

Grey Gable Surgery

Quality Report

High Street

Inkberrow

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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 Grey Gable Surgery on 19 May 2016. The overall rating for this service is 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. Learning from incidents was shared with staff and regularly reviewed.
- Information about safety alerts was reviewed and communicated to staff by the practice manager in a timely way.
- Risks to patients were assessed and well managed through practice meetings and collaborative discussions with the multi-disciplinary team. Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients told us 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. Patients told us that they knew how to complain if they needed to.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included easy access for patients who used wheelchairs and baby changing facilities.
- Practice staff had made improvements to the way it delivered services following feedback from patients and the Patient Participation Group (PPG). The PPG were proactive in representing patients and assisting the practice in making improvements.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice.

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, and lessons learned were shared throughout the practice at regular meetings.
- When there were unintended or unexpected safety incidents, patients received a verbal and written apology. They were told about any actions taken to improve processes to prevent the same thing happening again. 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).
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Risks to patients were assessed and well managed. There were robust systems in place to manage patient safety alerts, including medicines alerts which were acted upon.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and clinicians used these as part of their work.
- Audits and reviews were undertaken and improvements were made to enhance patient care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans in place.

Summary of findings

- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.
- Arrangements were in place to review and monitor patients with long term conditions and those in high risk groups.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients' were treated with dignity and respect.
- Results from the National GP Patient Survey published on 7 January 2016 showed that the practice scored in line with or slightly above average for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse. 98% of patients said they found the receptionists at the practice helpful which was above the CCG average of 89% and the national average of 87%.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.
- Information to help patients understand and access the local services was available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Grey Gable Surgery 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. For example, the practice had signed up to a local led service for patients with dementia to promote early diagnosis and intervention.
- Patients said they found they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- There was a clear vision and strategy. Staff were clear about the values of the practice being patient centred.
- There was a clear leadership structure and staff felt supported by management.
- There were governance systems in place to monitor, review and drive improvement within the practice. There were formal clinical meetings, governance meetings and full team meetings to share best practice or lessons learnt.
- The practice had an active Patient Participation Group (PPG) and responded to feedback from patients about suggestions for service improvements.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 patients.

Good



- The practice offered personalised care to meet the needs of the older people in its population. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Health checks were carried out for patients over the age of 75 years (84% of the practice list completed for 2015/16). Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date and joined up care.

Families, children and young people

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

Good



- Same day appointments were offered to all children under the age of five.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 89% to 100%. This compared with local averages of 83% to 99% and 93% to 98% respectively.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84% which was in line with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice also offered a number of online services including booking appointments and requesting repeat medicines.

Working age people (including those recently retired and students)

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

- 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 was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- The practice worked with local practices to provide evening and weekend appointments at the community hospital so that patients could access appointments around their working hours.
- Health promotion advice was offered and there was accessible health promotion material available at the practice and on its website.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning

Good



Summary of findings

disability. For example, the practice offered longer appointments for patients with a learning disability, and had carried out annual health checks for all 14 of the patients on their register.

- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns. There were lead members of staff for safeguarding, and GPs were trained to an appropriate level in safeguarding adults and children.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health.
- Staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.
- The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 93% which above the CCG and national averages of 88%. The practice exception rate was 0% which was below the CCG and national averages of 13%.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing well above local and national averages. There were 233 surveys sent to patients and 120 responses which represented a response rate of 52% (compared with national rate of 38%). In all areas the practice was rated above the Clinical Commissioning Group (CCG) and national averages. Results showed:

- 100% of patients found it easy to get through to this practice by telephone which was well above the Clinical Commissioning Group (CCG) average of 76% and a national average of 73%.
- 98% of patients found the receptionists at this practice helpful which was well above the CCG average of 89% and a national average of 87%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried which was well above the CCG average of 89% and a national average of 85%.
- 98% of patients said the last appointment they got was convenient which was above the CCG and national averages of 92%.
- 97% of patients described their experience of making an appointment as good which was well above the CCG average of 78% and a national average of 73%.
- 68% of patients usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 63% and the national average of 65%.
- 80% of patients felt they did not normally have to wait too long to be seen which was well above the CCG average of 60% and a national average of 58%.
- We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.

We spoke with 12 patients during the inspection, three of whom were also 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. Patients were all very positive about the service they received. They told us they had nothing but praise for the GPs, who they said were very caring for all their patients. These patients were also extremely positive about all staff at the practice. They said that nothing was ever too much trouble and that staff were always helpful.

