

Drs Wunsch, Atkinson, Thomas, Evans, Embley and Baxter

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 Wunsch, Atkinson, Thomas, Evans, Embley and Baxter on 16 February 2016. Overall the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system was in place for reporting and recording significant events. The premises were visibly clean and tidy. Checks carried out during staff recruitment served to protect patients from risks of harm.
- Systems were in place to ensure medicines were safely dispensed and vaccines were stored appropriately and in date for safe administration. However, more secure storage of medicines was needed in the dispensary.
- Patients had their needs assessed and care delivered in line with current guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff promoted health education to empower patients to live healthier lives.

- Feedback from patients and observations throughout our inspection showed that staff were kind caring and helpful.
- Practice staff worked closely with other organisations and professionals in planning how services were provided to ensure that they meet people's needs. People with complex needs had care plans in place that were regularly reviewed.
- There was a system in place to respond to and act on feedback and complaints.
- There was a clear leadership structure and staff told us they felt supported by management. It was evident that there was a strongly motivated staff team who worked together in making on-going improvements of the services provided for patients.

However, there was an area of practice where the provider needs to make improvements.

The provider should:

- Review arrangements to prevent unauthorised entry to the dispensary.
- Review the arrangement for identifying and recording those patients who were also carers.

Summary of findings

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. Significant events were recognised, recorded, investigated and where necessary improvements made. Lessons were shared to prevent similar occurrences. Practice staff had clearly defined and embedded systems and processes in place to keep patients safe and protected from abuse. Staff knew how to recognise abuse and their responsibilities for responding when concerns were identified. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Clinical staff assessed patient needs and delivered care and treatment in line with current evidence based practice. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff. Multidisciplinary meetings were held monthly to enable teams to understand and meet the range and complexity of patient's needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect and they were involved with decisions about their care and treatment. We saw that staff were kind and helpful towards patients. Information about the services available was readily accessible. Data showed that patients rated the practice above the local and national averages for aspects of care.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its population groups and tailored services in delivery of appropriate care and treatment. Senior staff engaged with NHS England Area Team and Clinical Commissioning Group (CCG) to implement improvements to services where these were identified. For example, the practice had signed up to a CCG led service to reduce patient attendance rates at the Accident and Emergency department at the local hospital.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear vision and strategy to deliver high quality care through continuous improvements. Staff were clear about the vision and the part they played in developing it. There was a well-defined leadership structure and staff felt well supported. Management encouraged a

Good



Summary of findings

culture of openness and honesty and respected the positive contributions made by other staff. Senior staff acted upon feedback from patients and staff. The practice had an active Patient Participation Group (PPG). The PPG were proactive in representing patients and assisting the practice in making improvements.

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 good for the care of older people. There was a higher than average number of older patients registered at the practice. For example, both male and female patients aged 65 to 69 years constituted 9% of the practice population compared with 6% nationally. Clinical staff offered proactive, personalised care and the enhanced services included prevention of unnecessary hospital admissions. Home visits were carried out and urgent appointments given to those patients who had complex needs. Staff had regular contact with district nurses and other professionals in meetings to discuss any concerns or changes that were needed to patient care. The Proactive Care Team (PACT) carried out assessments and prescribed medicines for minor ailments for patients who lived in rural locations and care home. PACT staff attended the multidisciplinary meetings and liaised closely with GPs for the timely delivery of care needs.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and were further developing their knowledge and skills to provide clinical support for GPs. Longer appointments were available when patients were seen to ensure they received comprehensive reviews. Where necessary these patients had a personalised care plan in place and were regularly monitored to check that their health and care needs were being met.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to follow up on children who were considered to be at risk. A health visitor was invited to the regular multidisciplinary meetings to discuss any safeguarding issues as well as those children who had long term conditions. Patients we spoke with told us that children and young adults were treated in an age appropriate way and were recognised as individuals. Children were given same day appointments. Out of school appointments were available through extended hours. On either Mondays or Tuesdays evening appointments were available until 7.20pm and every Wednesday from 7am. Weekend appointments were available one Saturday per month from 8am until 10.20am.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students). All eligible patients who had attended the practice had received contraceptive advice and procedures and cervical screening. Extended opening hours assisted this population group in attending appointments and telephone consultations could be booked up to two weeks in advance. Online services were available for booking appointments and ordering repeat prescriptions. The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP or the nurse practitioner.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health checks for all people with a learning disability were carried out and health action plans updated. Clinical staff worked with other agencies and professionals in the case management of vulnerable patients. Longer appointments were offered to patients who had a learning disability.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). Staff were trained to recognise mental health presentations and carry out comprehensive assessments. Practice staff regularly worked with multidisciplinary teams in the case management of patients who experienced poor mental health. Clinical staff carried out assessments for early diagnosis of dementia. Patients who had dementia and those who experienced mental health illness were discussed during clinical multidisciplinary meetings and care plans were developed. Referral mechanisms were in place for when staff identified deterioration in patient's mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 140 responses, this equated to 55% of the questionnaires that had been sent out.

