

# Linden Hall 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Linden Hall Surgery on 14 July 2016. 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of the completion of risk assessments of the building and an up to date fire risk assessment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients told us on the day of the inspection they could get appointments. However, two patients told us it was difficult to get at an appointment at Muxton so they attended the main practice instead.
- 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider should make improvements.

- Introduce a system to record the action taken in response to Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Carry out risk assessments to monitor the safety of the premises and update the fire risk assessment.

# Summary of findings

- Carry out a risk assessment to ensure that medicines are being stored in line with manufacturers' guidance.
- Ensure that staff are offered an annual appraisal.
- Make patients aware that translation services are available.
- Adopt a more proactive approach to identifying and meeting the needs of carers.
- Include contact details for the Parliamentary and Health Service Ombudsman in the complaints procedure.
- Introduce a more structured programme for administration / reception staff meetings.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice did have a clear system to record the actions they had taken in response to Medicines and Healthcare products Regulatory Agency alerts.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed, with the exception of the completion of risk assessments of the building and an up to date fire risk assessment.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The GP partners supported the practice nurses with the management of patients with long term conditions and patients could be referred internally to a GP colleague for condition specific advice.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, although not all staff had had an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice in line with or above other practices.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Although the practice promoted the role of carers and provided information on the service available, the practice needed to adopt a more proactive approach to identifying carers and recording the information on the electronic patient record.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the GP partners worked with the CCG as an advisor for Information Technology. Another of the GP partners was the local federation lead.
- The practice offered a range of enhanced services including minor surgery, joint injections and spirometry (a test to see how well a patient can breathe).
- The practice co-hosted a number of services including diabetic eye screening and podiatry.
- The majority of patients told us on the day of the inspection they could get appointments. However, two patients told us it was difficult to get at an appointment at the Muxton branch so they attended the main practice instead.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However the practice did not make patients aware that they raise their complaint with the
- The practice did not make patients aware that translation services were available.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision to provide the highest quality healthcare for the local population in an open and welcoming environment and treat patients with respect, dignity and honesty.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular clinical staff meetings. However, administration / reception staff meetings were organised on a more adhoc basis.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. This included the development of the staff team skills and knowledge.

# 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



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice visited patients who lived in the local care homes on a weekly basis. Each care home had a named GP who visited to provide continuity of care.
- Patients who lived in care homes with long term conditions and / or dementia were offered regular reviews.
- The practice worked closely with the Age Concern Care Navigator who held drop in sessions bi-weekly at the practice. Care Navigators assist patients who may feel lonely or isolated, have little local support, have been recently bereaved or who wish to find out about services which may be available to them. They can help put in place support or find activities provided by voluntary and statutory services.

### People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and worked with the GPs to support patients with long term conditions.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance in the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 83% compared with the national average of 77%.
- Longer appointments and home visits were available when needed.
- 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.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans. The safeguarding lead held quarterly meetings with the health visitor and school nurse to discuss at risk children and families.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- There were screening and vaccination programmes in place and the practice's immunisation rates
- Data from the Quality and Outcomes Framework (QOF) for 2014/15 showed that 84% of women aged 25-64 had received a cervical screening test in the preceding five years. This was above the national average of 82%.
- The practice offered family planning and routine contraception services.

## 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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered routine pre-bookable appointments up to four weeks in advance, on the day appointments and appointments that were released 48 hours in advance. Telephone consultations were also available with all of the GPs.
- Extended consultation hours were offered on Tuesdays and Wednesdays between 6.30pm and 8.20pm.
- 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.

## 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 or identified as vulnerable.



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice provided medical services for seasonal workers at local salad producer and temporary patients receiving care provided by a national veterans' mental health charity.
- The staff knew how to recognise signs of abuse in vulnerable adults and children. The staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- Ninety-two per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- The practice carried out advance care planning for patients with dementia.
- Performance for the mental health related indicators was above the national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. Three hundred and six survey forms were distributed and 116 were returned. This gave a return rate of 38%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 86% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 86% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All of the four patient CQC 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 14 patients, including one who was a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The majority of patients told us on the day of the inspection they could get appointments. However, two patients told us it was difficult to get at an appointment at Muxton so they attended the main practice instead.

