

# Dr Swindlehurst and Partners

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Swindlehurst and Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We had previously carried out an announced comprehensive inspection of Dr Swindlehurst and Partners on 11 May 2016. As a result of our inspection the practice was rated as requires improvement overall and inadequate for providing safe services. The full comprehensive report for the May 2016 inspection can be found by selecting the 'all reports' link for Dr Swindlehurst and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

During the last inspection we identified a breach of:

- Regulation 12; Safe care and treatment:
- The registered person did not do all that was necessary to manage and mitigate risks to the health and safety of service users.
- The provider did not have a robust process to ensure appropriate action is taken following receipt of patient safety alerts.
- Processes and systems had not been implemented in relation to medicines management to ensure safe and appropriate storage of vaccines and prescription forms for use in printers.

As a result we identified areas the provider must improve:

- Implement a process to ensure appropriate action is taken following receipt of patient safety alerts.
- Processes and systems to be implemented and monitored in relation to medicines management to ensure safe and secure storage of vaccines and prescription stationery including the use and storage of prescription pads and blank prescription paper.

We also identified further areas the provider should improve:

- Ensure lessons are learnt from incidents and near misses.
- Develop ways to monitor and improve patient satisfaction.
- Ensure training and support for staff to enable them to carry out their roles for example, in infection control.

Following the inspection the practice sent us an action plan detailing the actions they were going to take to ensure improvement.

# Summary of findings

We carried out a further comprehensive inspection on 31 January 2017 to check that the provider had made improvements in line with our recommendations and to ensure regulations were now being met. Overall the practice is now rated as good.

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

- There were clearly defined processes and procedures to ensure patients were safe and an effective system in place for reporting and recording significant events. They were fully reviewed at every staff meeting.
- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they were treated with dignity, respect and compassion. Patients were involved in decisions about their care and treatment.
- Urgent same day patient appointments were available when needed. All patients we spoke with and those who completed comment cards before our inspection said they were always able to obtain same day appointments.
- Information about how to complain was available and easy to understand. The practice received very few complaints from patients and reviewed complaints to ensure lessons learned were not repeated.
- Patients said GPs gave them enough time.
  - Staffing levels were monitored and reviewed when a member of staff left or when service level dictated. Safe arrangements were in place for staff recruitment that protected patients from risks of harm.
- The practice was visibly clean and measures were taken to prevent unnecessary infections.
- There was a clear leadership structure and staff told us they felt well supported by senior staff.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events and near misses.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated.
- Vaccines were stored at an appropriate temperature to ensure their stability and vaccine fridges could only be accessed by authorised staff.
- Medicines safety alerts were acted upon to prevent harm to patients.
- The practice had clearly defined and embedded systems in place to keep patients safeguarded from abuse. Staff had received safeguarding training that was relevant to their role and demonstrated they would take appropriate action if they had concerns.
- Patients who were prescribed high risk medicines received regular and appropriate reviews to check the medicine and the dosage was still required.

Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data available from the Quality and Outcomes Framework (QOF) 2015/16 demonstrated that patient outcomes were either at or above average when compared with the local and national averages.
- Practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment. We saw evidence that staff were actively encouraged to develop their professional qualifications.
- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely.
- Staff had reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to patient care and treatment.

Good



# Summary of findings

- The Proactive Care Team (PACT) assessed 2% of the most frail patients to improve their health and prevent unnecessary admissions to hospital. PACT staff were employed by the Clinical Commissioning Group and their objective was to make improvements through general practices.
- Staff had received training appropriate to their role. Potential enhanced skills had been recognised, planned for and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that mixed results were received from patients regarding provision of care but all patients spoken with during the inspection and comment cards received said their care was good or very good.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.
- Patients had their needs explained to them and they told us they were involved with decisions about their treatment. Patients we spoke with confirmed this.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- The practice had identified 3% of the patient list as carers. Carers were encouraged to identify themselves. Clinical staff provided carers with guidance, signposted them to a range of support groups and ensured their health needs were met.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice building had good facilities and was equipped to treat patients and meet their needs. Since our inspection in May 2016, a new extension had been opened. This provided additional consultation rooms and had enabled more patient appointments to be made available.
- Patients told us it was easy to make an appointment and urgent appointments were available the same day.