- 95% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 94% said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 90% and a national average of 87%.
- 87% found it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 94% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 72% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 68% felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

During our inspection we spoke with 12 patients. All patients told us they were satisfied with the service they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards all were positive about the standard of care they received. One respondent commented that it was not easy to get an appointment with a GP of choice.

Drs Wunsch, Atkinson, Thomas, Evans, Embley and Baxter

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Wunsch, Atkinson, Thomas, Evans, Embley and Baxter

Drs Wunsch, Atkinson, Thomas, Evans, Embley and Baxter provide care for approximately 10,400 patients. The practice covered a number of surrounding villages. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by six GP partners (two male, four female) and there is one salaried GP who between them provide 45 clinical sessions per week. They are supported by a nurse prescriber who provides a further eight sessions a week for patients who have minor illnesses. There are six practice nurses and four nursing assistants who provide clinical services. The practice employs a practice manager, a quality officer, an administration clerk, three secretaries, two IT staff and a finance officer. The front of house manager works with a reception supervisor and nine reception staff.

Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. This equates to 6,000 registered patients. Medicines can be collected from the practice or any of a number of designated outlets. The dispensary has a dispensary manager, nine dispensing staff, and administrator and two prescriptions couriers. The opening hours are 8.30am until 1pm and 2pm until 6pm each weekday.

The practice is a teaching and training practice, which supports and mentors trainee GPs. There are currently two trainee GPs working at the practice who provide 16 sessions per week.

The practice is open from 8am until 6.30pm each day. Appointments are available 8.30am until 11.45am and 3.30pm until 5.20pm each weekday. Extra appointments are available if needed. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone advice is also available for patients who are unsure if they need an appointment and for provision of advice for children. Extended hours include Monday or Tuesday from 6.30pm until 7.20pm and Wednesdays from 7am until 7.40am. Patients can also be seen by a GP one Saturday of each month between the hours of 8am and 10.20am. All extended hours are by pre-booked appointments only.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by NHS South Worcestershire Clinical

Detailed findings

Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet also includes this information and there are leaflets in the waiting area for patients to take away with them.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 16 February 2016. During our visit we spoke with a range of staff including, two GP partners, the nurse practitioner, two practice nurses and a nursing assistant. We asked the nurse practitioner from the community Proactive Care Team about the assessments and support they provided for older patients who resided in care homes. We spoke with the practice manager, front of house manager, three reception staff, two secretaries and two IT staff. The dispensary manager and two dispensing staff were spoken with. We spoke with 12 patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed relevant documentation. We reviewed 23 comment cards where patients and members of the public shared their views and experiences of the service. We spoke with three members of the Patient Reference Group (PRG) who were also registered patients at the practice. PRG's work with practice staff in an effective way that may lead to improved services.

Are services safe?

Our findings

Safe track record

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 two week referral wait had been exceeded for one patient who needed to be seen urgently. This was discussed with all GPs to ensure that all two week referrals were tracked.

When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. Safety was monitored using information from a range of sources, including National Institute for Health and Clinical Excellence (NICE) guidance. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals 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 provided reports where necessary for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff told us that if necessary they would take the initiative by contacting relevant agencies.

- A notice was displayed in the waiting room and each consulting room door, advising patients of their right to have a chaperone. All staff who acted as chaperones were trained for the role and most had undergone a disclosure and barring check (DBS). (DBS)
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was a designated health care assistant lead and a deputy (practice nurse) for infection control. We spoke with the practice nurse who told us that the lead attended study days to maintain their knowledge and skills in infection control and prevention. The practice nurse had received additional training for their role. An infection control audit had been carried out on 21 May 2015 by a specialist from the local hospital. The report dated 7 July 2015 indicated that there were three areas that needed improvements but they were considered to be low risks to patients. The practice nurse showed us evidence that the auditor had returned to the practice two weeks prior to our inspection and was satisfied that appropriate actions had been taken. Single use equipment was used for carrying out minor surgery.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. There was staff induction programmes and these were tailored to the staff roles.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments and staff carried out regular fire drills.
- 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, clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)

Are services safe?

- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. When a nurse or nursing assistant were not available the patient appointments were rearranged to accommodate this. Staff also altered their shifts or worked extra shifts to provide cover. Similar arrangements were in place for non-clinical staff. The use of locum GPs was kept to a minimum and the same locums were used.

Medicines management

- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were reviewed regularly and accurately reflected current practice. The practice signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service maintained. Dispensing staff had all completed appropriate training.
- Repeat prescribing was undertaken in line with national guidance. We were shown how dispensary staff checked that repeat prescriptions had been reviewed and signed by a GP before they were given to the patient. Any changes made to patients' repeat medicines were undertaken by the GP at the surgery. This ensured that patient's repeat prescriptions were always clinically checked. We observed this process was working in practice.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- The practice showed us one audit that had been undertaken last year. This was a completed audit where the dispensary was able to demonstrate the changes resulting since the initial audit. Following the audit, changes to dispensing processes were made where needed.
- The practice had arrangements in place to manage emergencies. Emergency equipment was available

including access to oxygen. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date.

