

Wem and Prees Medical Practice

Quality Report

Wem and Prees Medical Practice

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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 Wem and Prees Medical Practice on 12 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Consider improvements to the documented system in place following learning from events or incidents.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. Although it was clear that learning from events was shared with staff, the documentation of the learning from events was fragmented at times.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey 7 January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice provided a service to a local traveller community and the practice was able to demonstrate that children within the traveller community had been in receipt of their childhood immunisations.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients although this was yet to be documented. The practice had plans for an away day in March 2016 which included a focus on their vision and future plans.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice monitored on a weekly basis their avoiding unplanned admissions to hospital register supported by the community care-coordinator, ensuring patients were contacted and any concerns/needs identified and acted upon appropriately. This included flagging any concerns with the out of hours service for continuity of care.
- The practice added alerts onto their electronic systems for patients with particular needs, for example hearing or visual impairment. This enabled staff to be aware if a longer appointment was required and of the patients communication or access requirements.
- Care home patients were visited on scheduled routine weekly visits by the GPs, with visits on other days for acute conditions.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93.28% which was slightly higher than the national average of, 89.9%. (COPD is an umbrella term used to describe a number of conditions including emphysema and chronic bronchitis).
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who were treated with specific medicines was 100% and slightly higher than the national average of 98.36%. (The CHADS2 score is a clinical prediction rule for estimating the risk of stroke in patients with atrial fibrillation (AF), a common abnormal heart rhythm).
- All patients with long-term conditions had a named GP and a structured annual review to check their health and medicines'

Summary of findings

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.

- Patients with a long term condition were called for a 'birth month review' (unless needed more frequently). Reminder letters and leaflets were sent to patients each month if a review was due.

Families, children and young people

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

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients diagnosed with asthma, on the register, who had had an asthma review in the last 12 months was 70.83% compared to the national average of 75.35%.
- 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 80.2% which was comparable to the national average of 81.83%.
- 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, the local sure start centre and school nurses.
- Confidential Help and Advice for Teens (CHAT) for young people (sexual health) and condom service was available at the practice. (CHAT includes services in secondary schools, GP practices who display the CHAT logo, and some Youth Service buildings. It is a free, confidential service for young people, aged 11 to 19 years). This enabled open access for school age children registered elsewhere for sexual health needs.
- The practice had baby changing facilities and was breast feeding friendly.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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 that reflected the needs for this age group.
- The practice offered a minor injuries service for patients.
- The practice offered a pharmacy collection service and a dispensary service at the Prees practice.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances which could include travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and annual health check appointments were made.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice community care coordinator visited the practice twice a week, to coordinate the support offered within the community and within the voluntary sector to meet the needs of patients with complex needs.
- Patients whose circumstances may make them vulnerable were flagged with the out of hours provider (Shropdoc) system for continuity and a handover of care.

People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients

Summary of findings

with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89.13% when compared to the national average of, 88.47%.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice facilitated Community Mental Health Liaison appointments weekly at the practice.
- The practice in house counsellor attended the practice twice a week.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. Two hundred and thirty-seven survey forms were distributed and 127 were returned, a 54% response rate. This represented 1.18% of the practice's patient list:

- 95% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 86% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 91%, national average 85%).

- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 84%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Patients described the practice as first class, the staff to be compassionate friendly and caring, and their experiences at the practice as professional unrushed and helpful. One comment card commented that the CQC would be better going elsewhere, somewhere that needed looking at.

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

Wem and Prees Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Wem and Prees Medical Practice

The Wem and Prees Medical Practice main surgery is located in Wem, Shropshire. It also has a new purpose built branch practice in Prees. This new build was provided by the Grocott Family Trust and rented back to the practice located in Prees. The main practice at Wem has also had significant recent building improvements. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 10,722. The practice catchment area is an eight mile diameter which covers Wem, Prees and surrounding villages. The practice is a rural dispensing practice, the main local employers are farming and light industry. The practice has a majority of patients (97-98 %) who speak English and the majority of patients were born in England (89%), the largest minority group are Polish. The practice provides GP services to a traveller community and patients moored at a local marina on the Shropshire canal. They also provide services to two care homes, two residential learning disability/supported living homes and two Looked after Children's homes.

The staff team comprises of seven GP partners and one salaried GP. The partners each work six sessions (three days) at the practice per week and the salaried GP provides four sessions (two days). The clinical practice team includes a lead practice nurse, three practice nurses, an assistant practitioner, and a phlebotomist (a person who takes blood). At Prees, the dispensary staff include a dispensary manager and four dispensary staff. Wem and Prees Medical Practice is managed and supported by a practice manager, receptionist manager, a receptionist/ summariser, eight receptionists, two administration support staff, a secretary, a typist/receptionist, an IT administrator, and a community care-coordinator. In total there are 37 full or part time staff. All staff with the exception of the dispensary staff at Prees work at both the main and branch locations. The practice is a training practice for GP registrars (a GP Registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice), and medical students.