Good



# Summary of findings

- The practice provided enhanced services. For example, avoiding unplanned admissions by carrying out health reviews and development of individual care plans.
- Information about how to complain was available and easy to understand.
- Evidence showed that senior staff responded quickly and appropriately when issues were raised.
- Learning from complaints was shared with all staff and other stakeholders.

## Are services well-led?

The practice is rated as good for providing well-led services.

- Senior staff recognised potential areas of concern regarding safety and carried through actions identified in near misses and significant events. Lessons learnt were shared with relevant staff.
- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff felt they were well supported by management.
- Meetings were held with another practice to share information and identify areas where improvements could be made.
- There were policies and procedures to govern activity and these were accessible to all staff.
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them.

Good



# 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.

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Care plans were in place with the most vulnerable older patients and used with multi-disciplinary teams to reduce unplanned hospital admissions. These patients had an alert placed on their patient records to ensure clinical staff were aware.
- Practice staff worked with other agencies and health providers to provide patient support.
- The Proactive Care Team (PACT) assessed frail patients in their own home and those in care homes to ensure their health needs were met.
- Home visits were offered to those who were unable to access the practice and patients with enhanced needs had prompt access to appointments.
- A GP was responsible for visiting a care home that had been delegated to the practice for provision of medical care.

Good



### People with long term conditions

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

- Patients had a named GP and a review every six to 12 months to monitor their condition and ensure they received correct medicines. The frequency of the review depended on the severity of the patient's condition.
- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed. Two practice nurses carried out home visits for health reviews of those patients who were unable to access the practice.
- Clinical staff worked with health and care professionals to deliver a multidisciplinary package of care.
- Where necessary patients in this population group had a personalised care plan and risk assessment in place and they were regularly reviewed.

Good



# Summary of findings

## Families, children and young people

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

- Systems were in place to identify children and young people who might be at risk, for example, those who had a high number of A&E attendances.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Outcomes for areas such as child vaccinations were in line with or above average for the Clinical Commissioning Group (CCG).
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison and monthly meetings with the health visitors to review those children who were considered to be at risk of harm.
- Extended hours were in place for patients to attend for the family planning service every Wednesday from 6pm until 8pm.
- Appointments were available for patients to attend for health checks with a health care assistant every Wednesday from 6pm until 8pm.

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 practice ensured it provided services to meet the needs of the working age population. For example, extended hours appointments were available on Wednesday evenings for health checks and family planning services.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- All patients who requested a same day appointment received a phone call from a GP to enquire about their symptoms and to determine if advice only or a face to face appointment was needed.
- Online services were available for booking appointments and ordering repeat prescriptions.
- Practice staff encouraged patients to attend for health screening procedures to promote their health.
- The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.

Good



## 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



# Summary of findings

- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients and these patients had been signposted to additional support services.
- There was a register of vulnerable patients including those with a learning disability.
- Longer appointments were available for patients with a learning disability.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients who experience poor mental health had received an annual physical health check.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.
- An enhanced service included GPs carrying out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems in place to promote patients well-being.
- Referrals to other health professionals were made when necessary.
- Staff had a good understanding of how to support patients who had dementia and who experienced mental health illness. The practice had identified 3% of patients as carers.

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

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

- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients who experience poor mental health had received an annual physical health check.

**Good**



# Summary of findings

- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.
- An enhanced service included GPs carrying out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems in place to promote patients well-being.
- Referrals to other health professionals were made when necessary.
- Staff had a good understanding of how to support patients who had dementia and who experienced mental health illness.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results published in July 2016 showed the results were mixed in comparison with local and national averages. However, the results demonstrated the practice had made improvements since the previous national GP patient survey results were published in January 2016. There were 108 responses, this equated to a 49% response rate and 0.8% of the practice's patient list

- 86% of patients found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 82% of patients said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 89% and a national average of 87%.
- 76% of patients found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.

- 92% of patients said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 54% of patients usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 51% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

During our inspection we spoke with six patients. They told us they were satisfied with the care and treatment they received. Two patients confirmed that they waited a long time for their appointment time before they were seen but they told us they were not concerned by it.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards and all were completely positive about the services they received.

