

Bewdley Medical Centre

Quality Report

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Date of inspection visit: 23 August 2017

Date of publication: 06/10/2017

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 Bewdley Medical Centre on 23 August 2017. Overall the practice is rated as good.

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

- The practice was the largest of the six sites which formed the Wyre Forest Health Partnership (WFHP). Functions such as human resources and finance were carried out by staff at the WFHP main office, which was located in the Bewdley premises.
- There was a clear system for reporting and recording significant events, which was shared across the six sites in the WFHP. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Learning from internal and external incidents was discussed at practice level and at monthly WFHP meetings, which were attended by key staff from the six sites.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff assessed patients' needs and delivered care in accordance with current evidence based guidelines. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Results from the National GP Patient Survey 2017 showed that patients thought that they were treated with compassion, courtesy and respect and that clinical staff involved them in discussions about their care and treatment.
- Information about services and how to complain was available. The practice responded to complaints and made improvements to the level of service as a result.
- Patients we spoke with said that they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day.
- A GP had initiated the home visiting service, which had been rolled out to all six practices in the WFHP. It was so successful that the GP had been asked to provide a service specification for two local Clinical Commissioning Groups.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff told us that they felt supported by the GP partners and management team. The practice proactively sought feedback from staff, patients and the Patient Participation Group, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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 for reporting and recording significant events, which were thoroughly investigated and analysed. Positive events were also recorded. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were shared both in the practice and externally with other sites in the Wyre Forest Health Partnership (WFHP) to make sure that action was taken to improve safety in the practice. When things went wrong patients were informed as soon as possible, received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice assessed risks to patients and had systems for managing specific risks such as fire safety and infection control.
- The site manager completed a quality and risk report for discussion at the monthly WFHP meeting.
- There was a named GP with responsibility for medicines management. The practice employed two pharmacists to enhance the safe management of medicines.
- Staff showed that they understood their responsibilities and we saw that they had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had comprehensive arrangements to enable them to respond to emergencies and major incidents.
- There were sufficient staff on duty to keep patients safe.
- The practice was visibly clean and tidy.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015/16 showed that patient outcomes were at or above average compared to the national average.
- Staff routinely used guidance from the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness.
- There was a quality improvement programme which included clinical audits.

Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff had annual appraisals which included personal development plans. Six monthly reviews were also carried out.
- There was an internal appraisal scheme for GPs as well as the standard external GP appraisal system.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2017 showed that patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, courtesy and respect and that clinical staff involved them in decisions about their care and treatment.
- The practice had identified 3% of the practice population as carers. A member of staff was the nominated carers' champion.
- Information for patients about the services available was accessible in reception and on the practice website.
- We observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of managers from four local care homes were positive about the level of care provided. Staff appreciated the level of support and understanding provided by the GPs and the practice team.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with the other sites in the WFHP and with the local community in planning services that met patients' needs. For example, the home visiting service had been initiated by a GP at the practice.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said that they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent and routine appointments were available the same day.