The practice appointments are available Monday to Friday from 8.30am to 10.50am and 3pm to 5.30pm. Extended access includes late evening appointments on a Monday evenings at Wem, 6.30pm to 8.30pm and once a month on a Thursday evening at Prees, 6.30pm to 8.30pm. On the day urgent appointments are available from 11.30am Monday to Friday and what is 'urgent' is defined by the patient. The afternoon urgent appointments are with the duty doctor following a triage assessment. Telephone consultations are available daily and calls are returned after the morning and afternoon surgery. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is

Detailed findings

closed through Shropdoc, the out-of-hours service provider. The practice telephones switch to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

The practice provides support for patients for example with long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations and minor surgery. The practice offers health checks and smoking cessation advice and support. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example they offer a dispensing service, minor surgery, and the childhood vaccination and immunisation scheme.

The practice are in the process of changing the registration of their location at Prees with the CQC to reflect that it is a branch location.

Why we carried out this inspection

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

How we carried out this inspection

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 with dementia)

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 February 2016. During our inspection we spoke with a range of staff which included the practice manager, nursing staff, dispensary staff, administrative and receptionist staff and GPs. We spoke with seven patients who used the service and three members of the patient participation group. We reviewed 18 comment cards where patients shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a Medicines and Healthcare Products Regulatory Agency (MHRA) alert was disseminated to all staff and where required the product was appropriately recalled.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to 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 check (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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention 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. Annual infection control audits were undertaken and we saw evidence that action was taken or planned to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as nurse prescribers and could therefore prescribe medicines for specific clinical conditions. They had 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. The practice had a system for production of Patient Specific Directions to enable the assistant practitioner or health care assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.
- The practice provided a dispensary service from its branch location in Prees. This was managed by a dispensary manager with four qualified dispensary staff. The practice held controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures that set out how they were managed. These were being followed by the practice staff. There were arrangements in place for the destruction of controlled drugs. The dispensary supported by the pharmacist at the CCG had completed

Are services safe?

a satisfactory control drug audit in 2016. The dispensary manager and staff had reported to the management team that the locked windows in the new dispensary also needed bar security.

- There was a system in place for the management of high risk medicines such as disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. Medicine reviews took place on at least an annual basis.
- We reviewed personnel files and found that prior to the appointment of the new practice manager the recruitment files were incomplete. Many of the staff at the practice, for example the practice nurses, had been in post for over 20 years. The new practice manager had put in place robust systems and appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice manager was aware and completed professional body checks annually when staff were due to renew their membership. Nurses were aware of and had attended information/training on the nursing revalidation process due to commence for nurses through their professional body from April 2016.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- Together with the GP partners the nursing staff had recently prioritised their work not to include travel vaccinations including Yellow Fever vaccinations, until another staff member had completed their training. The practice manager and nursing team confirmed that this was in progress and they hoped to re-start the travel vaccination service for their patients in the near future. In the interim period patients were signposted to the nearest travel vaccination centre.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. There had been a fire during the practice's building refurbishment process. Following this the learning from the team was to ensure that all staff were clear on which staff members held the off-site copies of the business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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). The most recent published results were 93.6% of the total number of points available, with 6.8% exception reporting, which was 2.2% below the Clinical Commissioning Group (CCG) average and 2.4% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance in four of the five diabetes related indicators were slightly lower than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood within a specific range in the preceding 12 months, was 66.54% when compared to the national average of, 77.54%.
- The percentage of patients with hypertension having regular blood pressure tests was 80.49% which was comparable to the national average of, 83.65%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89.13% when compared to the national average of, 88.47%.

Clinical audits demonstrated quality improvement.

- There had been a three cycle clinical audit completed in January and May 2015 and in January 2016, a two cycle audit completed in August 2015 and January 2016, and five reviews of prescribing activity recorded in the past 12 months. There was an ongoing audit commenced in November 2015 with the second cycle planned for March 2016. These were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a first cycle audit showed that 22% of those requiring annual Thyroid Function Tests (TFTs) were overdue. (TFT is a collective term for blood tests used to check the function of the thyroid). The second audit cycle showed this had improved to 10% and the third cycle showed improvement continued to be maintained.

Information about patients' outcomes was used to make improvements. For example, one of the reviews looked at maintaining/updating the practice carer's register. They had identified 165 patients listed as a carer. The review resulted in a policy being implemented to set regular review dates to verify if the person's carer status was still correct. This enabled the practice to maintain support to those carers who required it, such as regular health checks.

Patients with a long term condition were called for a 'birth month review', (unless needed more frequently). Birth month reviews also facilitated recall and monitoring systems at the practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring. Nurses attended clinical supervision and facilitation and there was support for GPs revalidation. All staff had had an appraisal within the last 12 months.
- Staff received training that 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, 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 80.2% which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The percentage of persons aged between 60 and 69, screened for bowel cancer within six months of invitation was 65.2% which was a higher uptake than the CCG average of 60.2% and national average of 55.4%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.1% to 98.8% and five year olds from 90.1% to 95.0%.

Are services effective?

(for example, treatment is effective)

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

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 18 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 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 7 January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice had comparable satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 92%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 91%, national average 85%).

- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 91%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

The practice were able to review their palliative care register to ascertain the number of patients who had a documented preferred place of death or had expressed no preference 77.78% who expressed a preference died in their preferred place.