# Dr Swindlehurst and Partners

## 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.

## Background to Dr Swindlehurst and Partners

Dr Swindlehurst and Partners provides care for approximately 14,400 patients. The service is located in Evesham and covers Evesham town and surrounding areas. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is managed by seven GP partners (five male, two female) who between them provide 56 clinical sessions per week and seven administration sessions. Clinical sessions are also covered by locum GPs. Since our previous inspection in May 2016 a full time pharmacist has been employed. GPs are supported by an advanced nurse practitioner, five practice nurses and four health care assistants (HCA). Nurses and HCAs provide cervical screening, vaccinations, review of long term conditions, health checks and phlebotomy (taking blood samples) services. The practice employs a practice manager, a deputy practice manager, two senior receptionists, 13 receptionists, two administrators and one medical secretary.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations.

The practice is open from 8am until 6.30pm every weekday with the exception of Wednesdays when the practice opens until 8pm. Appointments are available from 8.30am until 12.30pm and from 3pm until 5.30pm daily. Extended hours appointments are available on Wednesdays from 6pm until 8pm for family planning appointments and for patients to receive health checks by a HCA.

The practice accepts medical students for experience and teaching purposes.

Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. This equates to 33% of registered patients. Medicines can be collected from the practice or any of the designated outlets. The opening hours are from 8.30am until 6pm every weekday. The dispensary is under the overall responsibility of the pharmacist, has a dispensary manager, three dispensers and one trainee dispenser. There is a delivery service every morning for patients who are unable to access the practice.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by NHS South Worcestershire Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet also includes this information and there are leaflets in the waiting area for patients to take away with them.

We carried out an announced comprehensive inspection at Dr Swindlehurst and Partners on 11 May 2016. The overall rating for the practice was requires improvement. The provider was rated inadequate for safe and requires improvement for well led. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Swindlehurst and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

This inspection was undertaken to ensure the required improvements had been made and was an announced comprehensive inspection on 31 January 2017.

## Why we carried out this inspection

We undertook a comprehensive inspection of this service on 11 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement.

We issued a requirement notice to the provider in respect of Regulation 12; safe care and treatment and informed them that they must become compliant with the law within six months of the inspection report being published.

We undertook a further comprehensive inspection on 31 January 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Swindlehurst and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

## How we carried out this inspection

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

- Is it safe?

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

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

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

Before carrying out the inspection on 31 January 2017, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

During our inspection we spoke with a range of staff including:

- GPs, a practice nurse and the pharmacist.
- The practice manager, the deputy practice manager, one senior receptionist and a member of the administrative team.

Six patients and reviewed 26 comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

At our previous inspection on 11 May 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of managing and mitigating risks to the health and safety of service users were not adequate. This included managing patient safety alerts, medicines and infection control.

These arrangements had significantly improved when we inspected in January 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

The practice demonstrated an effective system for reporting, recording and investigating significant events.

- Staff told us they would inform their line managers or the practice manager of any incidents and that the line manager or practice manager would make the necessary recordings. Recording forms were available to all staff.
- The practice carried out investigations of significant events and these were a standing item at business meetings that were held every two weeks. We found that other significant events had been dealt with appropriately, discussed during meetings and lessons learnt shared with staff. Since our previous inspection in May 2016 the procedure for dealing with significant events had been clarified and simplified. Staff we spoke with clearly understood the procedure.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave an accurate overview of safety. When necessary the practice used the National Reporting and Learning System (NRLS). This is a means of sharing lessons learned from safety incidents.
- The practice manager told us that patient safety alerts were sent to all relevant staff and they followed them up to ensure they had been dealt with. We saw how this information was recorded, disseminated and followed up when necessary.

- We reviewed the actions taken from a patient medicine alert published in September 2016. It had been acted on appropriately and we examined the minutes of a GP partners meeting held in the same month where the safety alert was discussed.

### Patient safety alerts were well managed:

- The practice safety alerts protocol clearly described the process staff were to follow in responding to alerts. This had been fully revised since our last inspection and now met national guidelines.
- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- These were coordinated by the practice manager (with a nominated person identified for when the practice manager was not available) who ensured actions taken had been recorded.
- Searches were made to identify any patients affected by alerts.
- We saw evidence that all actioned alerts were discussed in clinical meetings.
- Since our last inspection a lead GP had been appointed with responsibility for patient safety alerts.