## Areas for improvement

### Action the service **SHOULD** take to improve

Introduce a system to record the action taken in response to Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

Carry out risk assessments to monitor the safety of the premises and update the fire risk assessment.

Carry out a risk assessment to ensure that medicines are being stored in line with manufacturers' guidance.

Ensure that staff are offered an annual appraisal.

Make patients aware that translation services are available.

Adopt a more proactive approach to identifying and meeting the needs of carers.

Include contact details for the Parliamentary and Health Service Ombudsman in the complaints procedure.

# Summary of findings

Introduce a more structured programme for administration / reception staff meetings.

# Linden Hall Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

## Background to Linden Hall Surgery

Linden Hall Surgery is registered with the Care Quality Commission (CQC) as a GP partnership provider in Newport, Shropshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 13,338 patients. The practice had a higher than average number of patients aged 15 to 24 years due to the providing medical services to students at the university.

The main site is Linden Hall Surgery, with branch sites in Muxton, Telford and Harper Adams University, Edgmond, Shropshire. The sites are as follows:

- Linden Hall Surgery, Station Road, Newport, Shropshire, TF10 7EN
- Linden Hall Surgery (Muxton), Muxton Lane, Muxton, Telford, TF2 8PF
- Harper Adams University, Edgmond, Shropshire, TF10 8NB

We visited Linden Hall Surgery and the Muxton branch surgery as part of this inspection. The Muxton branch surgery is approximately four miles away from the main surgery. The Harper Adams University site provides medical services for students studying at the university.

The practice staffing comprises of:

- Five GP partners (four male and one female), one female salaried GP and one long term female locum GP.
- Five female practice nurses and one female healthcare assistant.
- A practice manager, support by a personal assistant.
- An information technology team, secretarial team and two senior receptionists who managed the team of reception staff.

The main practice is open between 8am and 6pm Monday to Friday, with extended consultation hours on Tuesday and Wednesday evenings between 6.30pm and 8.20pm. The Muxton site is open between 8am and 5pm Monday to Friday. The university site is open between 12 noon and 1pm Monday to Friday.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Shropdoc.

## Why we carried out this inspection

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

# Detailed findings

## 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 inspecting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 14 July 2016.

We spoke with a range of staff including the GPs, practice nurses, a health care assistant, practice manager, secretaries, a member of the information technology team and members of reception staff. We spoke with patients, one of whom was a member of the patient participation group who were also patients, looked at comment cards and reviewed survey information. We contacted three local care homes to obtain their views on the service provided by the practice.

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 an effective system in place 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were discussed at each partner's meeting and reviewed at the quarterly significant event review meetings. The meetings were recorded so the information could be shared with all staff. The records supported that learning had taken place and become embedded into practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a two week urgent referral completed by a GP had not been sent to the secretaries to process. The electronic system was altered to create a prompt task to ensure that the GP writing the referral sent it through to the secretaries to process.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice did not always record the actions they had taken in response to alerts, although other evidence demonstrated they had taken action. We spoke with the practice about this during the inspection.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The safeguarding lead attended the local safeguarding lead meetings. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. All staff had received the appropriate level of safeguarding training for their role.
- The practice held registers for children considered at increased risk, and children with protection plans were identified on the electronic patient record. The safeguarding lead held quarterly meetings with the health visitor and school nurse to discuss at risk children and families.
- A notice in the waiting room 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. The healthcare assistant, supported by the nurse manager, was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An invasive procedure observational audit including an audit to review the decontamination of reusable instruments had been undertaken by the infection control lead from the Clinical Commissioning Group at the request of the practice. The practice had developed an action plan to address the audit findings.
- Annual infection control audits were undertaken at each site and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

## Are services safe?

prescriptions which included the review of high risk medicines. The practice used an electronic system to support clinicians to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and systems were in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific direction from a prescriber.

