were house-bound who had multiple long term conditions.

The practice uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 80% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 76% of eligible females aged 50-70 had attended screening to detect breast cancer. This was higher than the CCG average of 74% and the national average of 73%.
- 65% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 62% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 98% to 99% and five year olds from 94% to 95%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- At Brewood Surgery, curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. At Wheaton Aston no curtains or screening were provided, although a sign was on the door to advice people to knock and wait prior to entering.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 85%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 92%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to compared with the CCG average of 92% the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received were positive and aligned with these views.

Results from the national GP patient survey showed patients were mostly positive 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 example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.

## Are services caring?

- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- Patients told us that GPs were good at explaining about their condition and would write instructions down for patients to reduce confusion.

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

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 158 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Information was displayed on the patient information screen to encourage patients who were also carers to register so that they could be identified and supported accordingly.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice had recently set up two support groups to support people affected by cancer and dementia. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included an anticoagulation service at home.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on three mornings and two evenings per week. These appointments were for working patients and children who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice had developed its own dementia pathway and had a support group for patients affected by dementia, as well as a drop-in clinic for anybody worried about their memory.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Baby changing and breast feeding facilities were available.
- The practice operated from modern, purpose built premises. There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice at Brewwood was open between 8am and 18.30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 3pm to 6.10pm daily. Extended hours appointments were offered on Monday, Tuesday and Thursday mornings from 7am until 8am and between 6.30pm and 7.30pm on Monday and Tuesday evenings.

The practice at Wheaton Aston was open Monday to Friday. Appointments were from 8.45am to 11.15am daily and Monday evening 4pm to 6.10pm. Appointments were available at Coven on Monday, Tuesday and Thursday between 10am and 12pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% national average of 73%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 63% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary; and

the urgency of the need for medical attention.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. The complaints procedure was displayed in the waiting area and a comments and suggestion box was available. Patients told us they were aware of how to make a complaint.

We looked at 3 complaints received in the last 12 months and found they had been dealt with in a timely way, and

with openness and transparency. Lessons were learnt from individual concerns and complaints and also from the analysis of trends and action was taken as a result to improve the quality of care. The practice had also implemented a system for recording verbal complaints.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver the best possible quality service for their patients within a confidential and safe environment. The practice strived to show patients courtesy and respect and involve them in decisions regarding their treatment. The practice promoted good health and wellbeing to patients through education and information. The working environment was educational and ensured that all members of the team had the right skills and training to carry out their duties competently. Staff knew and understood the values and told us that patients always came first.

### Governance arrangements

Governance within the practice was mixed. We saw examples of risks that had been well managed:

The practice had effective processes in place in a number of areas, for example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example there was a lead nurse for infection control. GPs had lead roles in safeguarding, minor surgery and dementia.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

There were areas of governance that required strengthening, for example:

- Practice specific policies were implemented and were available to all staff, however not all staff were aware of how to access the safeguarding policy and referral information.
- We saw discrepancies between the standard operating procedures (SOPs) implemented in the dispensary and

the practice wide policies. For example in dealing with MHRA alerts. Some of the SOPs did not have review dates and not fully implemented in practice, for example for fridge temperature checking.

- The arrangements for identifying, recording and managing risks and implementing mitigating actions were in place but did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. These included for example, the inconsistent recording of the temperature of the fridge used to store medicines, the absence of a risk assessment to review the suitability of the domestic fridge used to store medicines, the failure to take appropriate action to address the continuous high temperature of the fridge over the period of a month. For example, maintaining the cold chain through checking of fridge temperatures.
- The for acting upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) was not continuously followed.
- Recruitment procedures were not consistently followed to ensure that all necessary employment safety checks were completed.

### Leadership and culture

The partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

There was a clear leadership structure and staff felt supported by the management.



# Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG membership was around 15 patients and was well established. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had increased the number of staff answering

the phones at peak times to deal with demand. We spoke with two members of the PPG who told us they felt the practice listened to and tried to act on their suggestions.

- the NHS Friends and Family test, complaints and compliments received
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management. Staff confirmed that they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a teaching and training practice for both medical students training to become doctors and registrars training to become GPs. The practice had also recently taken on the training of student nurses where they joined the practice for a month to see if it could be an area of interest for them. The staff we spoke with told us they felt supported to develop professionally and all staff had received recent appraisals.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. One of the GP partners is a clinical lead for the CCG and the practice is also an active member of a locality group, learning to work together with six other practices.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There was no proper and safe management of medicines.</li><li>• The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The practice did not have an effective system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).</li></ul>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19 Fit and Proper Person Employed</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The registered person's recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed. In particular:</li><li>• The provider had not obtained all of the required information as outlined in Regulation 19 and</li></ul>

This section is primarily information for the provider

## Requirement notices

Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for all staff employed by the practice.