### Overview of safety systems and processes

The practice operated a range of risk management systems for safeguarding and health and safety. Risks were addressed when identified and actions put in place to minimise them.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding who had received appropriate (child safeguarding; level three) training. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients they considered to be at risk and regularly reviewed it. All staff had received

## Are services safe?

training that was appropriate to their role. Staff demonstrated they understood their responsibilities and demonstrated they would take appropriate action when they had concerns.

- A notice was displayed in the waiting areas and in each consulting room, advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). (DBS)
- There were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. Since our last inspection a new deputy infection control lead had been appointed who had received appropriate training and kept up to date with best practice. The infection control procedures had also been fully reviewed. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the latest audit had been carried out in December 2016. Actions that arose from this audit had been promptly dealt with.
- We saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. Necessary recruitment and safety checks were carried out before trainee GPs, locum GPs and locum nurses were employed to work at the practice.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and actions taken to protect patients.

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

of substances hazardous to health, clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)

- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Some staff absences were covered by other staff re-arranging or working extra shifts. Where necessary some shifts were covered by locum GPs and nurses.

### Medicines management

Since our last inspection the practice had fully reviewed all aspects of medicines management. We found:

- The practice had employed a full time pharmacist who had overall responsibility for the dispensary and also undertook a range of other duties which included reviews of medicines on patients newly discharged from hospital and gave advice on medicine reviews.
- Patients who were prescribed high risk medicines such as warfarin (a blood thinning medicine) received regular and appropriate tests and reviews to check that their medicine and the dosage was still appropriate.
- Since our last inspection, medicines fridges had been replaced and a revised system had been introduced for monitoring and recording their temperatures. The fridges were 'hard wired' directly into the wall to ensure they could not be accidentally turned off or unplugged. Appropriate training had been given to staff and a new lead member of staff had been appointed to monitor this.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Since our last inspection, new secure storage had been fitted to house controlled drugs. This replaced a previous cabinet that was too small. A weekly stock check for controlled drugs had also been introduced.
- There were appropriate written procedures in place for the production of prescriptions and dispensing of

## Are services safe?

medicines to accurately reflect current practice. Systems were in place to ensure both acute and repeat prescriptions were signed before the medicines were dispensed and given to patients. We observed this working in practice. Checks were made on the expiry dates of dispensary stock and all medicines we checked were within their expiry dates. There was a process in place to ensure patients were advised of review dates and reauthorisation of repeat medicines was only actioned by clinicians.

- Since our previous inspection a procedure had been implemented for the checking of dispensed medicines that had not been collected.
- Since our previous inspection the procedure for the safe storage and accounting of prescription forms for use in printers had been revised. These were now handled in accordance with national guidance and tracked through the practice. Staff recorded the serial numbers of prescription forms that were loaded into printers to enable full tracking of them.
- Dispensing near misses had been recorded, investigated and actions taken. This had been fully revised since our previous inspection and a new clearer way of recording had been introduced. We saw evidence that details of

incidents and lessons learned were shared with staff. Incidents were re-visited after 12 and 52 weeks to ensure they had not been repeated. We saw evidence of the 12 week review.

### **Arrangements to deal with emergencies and major incidents**

There were adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training. There were emergency medicines available in the treatment room including those required to treat patients if they had adverse effects when they received minor surgery.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of this were held off site to eventualities such as loss of computer and essential utilities.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There was an enhanced service which included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles. The patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- There were systems in place to ensure all clinical staff were kept up to date. Staff had access to NICE and local guidelines and used this information to deliver care and treatment that met patients' needs.
- Quarterly multidisciplinary meetings were held with palliative care staff, district nurses, social workers, health visitors and members of the Proactive Care Team (PACT). PACT staff were employed by the Clinical Commissioning Group (CCG) whose objective was to make improvements through general practices. The PACT staff consisted of nurse practitioners and practice nurses who carried out detailed assessments of 2% of those patients who were most at risk in their own homes or those residing in care homes. The nurse practitioners prescribed medicines when necessary. PACT staff had access to patients' records to promote streamlined care for those patients.
- Monthly meetings were held with health visitors for sharing information about patients who were considered to be at risk of harm.
- There were clinical meetings held every two weeks to discuss care and treatment to ensure a uniformed approach by all GPs. Business meetings were held every two weeks to discuss operational matters.