- 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. There were also arrangements in place for the destruction of controlled drugs.
- We noted that the equipment used to sterilise instruments was in the same room as the medicines. The practice did not monitor the temperature of this room and had not carried out a risk assessment to ensure that medicines were being stored in line with manufacturers' guidance.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

There were measures in place to reduce risks within the practice. However, we saw these could be strengthened to greater assess the robustness of the existing arrangements.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. However, the practice had not completed assessments into risks such as fire,

slips, trips and falls. Other evidence showed action had been taken in these areas. For example, a number of staff had been trained as fire marshals and the fire alarm was tested weekly. The practice also had appropriate levels of firefighting equipment. A risk assessment could highlight any weaknesses in the existing arrangements. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. All staff groups covered holidays, and the regular locum GP would also work additional sessions to cover GP holidays.

### Arrangements to deal with emergencies and major incidents

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

- 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. There were emergency medicines
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. The deputy practice manager collated the guidelines from NICE and forwarded these to the clinicians, who used this information to deliver care and treatment that met patients' needs. Staff also had access to the guidelines on their computers.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment of patients with long term conditions. However, the clinicians recognised that they were not using the templates as effectively as they could be when assessing patients, for example the palliative care template.

### 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 showed that the practice achieved 98.1% of the total number of points available (which was 2% above the local Clinical Commissioning Group (CCG) average and 3.3% above the national average), with 10.5% clinical exception rate (which was 0.5% above the CCG average and 1.3% above the national average). (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 2014/15 showed:

- Performance in the five diabetes related indicators were comparable to or better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 83% compared with the national average of 77%.

- Performance in the three mental health related indicators were above the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% compared to the CCG average of 87% and the national average of 88%. The exception reporting rate for mental health indicators was below the CCG and national averages.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 77%, which was comparable to the CCG average of 78% and national average of 75%.
- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national average of 84%.

Clinical audits demonstrated quality improvement.

- We looked at three clinical audits which demonstrated improvements had been implemented and monitored. One completed audit looked whether the prescribing of anti-epileptic medicines was in line with NICE guidance and Medicines and Healthcare products Regulatory Agency (MHRA) alerts. The first audit cycle identified that the prescribing of anti-epileptic medicines was not always in line with the guidance. The findings were discussed at the weekly meeting and each GP provided with clear guidance on the prescribing criteria. The results from the second audit demonstrated that the prescribing of anti-epileptic medicines was in line with current guidelines.

### Effective staffing

Staff had the skills, knowledge and experience 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. The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an



# Are services effective?

## (for example, treatment is effective)

assessment of competence. The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.

- The learning needs of the staff were identified through a system of appraisals, meetings and reviews of practice development needs. The staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and facilitation and support through the revalidation process for GPs and nurses. Staff had protected learning time, either in house or at training events organised by the CCG. Not all staff had had an appraisal within the last 12 months. The appraisals were due for a number of staff in November 2015.
- The GP partners supported the practice nurses with the management of patients with long term conditions and patients could be referred internally to a GP colleague for condition specific advice.
- The practice supported clinical staff to extend their skills and knowledge in order to improve outcomes for patients. For example, the recently appointed staff nurse was being supported through a practice nurse training course and one of the GP partners was undertaking training to offer implant/coil insertion. Another practice nurse had been supported to undertake the Warwick diabetes course.
- We saw that doctors on training programmes were well supported by the GPs. Trainees were provided with a GP mentor, with dedicated time for supervision.
- The staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- The practice had identified 210 frail or vulnerable patients, some of which were also included patients on the hospital unplanned admission avoidance scheme. Patients with care plans in place were reviewed within 48 hours of discharge by their named GP. All unplanned admissions were discussed at quarterly review meetings, where their ongoing needs were discussed.

