

Drs Sefton-Fiddian, Fuller, Adeney, and Smith

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Sefton-Fiddian, Fuller, Adeney and Smith on 17 January 2017. Overall the practice is rated as good.

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

- The practice was operating under severe pressure due to the inability to recruit a GP partner, and the long term absences of another GP partner and the practice manager. Nevertheless all staff remained committed to providing the highest possible standard of care to patients.
- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff had the skills and expertise to deliver effective care and treatment to patients in line with current evidence based guidance.

- Patients said that they were treated with kindness, dignity and courtesy and that clinical staff involved them in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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:

- Develop the staff training matrix and maximise opportunities for staff training.

Summary of findings

- Monitor prescribing trends by repeating audits in order to check compliance with current prescribing guidelines. For example, the antibiotic audit.

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



- The system for reporting and recording significant events was effective.
- Lessons were shared widely amongst the team to make sure that action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent a recurrence.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. There was a GP lead for safeguarding.
- The practice assessed risks to patients and had systems for managing specific risks such as fire safety, infection control and medical emergencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed that patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were initiated as part of a quality improvement programme.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

- Views of the manager of a local care home were very positive and aligned with our findings. The manager commented on the standard of care provided and said that the GPs took time to listen to patients' concerns and to explain treatment options.
- 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.

- 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.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The situation had improved with the employment of regular locums, whose names were now advertised in reception and on the practice website, so that patients knew when they were available.
- 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 we saw that the practice responded quickly when issues were raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the GPs and management team. 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a schedule of regular clinical governance and staff meetings.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group actively contributed to the practice development.
- Staff told us that they were encouraged to develop their skills and improve the standard of service delivery.
- Drs Sefton-Fiddian, Fuller, Adeney and Smith was a training practice. We spoke with the trainee GP who said that the practice was very supportive and that advice was readily available when required.

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 had signed up to the unplanned admissions enhanced service.
- The practice had a frailty register which recorded the 1% frailest patients. These patients had access to enhanced support and care via the pro-active care team.
- Longer appointments were available to those patients who needed them.

People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management, for example, asthma, chronic lung disease and diabetes. Patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 88%, which was 7% above the CCG average and 10% above the national average.
- The practice hosted clinics run by the community diabetes specialist nurse and also funded additional diabetic specialist nurse clinics. The practice actively promoted the 'Mapmydiabetes' online education website.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were links on the practice website to associations for long term conditions, for example, Asthma UK, Coeliac UK and Diabetes UK.

Summary of findings

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident & Emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 cervical screening uptake was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 83% and slightly higher than the national average of 81%.
- 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.
- A GP was the medical officer for a local boarding school.

Good



Working age people (including those recently retired and students)

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

- The 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 reflects the needs for this age group.
- Patients could book routine GP appointments online at a time that was convenient for them as well as request repeat prescriptions.
- A text messaging service was due to be implemented in February 2017.
- Extended hours appointments had been suspended due to the partnership operating with only two GP partners instead of four.
- NHS health checks were offered by the nursing team.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were no homeless patients or travellers at the time of our visit, but staff were able to tell us how they would be registered.
- The practice offered longer appointments for patients with a learning disability.
- There were 14 patients on the learning disability register, seven of whom had had annual reviews. The remainder were scheduled for March 2017.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a designated safeguarding lead.
- 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 hosted a weekly substance misuse clinic.

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).

- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was 4% above the Clinical Commissioning Group (CCG) average and 6% above the national average.
- 100% of patients with poor mental health had had a comprehensive care plan documented in the last 12 months, 7% above the CCG average and 11% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice hosted weekly clinics with a mental health worker.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 108 were returned. This represented a 50% return rate and 2% of the practice's patient list. The average national return rate was 38%, so 50% was a high return.