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care (CCG average 88%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 165 carers on their practice list to date, this was 1.53% of the practice patient

Are services caring?

list. Written information was available to direct carers to the various avenues of support available to them and the practice had a designated staff member who ensured that this took place.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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.

- The practice offered extended hours at the Wem practice on a Monday evening until 8.30pm for patients who could not attend during normal opening hours. They also offered monthly appointments on a Thursday until 8.30pm at the branch location in Prees.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a lift to the first floor at Wem following its recent refurbishment to improve patient and staff access.
- The practice provided a GP service to patients at a local primary school.
- The practice provided a weekly GP ward round to two local care homes, this fostered a close working relationship between staff at the home and the practice and assisted in the management of consideration of avoidance of unplanned admissions to hospital.
- The practice worked with the Community Care Co-Ordinator who attended the practice twice a week. This staff member attended the practice multidisciplinary team meetings. This enabled them to assist patients and carers to be signposted to additional support in the community or local services to support them, such as befriending services, to reduce the risk of social isolation and encourage community involvement.
- The practice provided a dispensing service to patients at their Prees practice.
- GP telephone appointments were available for patients unable to attend the practice.
- The practice offered an in house counselling service and weekly appointments at the practice with Mental Health Community Liaison staff.
- Minor surgical procedures took place at the practice which included joint injections.

- A podiatry service was hosted by the practice.
- The practice hosted additional services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as the retinal screening service and abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).
- The practice offered Confidential Help and Advice for Teens (CHAT) for young people (sexual health) and condom service. (CHAT includes services in secondary schools, GP practices who display the CHAT logo, and some Youth Service buildings. It is a free, confidential service for young people, aged 11 to 19 years). This enabled open access for school age children registered elsewhere for sexual health needs.

Access to the service

Appointments were available at the main practice in Wem, Monday to Friday from 8.30am to 10.50am and 3pm to 5.30pm. Extended access included late evening appointments on a Monday at Wem, 6.30pm to 8.30pm, and once a month at Prees on a Thursday evening, 6.30pm to 8.30pm. On the day urgent appointments were available from 11.30am Monday to Friday and urgent was as defined by the patient. The afternoon urgent appointments were with the duty doctor following a triage assessment. Telephone consultations were available daily and calls returned after the morning and afternoon surgeries. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey date showed that patient's satisfaction with how they could access care and treatment were better than local and national averages :

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

Are services responsive to people's needs?

(for example, to feedback?)

- 95% patients said they could get through easily to the surgery by phone (CCG average 86%, national average 73%).
- 72% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 59%).

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

Listening and learning from concerns and complaints

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

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

- We saw that information was available to help patients understand the complaints system for example on the practice website, in the practice complaints brochure and in the practice waiting room.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient was unable to gain a longer appointment for two procedures during the extended evening hours they had complained. The practice reviewed the complaint and the appointments and patients now have more flexible appointment times using the evening extended hours service.

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 did not currently have a documented vision, strategy or succession plan but these were articulated well on the day of the inspection by the GP partners and practice manager. They discussed their vision to continue to deliver high quality care and promote good outcomes for patients. The practice described their ethos as being, supportive, inclusive, safe, open, sharing and community oriented.

The practice had some ideas in respect of commissioning services to enhance the services to their local community. The practice understood and had discussed succession planning in respect of GPs and nursing staff. The practice management team had an away day planned to produce a documented vision, strategy and succession plan starting in March 2016.

The practice had had a new building for the Prees practice location and major refurbishment work at the Wem practice location. This improved facilities for its patients and staff and to ensure where there is continued population growth the surgery was better placed to meet these future demands. The logistics of this work had meant that staff had worked flexibly across both locations which had fostered a whole team approach.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The areas the practice had identified for improvement were that of having a GP lead for Quality Outcome Framework (QOF) and improving the documentation of the learning derived from incidents/events.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. There had been an increased need to facilitate efficient communication with a branch and main practice and a large practice team working a variety of full and part time hours. The clinical meetings were held mid-morning on a daily basis. There was also an end of surgery 'wash up' and de-brief for GP registrars after each surgery as well as the registrars allocated a supervising clinician. The practice held monthly multi-disciplinary team meetings, partner meetings, and education meetings. The meetings were minuted and in the monthly staff meetings changes were cascaded and minutes were sent to all staff members. There was a linked GP partner present at each meeting held.
- Communication between staff was via emails and/or tasks regarding urgent or important changes that were needed.

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 an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met bi-monthly, and had been in operation for a year. The PPG felt able to submit proposals for improvements to the practice management team. For example, they had identified a challenge within the practice of patients who made

appointments but, for whatever reason did not attend or cancel the appointment. In discussion with the practice manager they started to advertise the 'did not attend appointment' statistics for patients to read.

- The practice had gathered feedback from staff through staff meetings, appraisals and one to one discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. It was clear through discussion with staff that the new practice manager was well respected and highly thought of by all staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the lead GP at the practice maintained links with the Deanery and The Royal College of General Practitioners (RCGP) in respect of training. (The RCGP is the professional membership body for family doctors in the UK and overseas).