Staff worked together and with other health and social care services 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. The practice had 23 patients who had been identified with palliative care needs and held three monthly meetings attended by the GP, community nursing team and the palliative care team. Patients were also discussed on a case by case basis with the hospice nurse and community staff.

We spoke with representatives from three local care homes. They told us the practice offered an excellent service and the GPs were responsive to the needs of the patients. Each care home had a named GP, who visited each week, although the GPs also visited on request. One representative told us that their named GP was proactive in managing the care of a patient with complex needs and visited the patient on a more regular basis. Another representative told us their named GP had worked with them to develop a protocol for a specific procedure that community nursing staff were unable to perform which resulted in the patient being admitted to hospital. The GP had also provided training for the staff, so they were able to manage the patient's condition in the care home rather than admitting them to hospital.

### 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.
- On line training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) was available for clinical staff, although only five members of clinical staff had completed this training.
- The practice maintained a register of patients living in care homes who had DoLS authorisations in place.

# Are services effective?

## (for example, treatment is effective)

- 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.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.

### Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. Patients who wished to stop smoking could be referred to the Help to Quit advisor. The practice worked with a health trainer from the Healthy Lifestyle Hub, a service commissioned by the local CCG. The health trainers worked with patients to make changes to their lifestyle.

The practice's uptake for the cervical screening programme was 84%, which was higher than the national average of 82%. (Exception reporting for cervical screening was 2%, which was 3.3% below the CCG average and 4.3% below the national average). The practice offered family planning and routine contraception services including implant/coil insertion.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was comparable to or higher than local and national averages:

- 73% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was comparable to the CCG average of 73% and national average of 72%.
- 65% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was higher than the CCG average of 57% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.4% to 96.8% and five year olds from 92.2% to 97.7%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All of the four patient CQC 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 14 patients, including one who was a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. Three hundred and six survey forms were distributed and 116 were returned. This gave a return rate of 38%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 86% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 86% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However, the practice did not display information in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

## Are services caring?

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

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (0.2% of the practice list). The practice recognised

that the number of identified carers was low, and they did not proactively seek this information from patients. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice manager and often their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs, or by giving them advice on how to find a support service. However information or leaflets about bereavement services were not available in the reception area / waiting rooms.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the GP partners worked with the CCG as an advisor for Information Technology. Another of the GP partners was the local federation lead. Two of the GP partners were also GP appraisers for the GP revalidation process. Clinical staff also attended the protected learning events organised by the CCG.

- Extended consultation hours with a GP were offered at the main practice on Tuesdays and Wednesday between 6.30am and 8.20pm for working patients who could not attend during normal opening hours.
- Patients with minor injuries were seen at the practice reducing the need for patients to attend the local accident and emergency department in Telford.
- The practice visited patients who lived in the local care homes on a weekly basis. Each care home had a named GP who visited to provide continuity of care.
- The practice worked closely with the Age Concern Care Navigator, who held drop in sessions bi-weekly at the practice. Care Navigators assist patients who may feel lonely or isolated, have little local support, have been recently bereaved or who wish to find out about services which may be available to them. They can help put in place support or find activities provided by voluntary and statutory services.
- There were longer appointments available for patients with a learning disability or those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided medical services for seasonal workers at local salad producer and temporary patients receiving care provided by a national veterans' mental health charity.

- The practice offered a range of enhanced services including minor surgery, joint injections and spirometry (a test to see how well a patient can breathe).
- The practice co-hosted a number of services including diabetic eye screening and podiatry.
- One of the GP partners was trained in ultrasound scanning and carried out scans at the practice, for example, to detect gallstones or cysts. Benefits to patients included identifying that a patient with post-operative pain had a collection of fluid in the wound, and they were referred back to the hospital.