Grey Gable Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Grey Gable Surgery

Grey Gable Surgery is located in the village of Inkberrow, in Worcestershire. The practice area covers many nearby villages including Crowle, Tibberton, Studley, Alcester, and Pinvin and extends to the town of Redditch. It has three salaried GPs (two males and one female) operating from a purpose built building in Inkberrow.

Grey Gable Surgery provides primary medical services to patients in a mainly rural area and has a population of patient groups that is in line with local averages. The practice area is one of a lower than average rate of deprivation at 10% when compared with the local average of 17% and the national average of 22%.

The GPs are supported by a practice manager, an administration manager, two practice nurses, a healthcare assistant, a medical secretary and three receptionists. The practice is a dispensing practice with six dispensers. There were 4171 patients registered with the practice at the time of the inspection.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract pays GPs on the basis of meeting set quality standards and the particular needs of their local population.

The practice opens Monday to Friday from 8am to 6.30pm. Patients can attend the practice from 8.30am to 12pm for open access appointments. Bookable appointments are available Monday to Friday from 8.30am to 12.30pm and 2.30pm to 6pm. The practice is closed at weekends. The practice is part of the local Prime Minister's GP Challenge Fund service to provide extended opening hours. These are available late evening and at weekends to improve access for patients.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) is available on the practice's website and in the patient practice leaflet.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care and family planning. Minor surgery is provided by the practice.

The practice is a teaching practice for post graduate junior doctors from a nearby university.

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. This inspection was planned to check whether the provider was 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Before our inspection of Grey Gable Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 19 May 2016. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.
- Spoke with a range of staff that included two GPs, a post graduate junior doctor, the practice manager, practice nurses, the healthcare assistant, dispensary staff, and reception and administration staff.

- Looked at procedures and systems used by the practice.
- Spoke with 12 patients, including three 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.
- Observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 patients' 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).

Are services safe?

Our findings

Safe track record and learning

Grey Gable Surgery used an effective system in place for reporting and recording significant events. We reviewed safety records, incident reports national safety alerts and minutes of meetings where these were discussed.

- Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Staff provided examples where they had reported incidents, the process they had followed and the learning outcomes shared and discussed with them. Evidence showed that guidance was available for staff to follow and included escalating incidents nationally.
- 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).
- The practice carried out an analysis of the significant events and shared learning from these with appropriate staff.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. We discussed two incidents that had occurred in 2015 with GPs and we tracked discussions about these through minutes of clinical meetings. In each case we found that learning had taken place and changes had been made to prevent further occurrences. We saw records that confirmed these changes to practice.
- Patient safety alerts were sent to all relevant staff by email. Printed copies were placed into a file by the practice manager and all clinical staff were required to sign these to confirm they had been read. All alerts were discussed at weekly clinical meetings and the GP lead identified action to be taken (if any) and ensured this was completed. GPs and nurses described examples of alerts where appropriate changes had been made as a result. They told us about a recent alert that had involved patients who used insulin pumps.

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 abuse, which included:

- Arrangements were in place to safeguard adults and children from the risk of abuse and reflected relevant

legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and all had received training relevant to their role; for example, GPs had been trained to level three in children's safeguarding. Staff gave us examples where they had shared concerns and these had been acted upon. Safeguarding was a standing agenda item for weekly clinical meetings and monthly staff meetings. Bi-monthly safeguarding meetings were held and these were attended by the health visitor. We saw minutes of these meetings to confirm this. There was a file available for staff which gave appropriate contact details including the health visitor should this be needed. Minutes of meetings showed the discussions that had taken place about children who were at risk of harm. Clinical staff gave us an example where they had reported an incident of domestic violence.

- A notice was displayed in the waiting room advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Training certificates were seen to confirm this. All staff had also received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable). When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility.
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy. The practice nurse was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken. We had access to audits for the last four years and saw that action was taken to address any improvements identified as a result. Cleaning schedules were in place for all areas of the practice building and included cleaning of children's toys available in the waiting area. Treatment room curtains were steam cleaned every six months or sooner if required.

Are services safe?

- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Prescriptions were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs. Expiry dates had been highlighted to ensure these were reviewed as required.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

We looked at the dispensary as part of this inspection. We found that:

- Standard Operating Procedures were in place with a GP lead responsible for the operation of the dispensary and these were up-to-date with regular reviews carried out. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- All members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.
- Dispensing policies and procedures were up to date. These were kept under regular review (annually) or as changes to guidance or practice occurred.
- We saw that systems were in place to carry out prescribing reviews with patients on a face-to-face basis to check that patients understood the medicines, how to use them and check that the medicines were used safely and correctly. These reviews were in addition to clinical patient reviews carried out by the practice.