Good



Summary of findings

- Extended hours appointments were offered on Tuesday and alternate Thursday evenings. Early morning appointments were offered on Mondays, Wednesdays and Fridays and on alternate Saturday mornings, which provided flexibility for those patients who could not attend the practice during core opening hours.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group. For example, the practice had liaised with the local council to improve the provision of disabled parking outside the building.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had addressed initial issues regarding disabled access and was working to improve access further.
- Information about how to complain was available in reception and on the practice website. Evidence from 18 examples reviewed showed that the practice responded promptly to issues raised, in accordance with their complaints policy. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- There was a clear leadership structure and staff felt supported by the GP partners and the management team. The practice had range of policies and procedures to govern activity and key staff attended regular WFHP governance meetings.
- The WFHP organised regular away days for partners at which strategy and business issues were discussed.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. A quality and risk report was submitted to the WFHP on a monthly basis, so that any risks could be identified and monitored.
- Staff had received inductions, annual appraisals and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence that the practice complied with these requirements.
- The GP partners and management team promoted an ethos of openness and honesty. Staff told us that there was a 'no-blame' culture. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had an active Patient Participation Group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and protected time was offered.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients and to support colleagues. For example, substance misuse, rheumatology and respiratory medicine.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A home visiting service, supported by two GPs and an advanced nurse practitioner, had been introduced for housebound patients.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. The practice had adopted the gold standard framework for patients approaching the end of life. Older patients were involved in planning and making decisions about their care, including their end of life care.
- Monthly multidisciplinary meetings were held to review all patients on the palliative care register.
- The lead GP for palliative care had regular meetings with secondary care services and the local palliative care consultant to develop care for these patients.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice had signed up to the admissions avoidance scheme, which identified patients who were at risk of inappropriate hospital admission.
- GPs and an advanced nurse practitioner provided care and support for patients at local care homes.
- Where older patients had complex needs, the practice shared summary care records with local care services.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. For example, nursing staff carried out reviews for patients with heart disease and chronic lung disease.

Good



Summary of findings

- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 86%, which was 2% above the Clinical Commissioning Group average and 8% above the national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a centralised system to recall patients for a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were links on the practice website for information about long term conditions such as asthma and diabetes.

Families, children and young people

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

- We saw that there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us on the day of inspection that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Priority was given to children under one year.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children, young people and for acute pregnancy complications.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and alternate Saturday morning appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients could sign up to receive text messages for appointment reminders.
- NHS Health Checks were carried out by the nursing team and there was a health and lifestyle section on the practice website, which was a source of additional advice.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice leaflet, a guide to having a health check and the health check form were all available in an easy read format.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Information about domestic abuse was discreetly displayed.
- Staff whom we interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Summary of findings

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 carried out advance care planning for patients living with dementia.
- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 13% below the Clinical Commissioning Group (CCG) average and 12% below the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 94% of patients with poor mental health had had a comprehensive care plan documented in the last 12 months, which was 2% above the CCG average and 6% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 6 July 2017. The results showed that the practice was performing in line with local and national averages. 222 survey forms were distributed and 120 were returned. This represented a 54% return rate and 0.78% of the practice's patient list size.

- 88% of patients described the overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 77%.

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 which were mainly

positive about the level of service provision. Patients wrote that staff were efficient, professional and very supportive. GPs were said to be very approachable and always willing to listen. There was one criticism about the difficulty in getting through to the practice by telephone. Patients said that they considered themselves fortunate to have such an excellent practice.

We spoke with three patients during the inspection, who were all members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG members said that they were satisfied with the care they received and thought that the practice was well organised. They said that GPs were reassuring and kind and that staff were very helpful.

Results from the July 2017 Friends and Family Test showed that 91% of patients would be extremely likely or likely to recommend the practice (there were 455 respondents).

Bewdley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Bewdley Medical Centre

Bewdley Medical Centre is registered with the Care Quality Commission as a partnership provider. The practice holds a Personal Medical Services (PMS) contract with NHS England. This is a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. At the time of our inspection Bewdley Medical Centre was providing care to 15,408 patients.

The practice has a higher than average number of older people on their patient list due to the popularity of Bewdley as a retirement area. It is rated seven out of ten on the deprivation scale, where 10 is the least deprived.

The practice is the largest of the six sites which make up the Wyre Forest Health Partnership (WFHP). Functions such as human resources and finance are undertaken by WFHP staff. Policies, protocols and clinical templates are set at organisational level, but adapted to each site. Many of the governance and oversight responsibilities are carried out by the WFHP. For example, performance monitoring is done by WFHP staff.

Bewdley Medical Centre moved to its current location in July 2016. It is located in the middle of Bewdley town

centre in a purpose built building. The practice is accessible to patients with disabilities and there are two lifts to the upper floors. There are three reception areas which minimise the distance to consulting rooms. A bell is provided at the front entrance so that patients can summon assistance if required. There are disabled car parking spaces in front of the building and a public car park nearby. A pharmacy, public library and café are also in the building, although the café is not yet in use.