- 86% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

The practice was aware of the difficulties in getting an appointment and had taken action which they hoped would lead to an improvement in the next patient survey for this question. The difficulties arose in finding a replacement GP for the partner who had retired and the long term sick leave of another partner. The practice had extended the telephone triage system in the mornings until 10am and had now employed locums on a regular basis, so access had improved.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 13 comment cards which were all positive about the standard of care received. (The practice notified us that they had received comment cards for a hospital inspection rather than a GP practice, so there was a slight delay whilst this was rectified which may have affected the number of cards returned.) Patients wrote that all staff were caring and helpful and that GPs took the time to listen to their concerns.

We spoke with four patients during the inspection, three of whom were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. All four patients said that they were very happy with the level of care that they received. GPs were said to go the extra mile for patients, for example, they would telephone patients with test results and check up on responses to referrals for secondary care.

We saw details of the Friends and Families Test, which were mostly positive. There were some negative comments about the difficulty in making an appointment. We noted that the practice had taken action in response to these comments.

We viewed the comments left by patients on the NHS Choices website in the last year, most of which were positive. We saw that the practice had offered lengthy responses with explanations for the reasons behind the difficulties in making appointments and the action taken to try to improve the situation.

Thank you cards were displayed in the reception office. Patients had written that the team was always there when needed and went out of their way to help.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Develop the staff training matrix and maximise opportunities for staff training.
- Monitor prescribing trends by repeating audits in order to check compliance with current prescribing guidelines. For example, the antibiotic audit.

Drs Sefton-Fiddian, Fuller, Adeney, and Smith

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Sefton-Fiddian, Fuller, Adeney, and Smith

Drs Sefton-Fiddian, Fuller, Adeney and Smith, also known locally as Link End Surgery, is located in a residential area of Malvern, Worcestershire. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract agreed nationally between practices and NHS England for delivering primary care services to local communities. At the time of our inspection, Drs Sefton-Fiddian, Fuller, Adeney and Smith was providing medical care to approximately 6,000 patients.

The practice is in premises converted from a bungalow. The current partners self-funded a new consultation/minor operations room in August 2015. The patient waiting room was upgraded at the same time.

Car parking is available onsite and on the street outside. There is a ramp from the car park to the front entrance and all the downstairs consultation rooms, reception area and toilets are accessible to patients in wheelchairs.

There are three GP partners, although only two are currently registered with the CQC (the application of the third is in progress). One GP partner has been on long term sick leave since March 2016. The practice manager has been on long term sick leave since September 2016, so the reception manager is carrying out as many of the managerial tasks as possible. The practice has the support of a practice manager from a local practice, who works at the practice for two days a week as a consultant practice manager. The practice also has a clinical pharmacist, two nurses, a health care assistant and reception and administrative staff.

Drs Sefton-Fiddian, Fuller, Adeney and Smith is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There is currently one GP trainee at the practice.

During the week the practice is open from 8.30am to 6pm. Appointments are available during these hours. The practice telephone lines are open from 8am until 6.30pm. The practice is closed at weekends. The practice has taken the decision to suspend the extended hours service due to the current staffing problems.

Out of hours cover is provided by Care UK. Patients can attend the Minor Injuries Unit (MIU) at the nearby hospital for treatment for cuts and grazes, sprains, fractures, broken bones, minor head injuries and minor burns and scalds. The MIU is open from 9am until 9pm for seven days a week.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before our inspection of Drs Sefton-Fiddian, Fuller, Adeney and Smith, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We also reviewed nationally published data from sources including South Worcestershire Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in July 2016.

We reviewed policies, procedures and other information. We also supplied the practice with comment cards for patients to share their opinions and experiences of the level of services provided at the practice.

We carried out an announced inspection on 17 January 2017. During our inspection we spoke with members of staff including GPs, the clinical pharmacist, the nursing team, the consultant practice manager, the reception manager and members of the reception team. We also spoke with the manager of a local care home.

We spoke with four patients, three of whom were 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.

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).

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events was effective.