### Access to the service

The main practice was open between 8am and 6pm Monday to Friday, with extended consultation hours on Tuesday and Wednesday evenings between 6.30pm and 8.20pm. Appointments were available every week day with the GPs, practice nurses and health care assistant. The Muxton branch was open between 8am and 5pm Monday to Friday. GP appointments were available every week day, although appointments with the practice nurses were only available during the mornings. The university site was open between 12 noon and 1pm Monday to Friday for GP appointments only.

Appointments could be booked in person, over the telephone and on line. The practice offered routine pre-bookable appointments up to four weeks in advance, on the day appointments and appointments that were released 48 hours in advance. Telephone consultations were also available with all of the GPs.

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

- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 75% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 68% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the CCG average of 71% and national average of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

The majority of patients told us on the day of the inspection they could get appointments. However, two patients told us it was difficult to get at an appointment at the Muxton branch so they attended the main practice instead.

The practice told us they had amended their telephone system following comments from patients. They had installed additional incoming telephone lines at the main practice, and moved the telephones away from the reception desk to a separate room to maintain confidentiality. There was a choice of options to direct callers to the appropriate department. There was a dedicated telephone number of patients to ring at specific times to speak with a practice nurse about any results. However, if the nurse was already on a call, the telephone would just ring resulting in the caller thinking staff were not there to answer the call. The practice was working with the telephone provider to try to resolve this issue.

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.

There was a duty GP every day, who provided telephone triage and saw patients who needed to be seen on the day when appointments were not available with the other GPs. Requests for home visits received during the morning were managed through the practice manager or deputy practice manager, who asked for details of the illness to assist with assessing the urgency of the visit. Urgent calls were passed directly to the duty GP. Requests received in the afternoon were triaged by the duty GP. In cases where the urgency of

need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England, although it did not contain contact details for the parliamentary and health service ombudsman.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was included in the practice pack on the website and leaflets were available in the waiting area. The majority of patients spoken with were aware of the complaints procedure.

We looked at the summary of eight complaints received in the last 12 months and found they had been satisfactorily handled and demonstrated openness and transparency. The records supported that learning had taken place and become embedded into practice. One complaint related to maintaining confidentiality at the reception desk. As a consequence reception staff do not use patients names in the reception.



# 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 provide the highest quality healthcare for the local population in an open and welcoming environment and treat patients with respect, dignity and honesty.

- Although the practice did not have a written mission statement, it was clear from discussion with staff that everyone was working towards the same aim of patient centred care.
- The GP partners clearly described their plans for the future and how they hoped to achieve these. The partners were developing a strategy which took into account the needs of the local population as well as the proposed changes to secondary care provision within Telford and Wrekin and Shropshire.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP partners had designated clinical and managerial lead roles.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. One of the GP partners had the lead role for monitoring the Quality and Outcomes Framework (QOF) data. The practice performance was discussed at the practice meeting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of the completion of risk assessments of the building and an up to date fire risk assessment.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

- The practice gave affected people reasonable support 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 in place and staff felt supported by management.

- Clinical staff told us the practice held regular team meetings. However, administration / reception staff meetings were organised on a more adhoc basis.
- 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. We noted a recent team building event had been held, and staff also organised social events.
- 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, and 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, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys, NHS Friends and Family Test and complaints received. The practice had a PPG, which met when requested by the practice, supported with the development of patient surveys and took forward suggestions and improvements identified through the

# Are services well-led?

Good 

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

patient survey. For example, improvements in signage around the practice, increased awareness of extended hours consultations and changes to the reception area to increase confidentiality. The PPG felt that their contribution and suggestions were valued and listened to by the practice.

- The practice had gathered feedback from staff through discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example: members of the nursing team expanding their skills and knowledge to enable the practice to meet the needs of the patients.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice invested in the staff team to develop their skills and knowledge to improve outcomes for patients. We saw that staff had been given opportunities to develop. For example, the recently appointed staff nurse was being supported through a practice nurse training course and one of the GP partners was undertaking training to offer implant/coil insertion. Another practice nurse had been supported to undertake the Warwick diabetes course.