There are nine GP partners and two associate GPs. The GPs are supported by two pharmacists, a site manager, advanced nurse practitioners (plus a visiting advanced nurse practitioner), practice nurses, health care assistants and reception and administrative teams. The practice also takes part in a scheme with Kidderminster College to host an apprentice; there is currently one apprentice working at the practice.

Bewdley Medical Centre is an approved training practice for doctors. There is currently one trainee doctor working at the practice. The practice also offers placements to one medical student at a time from the University of Birmingham.

The practice is open from 7am until 6.30pm on Mondays, Wednesdays and Fridays. On Tuesdays the practice is open from 8am until 8pm. On Thursdays the practice opens from 8am until 6.30pm (on alternate Thursdays the practice stays open until 8pm). The practice opens from 8am until 11am on alternate Saturday mornings for pre-bookable appointments only.

When the practice is closed patients are directed to the NHS 111 service. OOH services are provided by Care UK.

Detailed findings

Why we carried out this inspection

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed nationally published data from sources such as the Wyre Forest Clinical Commissioning Group, NHS England and the National GP Patient Survey published in July 2017.

We carried out an announced inspection on 23 August 2017. During our inspection we:

- Spoke with GPs, the Director of Services for the WFHP, the site manager, the medicines management team, members of the nursing team and members of the reception and administrative teams. We also spoke with patients who used the service.
- Observed how patients were assisted by staff when they attended the practice.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us that they would inform the site manager about any incidents and that they were aware that 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 found that when things went wrong with care and treatment, patients were informed about the incident as soon as possible, received support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- Positive events were also recorded. For example, the team work and morale evident during the move into the new premises and the continuity of care for a palliative care patient, for which the family was very grateful.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. Significant events were thoroughly investigated and analysed. The practice had reported 30 significant events in the previous 12 months. Learning was shared amongst the team and with the other sites in the Wyre Forest Health Partnership (WFHP).
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an outdated referral form was removed from reception and all relevant staff were informed about the new procedure when the oversight was noticed.
- The practice also monitored trends in significant events and evaluated any action taken.
- There was a system for acting on patient safety alerts. For example, from the Medicines and Healthcare products Regulatory Agency (MHRA). All alerts went to the practice's generic email address. The site manager or practice administrator then forwarded the alert to the relevant clinical or administrative team members. Alerts

were logged on the practice's internet based information storage system and a hard copy was placed in the folder in the staff room. We viewed a recent alert and saw that this process had been followed.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead member of staff for safeguarding. Multi-disciplinary safeguarding meetings were held every six to eight weeks. GPs attended safeguarding meetings and provided reports where necessary for other agencies. We saw minutes of a recent safeguarding meeting where pertinent information was shared by the practice with other agencies present at the meeting. We were shown examples of safeguarding concerns raised and saw that appropriate action had been taken.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Non-clinical staff were not asked to chaperone.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. Six comment cards referred specifically to the cleanliness of the practice premises. We viewed the cleaning schedule and noted that there was a communication book in reception for messages for use by the cleaning staff and the practice.

Are services safe?

- The WFHP lead for infection control liaised with the local infection prevention teams to keep up to date with best practice. There was an Infection Prevention and Control (IPC) protocol and staff had received up to date training. The most recent IPC audit was carried out in June 2017 by the Clinical Commissioning Group's IPC nurse consultant. An action plan had been produced to address issues highlighted. For example, couch rolls were to be stored off the floor following recommendations in the audit. Progress on the action plan was due to be reviewed in six months.
- There was a sharps injury policy and staff knew what sort of action to take if they accidentally injured themselves with a needle or other sharp device. The Hepatitis B status of staff was recorded. All instruments used for treatment were single use. There was suitable locked storage available for waste waiting for collection.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. A centralised system had been introduced whereby a WFHP task team was notified when a blood sample had been taken for monitoring, so that the team could check blood test results to determine whether they were in the correct range, in accordance with the protocol. If the results were outside the range, the relevant GP would be informed, so that appropriate action could be taken. As this was a relatively new system, the lead GP for patients on high risk medicines was also conducting weekly computer searches to ensure that patients on these medicines had had blood tests. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Uncollected prescriptions were checked weekly. Prescriptions uncollected after two months from the date of issue (28 days for controlled drugs) were destroyed and details were passed to the prescription clerk, so that appropriate action could be taken in accordance with the uncollected prescriptions policy. GPs were informed when necessary. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure that prescribing was in line with best

practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs and we saw evidence that they were disposed of in the correct manner, in accordance with the controlled drugs policy, dated August 2017.

We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We were told that locums were rarely employed, because GPs provided cover for each other across the six sites in the WFHP.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. The most recent drill was carried out in February 2017. There were six designated fire marshals within the practice. We viewed the fire safety policy, dated September 2016, and we saw that a fire risk assessment had been carried out in August 2017. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. Refuge areas were provided in the event of a fire.

Are services safe?

- All electrical and clinical equipment was checked and calibrated annually to ensure that it was safe to use and that it was in good working order. A portable appliance test had been carried out on December 2016 and equipment was calibrated in June and August 2017.
 - The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment was carried out in May 2017.
 - There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff told us that they routinely covered for each other during periods of absence or annual leave and that they also provided cover for staff at other sites in the WFHP.
- Arrangements to deal with emergencies and major incidents**
- The practice had adequate arrangements 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. There were separate panic alarm buttons in each room, as well as an alarm on the telephone system.
 - There was an emergency protocol for incidents, which included allocation of duties for key members of staff.
 - All staff received annual basic life support training.
 - The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
 - Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines that we checked were in date and stored securely.
 - The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for utility companies, key contractors and staff. The plan was uploaded on to the internet based information storage system, which meant that it could be viewed from any of the other sites in the WFHP. Electronic copies were held offsite by all GPs, the site manager and the practice administrator.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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).

Data from 2015/16 showed:

- The practice achieved 99.1% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 98.6% and the national average of 95%. Unpublished results from 2016/17 showed that the practice had achieved a higher result of 99.8%.
- Overall exception reporting was 7%, which was 1% lower the CCG average and 3% below 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.)
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 86%, which was 2% above the Clinical Commissioning Group average and 8% above the national average.
- 94% of patients with poor mental health had had a comprehensive care plan documented in the last 12 months, which was 2% above the CCG average and 6% above the national average.

There was evidence of a quality improvement programme, which included regular clinical audits:

- There had been 37 clinical audits commenced in the last year. We saw examples of three two cycle audits, which demonstrated improvement. For example, the practice conducted an audit to determine the level of safe and accurate recording of prescribing on home visits. Results in the first audit, run in October 2016, showed that prescriptions were accurately recorded on the practice's computer system in 80% of patient records audited. The repeat audit in August 2017 showed that this percentage had increased to 100%.
- We saw that some audits were carried out in response to NICE guidelines. For example, an audit was carried out on patients who had been prescribed a medicine for osteoporosis (brittle bones) for more than five years, so that they could be re-assessed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw evidence that nursing staff who reviewed patients with long-term conditions such as diabetes and chronic lung disease had attended relevant courses and received regular updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical

Are services effective?

(for example, treatment is effective)

supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Six month reviews were also carried out.

- GPs had internal appraisals from peers within the WFHP as well as the standard external appraisals.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and were expected to complete e-learning training modules relevant to their role. They were also expected to attend in-house training sessions.
- A physiotherapist provided joint injections at the practice once a week, which meant that patients did not have to attend the hospital for treatment.
- A specialist nurse could carry out some minor surgery procedures, which enabled GPs to see more patients.
- A GP was the chair of the WFHP and another GP was a member of the Local Medical Committee, so the practice was kept informed of issues both within the WFHP and in the local area.