- 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.
- The practice had set up dispensing forums for practice managers during 2015, which they found had been really useful. Issues about dispensing quality audits, supplies of medicines were discussed and the forum provided practices with additional support. Minutes of meetings showed evidence of learning from other practices. For example, the practice had reviewed their safety measures and implemented changes as a result of an incident that had occurred at another practice.

The practice had appropriate recruitment policies and procedures in place.

- We looked at files for different staff roles including a receptionist, a practice nurse, a dispenser and a GP to see whether recruitment checks had been carried out in line with legal requirements. These files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. We saw that processes were also in place when locum GPs were employed by the practice to ensure appropriate checks had been carried out. There was also an information pack for locums which gave details of the staff structure and various protocols for the locum to follow.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Detailed rotas were in place for each staffing group to show that enough cover was in place each day with contingency planning should this be needed. We discussed with staff how they worked flexibly covering for each other when they were on leave or when staff were unexpectedly on sick leave. The teams were multi skilled to ensure suitable cover was provided at all times. Staff told us they all multi-tasked within their roles so they could support each other should they need to do so.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

Are services safe?

- There was a health and safety policy available with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Latest electrical checks had been carried out in January 2016. Checks on equipment to make sure it was safe to use was done during July 2015 and included equipment such as blood pressure machines and weighing scales.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella check was last completed in December 2015.
- The practice had an up to date fire risk assessment in place (dated July 2015) and regular fire drills were carried out. Lessons had been learned and changes made as a result of the last fire drill carried out in March 2016. The practice found some staff had not been signing in and out of the building. Changes were made and a photographic in/out board was introduced as a result. Two staff were trained as fire marshals.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on all the practice's computers which alerted staff to any emergency. All staff received annual basic life support training. There were emergency medicines and equipment available as required, including a first aid kit and accident book. These were easily accessible in an area of the practice that had

been risk assessed as appropriate and all staff knew of their location. Medicines included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely. Oxygen and a defibrillator (used to help restart the heart in an emergency) were available and these had been regularly checked and maintained.

Staff gave us examples where they had responded to an emergency, such as when they had become concerned about patients in the waiting room. They had informed the GPs immediately and support for these patients had been provided.

The practice had an extensive business continuity plan in place to deal with a range of emergencies that may affect the daily operation of the practice. This was last updated in December 2015. Copies of the plan were kept within the practice and offsite by key members of the practice (GPs and practice manager). The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident. For example, contact details of local suppliers to contact in the event of failure, such as heating and water suppliers. Contact details for all staff were included. The practice was currently reviewing the contingency plan with a neighbouring dispensing practice should their building become inoperable. Short term alternative premises were identified as the local village hall. A copy of the plan was also held in a secure area in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- There were systems in place to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet 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 patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The published results (2014/2015) for the practice were 95% of the total number of points available, compared with local average of 97% and national average of 95%.

Data from 2014/2015 showed the practice performed in line with or above local and national levels:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 88% which was slightly below the local average of 90% but in line with the national average of 88%. The practice exception rate of 1% was below the Clinical Commissioning Group (CCG) average of 7% and below the national average of 8%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 82% which was slightly below the CCG average of 86% and the national average of 84%. The practice exception rate was in line with the CCG and national averages.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 93% which above the CCG and national averages of 88%. The practice exception rate was 0% which was below the CCG and national averages of 13%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 84% which was in line with the local average and above the national average of 84%. The practice exception rate was 0% which was below the CCG and national averages of 8%.

The practice had a system in place for completing clinical audits and regularly carried out audits where they considered improvements to practise could be made. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It includes an assessment of clinical practice against best practice such as clinical guidance to measure whether agreed standards were being achieved. The process requires that recommendations and actions are taken where it is found that standards are not being met.

We saw that audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits for the use of a medicine for those patients with Atrial Fibrillation (an abnormal heart rhythm characterised by rapid and irregular beating). Two audits had been carried out in 2014 and 2015 and findings were used by the practice to improve services. The practice told us that these audits were to continue to ensure that all patients continued to receive the best care.

The practice also participated in applicable local audits, national benchmarking, accreditation and peer review.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- GPs told us that training and development of staff was ongoing to build skills and confidence, investing in staff was important to the practice. Nurses were using toolkits to evidence continued training towards their revalidation to be completed in the near future.
- Staff received training included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff had been trained in dementia awareness.
- Staff told us that the GPs and practice manager had always been supportive of their training needs. Visiting consultants provided regular updates for clinical staff, in areas such as diabetes management, asthma and heart failure.

Coordinating patient care and information sharing

The practice had systems in place to provide staff with the information they needed through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X-rays were requested and the results were received online.

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.