- Monthly team leader meetings were held with the lead for each department present. Both clinical and operational issues were discussed. Relevant information from these was cascaded to other staff.
- Regular nurse meetings were held with health care assistants present. Relevant information from these meetings was fed into the team leader meetings by the nurse manager.
- Two practice nurses carried out reviews of patients with long term conditions in their own homes if they were unable to access the practice.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Comparisons were also made with the local Clinical Commissioning Group (CCG).

For the latest published QOF date (2015-2016), the practice had achieved a total QOF score of 99% which was similar to the CCG average of 98%. There was an overall exception reporting of 12%, which was 4% above the local CCG average. (Exception reporting is the exclusion of patients from the list who meet specific criteria). This had improved from 14% since 2014-2015 QOF data.

QOF data for 2015-2016 showed results were largely above the CCG averages and showed improvement from the 2014-2015 QOF results. This was due to the practice having introduced more effective methods of monitoring patients:

- The atrial fibrillation (irregular heart beat) review rate was 100% which was the same as the CCG and 2% above the national average. The practice exception reporting rate was 0%, which was 1% below the CCG average. This had improved from 14% during 2014-2015.
- The mental health review rate of 100% was 3% above the CCG average. The practice exception reporting rating was 11%, which was 3% below the CCG average. This had improved from 33% during 2014-2015.
- The depression review rate of 100% was 1% above the CCG average. The practice exception reporting rating was 11%, which was 7% below the CCG average. This had improved from 19% during 2014-2015.

# Are services effective?

## (for example, treatment is effective)

- The dementia review rate of 100% was 3% above the CCG average. The practice exception reporting rating was 2%, which 4% below the CCG average. This had improved from 13% in 2014-2015.

Other clinical indicators, including asthma, learning disability, diabetes, chronic obstructive pulmonary disease (COPD) and hypertension (high blood pressure) had seen improvements with their results and exception reporting since 2014-2015 QOF results.

Patients who did not attend (DNA) for their reviews received up to three telephone call reminders and if necessary a letter.

We saw evidence of clinical improvement, for example:

- Clinical audits had been carried out that demonstrated relevant changes had been made that led to improved patient care. These were part of a programme of targeted clinical auditing. Clinical staff had undertaken an audit of prescribing of a specific antibiotic. There had been three previous audits for this medicine. The latest audit dated September 2016 included further actions that were to be shared with GPs during the next practice meeting. By sharing information on care and treatment with all GPs this led to a uniformed and improved approach to patient care.
- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff were provided with a handbook at the commencement of employment that provided them with practice information and policies they could refer to.
- The practice had a training programme in place and extra courses were provided that were relevant to roles. For example, infection control, administration of vaccines, the cervical screening procedure and reviews of long term conditions. Staff who administered vaccines could demonstrate how they stayed up to date with changes of the immunisation programmes.
- Staff learning needs were identified through a system of 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 on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision

and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.

- Staff received training that included: infection control, cold chain, patient safety alerts, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services a health visitor and the out of hours care team.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs in and to assess and plan on-going care and treatment. This included when patients moved between services, when they were referred and after discharge from hospital. Care plans were in place for patients who had complex needs and these were regularly updated. We saw evidence that multi-disciplinary team meetings regularly took place.

### 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.
- Regular computer searches were carried out to identify patients who required tests and reviews of their long term conditions. Patients who had not attended were contacted and asked to make an appointment. Letters for patients who had a learning disability were in an easy read format to assist them in understanding the need for their health check.

# Are services effective?

(for example, treatment is effective)

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. All eligible patients who attended the practice had received advice on obesity and smoking cessation. Patients were signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The practice's uptake for the cervical screening programme was 74%, the same as the CCG average of 74% and the national average of 74%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that:
  - 74% of female patients had attended for breast screening during a 36 month period, which was the same as the CCG average and 2% above the national average.
  - 64% of patients had attended bowel screening in the last 30 month period, which was 2% higher than the CCG average of 62% and 6% higher than the national average of 57%.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. They received health checks and if they were receiving prescribed medicines from elsewhere these were reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given were broadly similar to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds were 100%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients, those with learning disabilities and the NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. All clinical staff including health care assistants (HCAs) offered advice and support about healthy lifestyles to patients.

- GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions. 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. Where necessary further assessments and treatments were instigated.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines.
- Written consent was obtained before each minor surgery procedure commenced. The forms indicated that potential complications had been described to patients.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was a notice in the waiting areas advised patients to inform reception staff if they wished to hold a confidential discussion. Reception staff told us that if patients wanted to discuss sensitive issues or appeared distressed they offered them a private room to discuss their needs.
- We spoke with six patients and all were highly complementary about the way in which all staff communicated with them. All of the 19 patient comment cards we received were positive about the service they received and about how staff liaised and kept patients informed.
- Throughout our inspection we observed how staff responded to patients and saw they were treated with respect at all times. We saw that staff were friendly and helpful. Patients told us that staff provided either a good or a very good service.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%

- 81% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 96% of patients said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 97% and national average of 97%.
- 95% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

Since our last inspection, the practice had begun to examine ways to improve patient satisfaction. Practice management used the CCTV system to examine patient and staff interactions and used this for staff training purposes. Telephone handling technique was also being examined. The practice team worked with the Patient Participation Group (PPG) to identify areas of potential improvement. For example, one area identified by the PPG was with the way staff interacted with patients.

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

We spoke with six patients and reviewed 19 comment cards on the day of our inspection. Patients told us they felt positive about the way staff involved with decisions about their healthcare and treatment. Patients also spoke positively about the way that GPs and nurses explained their condition and the options available to them about their treatment. They also said that they felt listened to during consultations.

Results from the latest national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages and all had improved since the previous results were published in January 2016. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 96%.

## Are services caring?

- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

We saw a range of health promotion advice and advice leaflets about long term conditions in the waiting area that provided patients with information and support services they could contact.

Staff told us that translation services were available for patients who did not have English as a first language. These were face to face or by telephone. Leaflets for patients had been written in Polish for explaining chaperone, booking tests and cervical screening services. Also how to contact a midwife.

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

Notices in the waiting areas told patients how to access a number of local and national support groups and organisations.

There was written information in the waiting areas directing carers to various avenues of support that was available to them. The practice had 3% of patients registered as carers. A service offered to carers was the Worcestershire Carers Association who went out to patients in their own homes and put care plans in place that included arrangements that allowed carers to attend their own appointments. Carers were offered an annual flu vaccine as part of their health promotion by clinical staff. Quarterly carers' magazines were available in the waiting area for carers to take away with them.

Staff told us that families who had suffered bereavement were contacted by their named GP. The call was followed through by either a GP visit or a patient consultation at the practice or advice provided about support services that were available.

Since our last inspection an existing staff member had taken on the role of care navigator and had received specialist training to enable them to co-ordinate advice and services for carers. They liaised with the district nursing team, health visitors and other services when appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

During our inspection we saw that practice staff were responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and arrangements were in place to address the identified needs of patients. Many services were provided from the practice such as diabetes care, ante natal care and smoking cessation advice. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- Urgent access appointments were available for children and those with serious or complex medical conditions. These patients were seen on the day even if the clinical sessions were fully booked.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- All patients who requested an appointment were called back by a GP to determine if advice or a face to face consultation was needed.
- All same day face to face appointment requests were accommodated by the patient's named GP or if fully booked by the duty GP.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Daily phlebotomy (blood taking) services were provided for all patients registered at the practice. Young children could be referred to the hospital paediatric service.
- Easy read letters and leaflets including how to make a complaint were available for patients who had a learning disability to enable their understanding.
- There were extended hours available to improve patient access.
- There were facilities for patients with a disability, a hearing loop and translation services available.
- A GP was the designated lead for provision of care for people who resided in care homes.
- Senior staff were engaging with the Clinical Commissioning Group (CCG) and staff were actively striving to make on-going improvements. CCG's are

groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. Meetings were held every six months with the CCG to review performance and agree ways of making further improvements to patient care.

### Access to the service

The practice was open from 8am until 6.30pm every weekday with the exception of Wednesdays when the practice opened until 8pm. Appointments were available from 8.30am until 12.30pm and from 3pm until 5.30pm daily. Extended hours appointments were available on Wednesdays from 6pm until 8pm for family planning appointments and for patients to receive health checks by a health care assistant (HCA).