- Staff told us they would inform the lead GP or reception manager about any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- The practice carried out a thorough analysis of the significant events. We saw that significant events were discussed at meetings and that discussions were recorded, as well as the details of any actions taken.

There was a system to act on patient safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received by the consultant practice manager, who passed them to the lead GP for action. The pharmacist printed the alerts and passed them to each GP. All alerts were uploaded to the practice intranet and were a standing agenda item in the monthly clinical meetings. Four recent alerts were viewed and found to have been actioned appropriately. For example, we saw that patients had been contacted as a result of the alert about the recall of certain batches of faulty HypoKits (used for the emergency treatment of severe low blood glucose).

Overview of safety systems and processes

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

- The practice had arrangements were to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Staff were able to tell us about two safeguarding incidents which had been reported and escalated to the appropriate agencies. A safeguarding list was added to the monthly staff newsletter, which was read by all staff.

- A notice in the reception area advised patients that chaperones were available if required. Notices about chaperones were also placed in every clinical room. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that the member of staff who acted as a chaperone had attended a chaperone course at a local surgery.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly 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. The local infection and prevention control lead visited the practice annually. The last visit was in March 2016. The practice had an infection control policy and staff had received up to date training. Infection control audits were undertaken on a quarterly basis and we saw evidence that action was taken to address any improvements identified as a result. For example, we viewed the audit for December 2016 and saw that the men's toilet had been repaired.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. All patients on high risk medicines had alerts on their records, so that they could be reviewed before a repeat prescription was issued. Audits of these patients were carried out to ensure that no patient reviews had been

Are services safe?

missed. The pharmacist carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescriptions were securely stored and there were systems to monitor their use. Uncollected prescriptions were checked by the pharmacist every month. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GP. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found 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 the Disclosure and Barring Service. The practice employed two locums on a regular basis and we saw that the practice had carried out the appropriate checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments (January 2017) and carried out regular fire drills. The last fire drill was carried out in December 2016. All electrical equipment was checked to ensure the equipment was safe to use. The last portable appliance testing was carried out in January 2017. Clinical equipment was checked to ensure it was

working properly. The most recent equipment calibration was carried out in January 2017. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Locum GPs were employed on a regular basis to provide cover for the shortfall in GP appointments. Staff covered for each other during periods of absence and annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Hard copies were held offsite by GPs.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to ensure that all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Updates were also discussed at the monthly clinical governance meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, an audit had been carried out on patients with irregular heartbeats after a change in guidelines for prescribing anticoagulation medicines (medicines that help prevent blood clots) and the changes were implemented.

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. (The QOF is a system intended to improve the quality of general practice and reward good practice.)

This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2015/16 showed:

- The practice achieved 99% of the total number of points available. This was 1% above the Clinical Commissioning Group (CCG) average and 4% above the national average.
- Overall exception rate reporting was 9%, which was 1% above the CCG average and 1% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 88%, which was 7% above the CCG average and 10% above the national average.
- 100% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, 7% above the CCG average and 11% above the national average.

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

There was evidence of quality improvement including clinical audit. Audits were identified from QOF performance, enhanced services, through significant events or from initiatives such as the Improving Quality and Supporting Practices (IQSP) and Quality, Innovation, Productivity and Prevention (QIPP) schemes. Four completed cycle audits had been done in the last year.

Findings were used by the practice to improve services. For example, an audit was carried out on patients prescribed an antibiotic medicine. On the first cycle, 15 out of 30 patients had been prescribed the medicine within the antibiotic guidelines. On the second cycle, nine patients out of 30 had been prescribed the medicine in accordance with antibiotic guidelines. The result was discussed and the current guidelines were added to clinicians' desktops. The practice explained that the lack of improvement was probably due to the previous high use of locums and that they were confident that the next audit would show improvement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines explained 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, but there was not a system for recording the learning needs. The development of a systematic record of staff training was at the planning stage at the time of our inspection. A record of staff training would make it easier both to track when staff had to repeat training and to identify any training gaps. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and were encouraged to make use of e-learning training modules and in-house training.
- Clinical staff had additional expertise in a variety of specialisms, including minor surgery, dermatology, substance misuse and diabetes.
- A GP was a clinical advisor for NHS England and a GP appraiser, this brought additional expertise to the practice.
- A GP also worked for the GP out of hours service.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Monthly multidisciplinary meetings were held with GPs, nurses, district nurses, the pro-active care team, the palliative care specialist nurse and a representative from the Worcestershire Association of Carers. Care plans were routinely reviewed and updated at these meetings.