Multi-disciplinary meetings took place every six weeks where frail patients, patients at risk of harm and patients at their end of life were discussed. These meetings were

attended by GPs, palliative care nurses from a local hospice, a health visitor, a social worker and district nurses. We saw that discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support. Any issues were fed back to staff through messages or meetings minutes.

Consent to care and treatment

- Patients' consent to care and treatment was always sought 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 patients', assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The GPs and practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

The practice had carried out a two cycle audit on monitoring consent in minor surgery. The audit showed that improvements had been made on recording patient consent. This included verbal and written consent.

Supporting patients to live healthier lives

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help.

- The practice kept a register of all patients with a learning disability (14 patients registered) and ensured that longer appointments were available for them when required.
- Staff told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 89% to 100%. This compared with local averages of 83% to 99% and 93% to 98% respectively.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84% which was in line with local and national averages. The practice exception rate was 2% compared with local rates of 7% and national rate of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and patients were reminded at appointments to make arrangements for the screening to take place. The practice showed us their review figures for the cervical screening samples taken for the period January 2016 to May 2016. The results showed that of all the 19 samples taken only one was considered to be inadequate. This was within the national acceptable range and no training needs were identified.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were in line or higher than local and national averages.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 82% which was higher than the local and the national averages of 74% and 72% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 63% which was in line with the local average of 62% and above the national average of 58%.

It was practice policy to offer a health checks to all new patients registering with the practice, to patients who were 40 to 70 years of age and annual checks for patients with long term conditions. The practice told us they had completed 16% of their patients eligible for health checks for the year 2015/2016. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The GPs and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and those patients were treated with dignity and respect. Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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. Low level music was played in the waiting area to help protect privacy at the reception desk for patients waiting for their appointments.

We received 34 comment cards which were very positive about the standard of care received by patients. Patients were very complimentary about the practice and commented that they thought Grey Gable Surgery was the best; staff were very friendly and helpful; they could always get an appointment when they needed one; and that they received excellent care from the GPs and the nurses.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients told us that staff were always caring and compassionate; they were friendly; they treated them with respect and always had time for them. Patients told us that everyone at the practice provided a five star service which was very professional.

The practice kept a compliments folder with letters and thank you cards from patients and relatives. Patients commented that they were thankful for the professional, diligent and reassuring service they had received; and they provided a fantastic service. Staff and patients told us this practice was small and so patients and families were known to staff which was helpful in observing changes in patients.

Results from the National GP Patient Survey published in January 2016 showed that overall the practice scored in line with or slightly above average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them which was slightly above the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 89% of patients said the GP gave them enough time which in line with the CCG average of 90% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw or spoke to which was in line with the CCG and the national averages.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern which was in line with the CCG average of 89% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 92% and national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful which was well above the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they could not ask for better service; that GPs took the time to listen and they never felt hurried; they felt they were respected; and that staff were always happy to help and support them when they needed it. Patients told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them; and that the GPs and nurses genuinely cared for their patients.

Results from the National GP Patient Survey published in January 2016 showed that patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments which was in line with the CCG average and above the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care which was slightly higher than the CCG average of 85% and national average of 82%.

Are services caring?

Care plans were in place for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns. GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.

The practice maintained a register of those patients who were also carers, with the practice's computer system

alerted GPs if a patient was also a carer. The register showed that at the time of the inspection there were 71 carers registered with the practice (2% of the practice population). The practice worked with Dementia UK and promoted annual events for carers of patients with dementia.

There was an active carers' support group in Worcestershire called Worcestershire Association of Carers. A carers' support worker from the Association regularly attended the practice to advise carers and staff and also provide carers with contact numbers for further information and support. Quarterly news magazines were also provided for patients.

Staff told us that when families experienced bereavement the GPs telephoned them and often visited to offer support and information about sources of help and advice. Additional bereavement support was available at a nearby hospice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice understood the needs of the patient population and had arrangements in place to address patients identified needs. The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- The practice worked with the local Trust acute liaison and behavioural specialist nurses in providing care and support for patients with a learning disability. Easy read materials were available.
- Same day appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Patients told us that when they had their medicines reviewed time was taken to explain the reasons for the medicines and any possible side-effects and implications of their condition. Patients told us this helped them understand what they needed to do to help themselves too.
- There were disabled facilities and translation services available. This included appropriate seats for patients with impaired mobility. A hearing loop was available for patients with hearing impairments and staff knew how to use this.
- Home visits were available for patients who were too ill to attend the practice for appointments.
- There was also an online service which allowed patients to order repeat prescriptions and access medical records. Booking of appointments could also be made up to eight weeks in advance.

- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease as well as mental health and family planning.