Coordinating patient care and information sharing

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

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 83% and the national average of 81%. The practice encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The uptake for breast cancer screening for women aged 50 to 70 years in the last 36 months was 76%, which was comparable with the CCG average of 75% and the national average of 73%. The uptake for bowel cancer screening for patients aged 60 to 69 years in the last 30 months was 65%, which was above the CCG average of 62% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 97% to 98% and the rate for five year olds was 93%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured that a female sample taker was available. There were systems to

Are services effective? (for example, treatment is effective)

ensure that results were received for all samples sent for the cervical screening programme. The practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was a notice by the reception desk asking patients to stand back to protect the privacy of the patient in front of them at the desk and we saw that this was respected.
- Patients could be treated by a clinician of the same sex.

The majority of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients, who were all members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey July 2017 showed that patients felt that they were treated with compassion, dignity and respect. The practice received mixed results for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 88% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The practice was aware that these results were lower than the previous year and were disappointed with them. An action plan had been produced in response to the survey results. The partners were already aware of the capacity and demand issues prior to the survey being conducted; we were told that the new patient access system had been introduced in February 2017 in order to improve access to appropriate clinical staff.

The views of external stakeholders were positive and in line with our findings. For example, the managers of the four local care homes where some of the practice's patients lived all praised the care provided by the practice. A nominated GP was assigned to each care home and an advanced nurse practitioner also visited regularly. The managers said that GPs were very understanding with patients and always took the time to listen to them and to liaise with next of kin when necessary.

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

Are services caring?

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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the National GP Patient Survey July 2017 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mainly in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

These results were lower than the previous year and the practice thought that the nursing results could have been affected by the change in the recall system whereby patients saw a healthcare assistant for routine checks instead of a nurse.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients that this service was available.
- The practice leaflet was available in easy read format.

- Information leaflets were available in reception and on the practice website. Patient information was also displayed on the patient screens in reception.
- The e-referral system (previously known as the Choose and Book service) was used with patients as appropriate. E-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 444 patients as carers (3% of the practice list). There was a designated carers' champion. There was a question about caring on the new patient registration form and the home visiting team carried carers' referral forms and an information leaflet with them on their rounds. Written information was available to direct carers to the various avenues of support available to them. Representatives from the Worcestershire Association of Carers came to the practice during Carers' Week and also attended a coffee morning organised by the Patient Participation Group in order to raise awareness of support for carers.

Staff told us that if families had experienced bereavement, their usual GP would contact them and offer advice about avenues of support. We spoke with patients who commented on the excellent bereavement care provided by the GPs.

The WFHP Director of Services was in discussion with a local bereavement and carer support group regarding setting up a regular voluntary support service in the practice for patients. This service was planned to start towards the end of October.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening and alternate Thursday evening until 8pm for patients who could not attend during core opening hours. Early morning appointments were available from 7am on Mondays, Wednesdays and Fridays. The practice opened on alternate Saturdays from 8am until 11am for pre-bookable appointments only.
- There were longer appointments available for patients with a learning disability.
- A home visiting service was provided for older patients and patients who had clinical needs which made it difficult for them to attend the practice. Patients who became housebound met one of the two visiting GPs, who would visit and introduce themselves. We were shown evidence that this service saved up to 10 hours per week of GP time, with 45% of visits being carried out by the advanced nurse practitioner. Patients said that they appreciated the increased continuity of care, because they knew the clinical staff who would be visiting them.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Each week one of the GPs would go to the two pharmacies most used by patients in order to deal with any queries.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately, including yellow fever.
- There were accessible facilities, which included a hearing loop, and interpretation services.
- Both visual and audio call systems were used to tell patients that the clinician was ready to see them.
- There were two lifts in the building.