Consent to care and treatment

Clinical staff we spoke with demonstrated that they understood the importance of obtaining informed consent and had received training about the Mental capacity Act (2005) (MCA). The MCA provides a legal framework for acting and taking decisions on behalf of adults who lacked the capacity to make decisions for themselves.

Clinical staff were clear about the requirements to assess children and young people using Gillick competence and Fraser guidelines when providing care and treatment. (Gillick competence is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.)

We saw that consent was obtained for all minor surgery procedures in accordance with national guidelines.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 83% which was in line with the CCG average of 83% and slightly higher than the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme and they ensured that a female sample taker was available. There were systems to ensure that results were received for all samples sent for the cervical screening programme. The practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Screening was encouraged by information on the patient information boards and by

Are services effective?

(for example, treatment is effective)

opportunistic reminders when patients attended the practice. The uptake for breast cancer screening for women aged 50 to 70 years in the last 36 months was 78%, which was higher than the CCG average of 75% and higher than the national average of 72%. The uptake for bowel cancer screening for patients aged 60 to 69 years in the last 30 months was 62%, which was the same as the CCG average and higher than the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG 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 91% to 96%. The national target is 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Practice records showed that 32% of eligible patients had had health checks. The practice had been slow to start formal NHS health checks due to a number of factors, but the formal service started in October 2016 and was now working well. 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 13 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 (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed that patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey 2016 showed that 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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Sign language interpreters were used to support hearing impaired patients.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 118 patients as carers (2% of the practice list). A member of staff was the designated care navigator who directed patients to support services like Care UK. The care navigator also managed the palliative care register. There was a carers' board in

reception with information about support services for carers. A representative from the Worcestershire Association of Carers attended the monthly multidisciplinary meetings.

Staff told us that if families had suffered bereavement, their usual GP would contact them and offer advice on support services. A letter would also be sent to the next of kin.

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 South Worcestershire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which made it difficult for them to attend the practice.
- Same day appointments were available for children and those patients with urgent medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Patients had access to in-house counselling and local counselling services provided by the NHS and local organisations.
- There was a section on the practice website which had links to organisations such as Age Concern, the Royal Institute of Blind People, Asthma UK and Diabetes UK.
- Some of the work from a local company was displayed in the reception area. The company took photographs of local areas and then gave them back to the community in which they were taken. The profits from any of their work purchased at the practice were donated to St Richard's Hospice.
- There were facilities for disabled patients, a hearing loop and translation services available.
- Music was played in reception areas to improve confidentiality.

Access to the service

The practice was open from 8.30am to 6pm Monday to Friday. Appointments were available during these hours. The practice telephone lines were open from 8am until 6.30pm. The practice was closed at weekends. The practice had taken the decision to suspend the extended hours service due to the partnership issues. Appointments could be booked up to two weeks in advance with GPs and up to four weeks in advance for practice nurses. There were urgent appointments available on the day.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by telephone compared to the CCG average of 75% and the national average of 73%.

People told us on the day of the inspection that the situation had improved in recent months with regard to getting appointments when they needed them.

The practice had a system to assess:

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

Patients who wanted to request a home visit were asked to telephone the practice before 10am whenever possible. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff dealt with requests for home visits in accordance with the home visit policy.