Access to the service

The practice was open Monday to Friday from 8am to 6.30pm. Patients could also attend the practice from 8.30am to 12pm for open access appointments. Bookable appointments were available Monday to Friday from 8.30am to 12.30pm and 2.30pm to 6pm. The practice was closed at weekends.

The practice was part of the local Prime Minister's GP Challenge Fund service to provide extended opening hours. These were available late evening and at weekends improving access for patients. Appointments were available to practice patients as well as patients from six other practices in the locality. Patients using this service signed a consent form which allowed this practice to access their medical records.

The practice does not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was available on the practice's website and in the patient practice leaflet.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example:

- 100% of patients said they could get through easily to the practice by telephone which was well above the CCG average of 76% and the national average of 73%.
- 97% of patients described their experience of making an appointment as good which was well above the CCG average of 78% and the national average of 73%.
- 68% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 63% and the national average of 65%.

Patients we spoke with gave positive views about the appointments system. Patients told us that they had no

Are services responsive to people's needs?

(for example, to feedback?)

problem with getting appointments and they could always see a GP if the appointment was urgent. We received 34 comment cards which were all positive about the appointment system and availability at the practice.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The complaints policy and procedure, dated April 2016 was in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the designated person for responding to non clinical complaints and a lead GP was responsible for responding to clinical complaints.
- We found that there was an open and transparent approach towards complaints.
- Accessible information was provided to help patients understand the complaints system on the practice's

website and in the complaints form made available at the practice. We saw a copy of the complaints form available for patients to use should they wish to make a formal complaint.

We looked at the seven complaints received during 2015 and 2016. We saw that there were timely acknowledgements for patients and clear tracking of the process followed in responding to individual complaints. All complaints had been handled in an open and transparent way. With each complaint an analysis had been carried out to determine lessons learned, and details recorded of ways in which the learning had been implemented. For example, the learning for one complaint about booking an appointment had identified a training need with further discussion at the next staff meeting to ensure that learning was shared. Systems had been reviewed and action had been taken to make improvements where needed.

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 undergone some significant transitional changes in the past two years which had resulted in a difficult time for the practice. A lead GP had retired and a new lead GP and practice manager had started in April 2015. Changes to the nursing team had been made and building work to make improvements to the premises had also been undertaken. The practice told us they had worked hard to make improvements and adjust to the changes and were now looking to consolidate and develop plans for their future.

The practice had a forward vision for the next five years which recognised the challenge of their rural locality and the need to engage with other practices. They also planned to become a training practice with two GPs currently completing the training for this.

We looked at a copy of the practice's charter leaflet which told patients what they could expect from the practice. Their aims were:

- To offer the highest standard of healthcare and advice to patients, in a safe, friendly and caring environment with the resources available to them.
- To take a team approach to patient care and endeavour to monitor the service provided to patients, to ensure that it met current standards of excellence.
- To ensure that practice staff and GPs were trained to the highest level and provide a stimulating and rewarding environment in which to work.

The vision of the practice was aligned to the clinical commissioning group (CCG) strategy. Staff demonstrated that the vision was shared throughout the practice. The practice had a robust strategy and supporting business plan which reflected the vision and values of the practice and ensured that these were regularly monitored.

Governance arrangements

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

- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this

practice showed that in all relevant services it was performing mostly above or in line with local and national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice. They produced an audit summary so that follow up audits were completed in a timely way.

Leadership, openness and transparency

The GPs and the management team at the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us they were confident they would be supported if they needed to raise any issues or concerns. Staff said they felt respected, valued and supported, by everyone in the practice.

The practice was well organised with effective communication in all areas. All staff we spoke with commented on the excellent communication at all levels within the practice. Morale was high and we saw evidence that open discussions and ideas for improvements were encouraged and welcomed.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG), through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG met at least quarterly. Minutes of these meetings were made available to all patients in the waiting area and on the practice website. We saw minutes of the last meeting held in April 2016 and saw that no actions had been identified for the coming year. We saw from previous minutes that actions had been identified and completed. This included the siting of a sign in the patient waiting area requesting patients to wait to be called to the reception desk to maintain privacy.
- The practice had also gathered feedback from staff through staff meetings, appraisals and 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 provided services for patients.

Continuous improvement

The practice was looking to recruit an additional female GP to support the current female GP at the practice.

The options to provide deliveries from the dispensary were being explored together with the possibility of prescription collections by patients at weekends from a local shop. The practice told us they had collaborated with other dispensing practices to examine risks and how these risks had been addressed.

The need for a succession plan for staff due to retire in the coming years had been identified. An apprentice administrator had been appointed to help with this process and was due to start work at the practice in June 2016.