Access to the service

The practice was open from 7am until 6.30pm on Mondays, Wednesdays and Fridays. On Tuesdays the practice was open from 8am until 8pm. On Thursdays the practice opened from 8am until 6.30pm (on alternate Thursdays the practice stayed open until 8pm). The practice opened from 8am until 11am on alternate Saturday mornings for pre-bookable appointments only.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 81% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 71%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 90% and the national average of 84%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 73% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 68% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were asked to telephone the practice before 10.30am whenever possible if they wanted to request a home visit. Requests were triaged by an advanced nurse practitioner, who assessed whether the patient could be seen by an advanced nurse practitioner or by a GP. Two of the practice GPs or an advanced nurse practitioner carried out the home visits, usually between 8am and 6.30pm. In cases where the urgency of need was so great that it would

Are services responsive to people's needs?

(for example, to feedback?)

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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a lead GP for complaints, but the day to day responsibility was devolved to the site manager.

- Information about the practice complaints system was available in reception and on the practice website.

We looked at 18 complaints received in the last 12 months and found that they had been satisfactorily handled in a timely way, in accordance with the practice complaints policy. We saw that complaints were discussed both at practice and Wyre Forest Health Partnership (WFHP) level. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we viewed the minutes of a practice meeting where a complaint about delayed communication of test results for a patient had been discussed. The patient was sent an appropriate letter and staff underwent training.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and to promote good outcomes for patients. They told us that their top priority was to provide excellent patient care with a well-trained and highly motivated team working in a happy and friendly atmosphere.

The commitment to delivering this vision was evident across the team on the day of the inspection.

Strategy was developed in conjunction with the senior management staff at the Wyre Forest Health Partnership (WFHP). Regular away days were organised for partners by the WFHP. The away days provided the opportunity to discuss forthcoming strategy with the other sites in the partnership and the WFHP senior management team.

The practice had proactively sought to mitigate against increasing patient demand and recruitment difficulties by introducing the patient access system and by widening the skill mix of their staff. For example, two pharmacists were now employed at the practice and a specialist nurse was able to carry out some minor surgery procedures, which enabled GPs to see more patients.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, women's health, substance misuse, rheumatology and respiratory medicine.
- Practice policies and protocols were developed by the WFHP and tailored to practice needs. The policies and protocols were stored on the internet based information storage system and were available to all staff. These were updated and reviewed regularly.
- The practice's performance was monitored on a regular basis by the WFHP and the practice management team.
- The practice had a quality improvement programme, which included clinical and internal audits. Results were used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, fire safety and infection control.
- We saw evidence from minutes of meetings that lessons were learned and shared across the practice and the WFHP following significant events and complaints. Significant events and complaints were standing items on the agenda of meetings and they were included in the Quality and Risk report which the site manager submitted to the WFHP each month.

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the 19 documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns. There were also regular palliative care meetings and referral review meetings.
- Staff told us that there was a schedule of regular team meetings and educational meetings.

Are services well-led?

Good 

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

- Staff told us there was a no-blame culture within the practice and that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- 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.
- Staff told us that they appreciated the social events that were organised by the WFHP and the practice. These events provided the opportunity to socialise outside of the work environment.

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

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

- patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG met every two months and we saw that comprehensive minutes were kept of the

discussions at the meetings. The PPG submitted proposals for improvements to the practice management team. For example, the PPG had suggested that a list of the GPs' working days be displayed at reception. This was actioned and found to be very helpful for patients. The PPG arranged fund raising events and information days, which were attended by representatives of other local services available in the community, such as Healthwatch, St. John's Ambulance, the Worcestershire Association of Carers and the library. These events promoted awareness of the services, as well as the facilities offered by the library, which was located in the same premises as the practice.

- the NHS Friends and Family test, complaints and compliments received.
- staff through practice meetings, appraisals and discussion. Staff told us that they felt comfortable giving feedback and that they were able to discuss any concerns or issues with colleagues and the management team. For example, nursing staff had suggested that treatment for wounds that were difficult to heal could be offered at the practice, which would mean that patients would not need a referral to the hospital. The suggestion was approved and appropriate training was arranged.