Listening and learning from concerns and complaints

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

- We viewed the practice complaints policy and saw that procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a GP lead for complaints, but the day to day responsibility was devolved to the reception manager.
- Complaints were acknowledged in writing within three working days and the practice policy was that complaints should be resolved within six months from the day on which the complaint was received.
- There was a complaints leaflet in reception and information about how to make a complaint was available on the practice website.

We looked at eight complaints received since April 2016 and found that the majority had been satisfactorily handled in a timely manner. There was evidence of poor communication in a small number of cases. However, we saw that the system had been tightened in recent months

Are services responsive to people's needs?

(for example, to feedback?)

with oversight now being provided by the lead GP for complaints and responsibility being devolved to the reception manager. Lessons were learnt from individual

concerns and complaints and action was taken to as a result to improve the quality of care. For example, music was now played in the reception areas to improve confidentiality.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a stated vision to provide the highest possible standard of individualised healthcare for their practice population. This vision was shared by all staff with whom we spoke during our inspection.

The practice had been through an extremely challenging period in the last 12 months. They had been unable to recruit a replacement for a GP partner who retired in April 2016 and another GP partner had been on long term sick leave since March 2016. In addition, the practice manager had been on long term sick leave since September 2016. The staffing difficulties had put the remaining partners under considerable pressure. The practice had recognised the challenge and confronted it. They had sought help from other practices and the wider NHS community and obtained the resources necessary to stabilise the practice. Staff commented that the difficulties had strengthened the team.

Governance arrangements

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

- The practice had pro-actively identified areas where they needed expert help, for example, human resources, and had acquired appropriate help.
- Given the staffing difficulties, the partners had looked at ways to diversify their workforce and provide additional expertise. For example, they had decided to employ a clinical pharmacist for two days a week.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Regular clinical governance meetings were held and we saw that minutes were taken, so that discussions and decisions were recorded.
- Monthly multidisciplinary meetings were held with GPs, nurses, district nurses, the pro-active care team, the palliative care specialist nurse and a representative from the Worcestershire Association of Carers.
- The two nurses had regular informal meetings.
- Practice meetings were held every quarter. We saw that discussions were recorded as well as details of any actions taken.

- Practice specific policies were implemented and staff knew where to find them.
- A comprehensive understanding of the performance of the practice was maintained through monitoring of indicators such as QOF results.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, commitment, capability and enthusiasm to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

When things went wrong with care and treatment the practice explained what had happened and offered a full apology. We viewed records of actions taken.

There was a clear leadership structure and staff felt supported by the GP partners and management team. There were regular practice meetings and staff said that they could raise issues at any time and that they were confident in doing so. Staff said that they knew that their contribution to the practice was appreciated by the GP partners and management team.

Staff told us that they appreciated the social events arranged by the practice, which provided the opportunity to get to know each other in an informal setting.

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, 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. The PPG met once a quarter, and submitted proposals for improvements to the practice management team. For example, the PPG members were able to make suggestions about the complaints leaflet and the wording on the patient calling display screen. The PPG had also started a gardening group and had cleared overgrown areas in the car park to create more spaces and an emergency vehicle parking space.
- The partners had responded to patient complaints about the difficulties in making appointments by extending the triage for the duty GP in the mornings and by employing regular locums. The names of the locums were displayed so that patients were familiar with them. This provided a greater sense of stability and continuity for patients.
- Staff meeting, appraisals and general discussion gave staff the opportunity to provide feedback. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. For example, staff suggested that the practice needed two fridges for clinical use instead of one, so the practice now had two clinical fridges. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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. The practice was part of the local Federation, which comprised 32 practices.

One nurse had initiated the local nurses' forum group and another was instrumental in the planning to set up a Malvern Breathe Easy Group for patients with chronic lung disease. This was scheduled to start in April 2017.

The practice had a trainee GP, which evidenced the commitment to continual development not just for their own staff, but also for future GPs.

The practice had been part of the Primary Care Clinical Research Network since April 2015. The practice was involved with studies such as gout and hypertension. Patient feedback on the studies had been positive.