The practice had opted out of providing GP services to patients out of hours such as evenings and weekends. During these times GP services were provided by a service commissioned by NHS South Worcestershire Clinical Commissioning Group (CCG). When the practice was closed, there was a recorded message giving out of hours details. The practice leaflet also included this information and there were leaflets in the waiting area for patients to take away with them.

Children were automatically given same day appointments. If the named GP was fully booked when patients requested same day appointments they were given a telephone consultation with their named GP. If these were not available the patient was seen by the duty GP. Clinical staff had made a decision to provide afternoon locum GP support for the duty GP.

Results from the latest national GP patient survey published July 2016 showed that patients' satisfaction with how they could access care and treatment were mixed when compared with local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 76% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 90% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 89% and the national average of 85%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 75% of patients described their experience of making an appointment as positive compared to the CCG average of 78% and national average of 73%.
- 75% reported they were satisfied with the practice opening hours compared to the CCG average of 76% and national average of 76%.
- 54% of patients usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 51% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

We discussed the latter two lower results with GPs and practice management of this. They told us this one of the areas for improvement they were focussing on when they analysed interactions between staff and patients within the reception area and were closely monitoring this.

Patients we spoke with on the day of the inspection and comment cards we received told us they were satisfied with the opening hours.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with

recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint. A complaint form was available in the waiting areas for patients to use and the practice kept a complaints log.
- We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were a standing agenda item for the business meetings that were held every two weeks to ensure that appropriate action had been taken. Lessons learnt from complaints had been shared with relevant staff.
- The practice manager told us they dealt with verbal complaints promptly through discussions with patients and we saw they were documented in the same way that written complaints had been recorded.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 11 May 2016, we rated the practice as requires improvement for providing well led services as the practices' quality monitoring and improvement systems did not always operate effectively. This included managing patient safety alerts, medicines and infection control, along with some areas of staff support and training.

These arrangements had significantly improved when we undertook a further comprehensive inspection in January 2017. The practice is now rated as good for providing well led services.

### Vision and strategy

We were satisfied senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff shared and understood for prioritising patient care. The mission statement was on display in the main waiting area.

- Senior staff had considered the needs for the future that included the new house building programme that would impact on the number of registered patients. We were informed that the number of registered patients had increased 5% in the last 18 months.
- An extension to the practice had been completed since our previous inspection. The additional space included a minor surgery suite, four consulting rooms and a conference room for staff use.

### Governance arrangements

Senior staff and clinical staff had an overarching governance framework which supported the delivery of the strategy and to promote good quality care:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Clear methods of communication that involved the whole staff team and other healthcare professionals was disseminated and best practice guidelines and other information.
- Staff attended regular team meetings to discuss issues, patient care and further develop the practice.

- Practice specific policies were implemented and were available to all staff. These included whistleblowing and harassment.

Improvements had been made since our previous inspection in May 2016:

- An action plan had been implemented to improve performance and implement other improvements required following our previous inspection in May 2016.
- A procedure had been implemented for the checking of dispensed medicines that had not been collected.
- The newly employed pharmacist was responsible for overseeing dispensary staff and ensuring tasks had been effectively actioned.
- A procedure to check that staff members had fulfilled their duties and to check that actions from patient safety alerts had been appropriately dealt with had been introduced.
- A skilled infection control deputy lead had been appointed for occasions when the lead was absent. The staff member had received appropriate training.

### Leadership and culture

- There was a clear leadership structure in place and staff felt supported by management.
- The partners in the practice had the experience, capacity and capability to run the practice effectively and to promote high quality care.
- All staff we spoke with during the inspection demonstrated that they made positive contributions towards the practice.
- The partners were visible in the practice and staff told us they were approachable at all times.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they were their requests for training had been treated seriously by senior staff.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

# Are services well-led?

Good 

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

- Information was gathered from patients through the Patient Participation Group (PPG) and through surveys and complaints received. (A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care). There was an active PPG which met regularly and liaised with senior staff between these times. Since our previous inspection, the PPG had begun to identify areas that needed to be monitored to ensure improvement to national GP patient satisfaction results, for example, interaction between staff and patients within the reception area.
- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- Results from the NHS Friends and Family Test over the last six months showed that 80% of patients who responded were either likely or highly likely to recommend the practice to friends and family.
- The practice actively recorded all compliments received and shared these with staff