- We checked medicines stored in the medicine and vaccine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and refrigerator temperature checks were carried out which ensured medication was stored at the appropriate temperature. The stock was date rotated and appeared well managed. The vaccines were delivered straight to the dispensary and placed in appropriate refrigerator.
- The practice held stocks of controlled drugs (CD) (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed.
- We identified a potential risk around unauthorised access to the dispensary. We discussed this with senior staff who said they would review the situation.

Arrangements to deal with emergencies and major incidents

- 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. There was also a first aid kit and accident book available.
- There was 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. A copy of this was held off site to eventualities such as loss of computer and essential utilities.

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.

- Meetings were held to keep all clinical all relevant staff up to date about patients' care needs.
- Staff groups had same time coffee breaks to discuss issues. This provided an opportunity for clinical staff to share information, discuss individual cases and learn from each other.
- An enhanced service included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved living styles.
- When GPs made home visits non-clinical staff provided them with a summary of the patient's health needs, treatment and any other relevant information to assist the GP in considering all factors when assessing and treating patients.

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). QOF data for 2014-2015 showed;

- The dementia review rate of 100% was 1.2% above the CCG and 5.5% above the national average. The practice exception rating was 8.7%.
- The mental health review rate of 100% was 5.3% above the CCG average and 3.4% above the national average. The practice exception rating was 17.6%.
- Performance for asthma related indicators was 100% which was 1.5% above the CCG average and 2.6% above the national average. The practice exception rating was 8.6%.

- Performance for patients with a learning disability was 100% which was the same as the CCG average and 0.2% above the national average. There was no practice exception rating.
- Performance for diabetes related indicators was 89.5% which was 4.3% below the CCG average and 0.3% below the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 97.1% which was 1.0% below the CCG average and 1.1% above the national average.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was 0.4% above the CCG average and 2.2% above the national average. The practice exception rating was 5.3%.

The practice had an overall exception reporting of 11.1%, which was 2.8% greater than the local Clinical Commissioning Group (CCG) average and 1.9% greater than the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines.

We spoke with a GP about the about the areas of higher than average exception rating. They told us they had identified the issue and were in discussions with the CCG for finding a way to address the situation.

GPs carried out clinical audits which resulted in regular improvements in patient care. One audit concerned the use of a medicine for relieving nausea and vomiting. The outcome of the audit resulted in a reduced usage of the medicine to prevent long term use. All patients received a letter explaining why repeat prescriptions should not be offered. The medicine was re-audited in January 2016 that showed the improvements made had been sustained.

The practice provided minor surgery. A clinical audit was carried out for the period October 2014 until March 2015. Reviews of the patients re cords showed that the clinical diagnosis had been correct and that no patients had post procedure complications or an infection.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice a training programme in place and extra courses were provided that was relevant to roles. For example, administration of vaccinations, the cervical screening procedure and reviews of long term conditions. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- 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, clinical supervision and facilitation and support for revalidating GPs. 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. Two of the practice nurses had enrolled to undertake training to nurse practitioner level. This meant that when qualified they would see patients and prescribe medicines for minor ailments and alleviate pressures on the GPs.

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 professionals to understand and meet the range and complexity of patients' needs in an appropriate and timely way. Care plans were in place for patients who had

complex needs and these were regularly updated. The assessments and care planning 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.

There was a community based team Proactive Care Team (PACT). This consisted of two nurse practitioners and one health care assistant. Each nurse practitioner concentrated on people who lived in a care home or those who lived in the community. We spoke with the nurse practitioner for the care homes who told us they carried out assessments and entered to details in the practice held patients notes. They prescribed for minor ailments, gave care home staff advice about care needs and liaised with the practice GPs. They also attended the practice's monthly clinical meetings. The GPs we spoke with described it as an invaluable service.

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. GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
 - 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 and audits to ensure the practice met its responsibilities with legislation and national guidelines.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on smoking cessation and prevention of obesity. Patients were then signposted to the relevant service.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The practice's uptake for the cervical screening programme was 100%, which was comparable to the CCG average of 98.6% and the national average of 97.6%.
- There was a policy to offer reminders by telephone or letter to patients requesting they may an appointment for review of their long term condition. Letters for patients who had a learning difficulty received letters in easy read format to assist them in understanding the need for their health check. Patients who failed to attend for their appointments were sent a letter advising them of the need to attend.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- 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 81.1% to 95.8% and five year olds from 91.8% to 97.6%.
- 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.
- Regular newsletters were developed and given to patients. These included developments of clinical services within the practice such as; only ordering the repeat prescriptions actually needed; path finders for the partially sighted, smoking cessation sessions provided by two practice nurses and the British Heart Foundation contact details.
- A booklet developed by the Department of Primary and Public Health was available for patients that provided advice and common ailments and when medical advice should be sought. It provided information about treatments for these conditions and education about when antibiotics would be effective in treating a disorder. It included signs of what may be a serious disorder and the need to seek immediate medical attention.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the service as good or excellent and that staff were courteous and helpful.

The 12 patients we spoke with told us they were satisfied with the standards of care they received and some said it could not be faulted.

We spoke with three members of the Patient Reference Group (PRG) who were registered patients with the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey of 2014-2015 published July 2015 showed 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 CCG average of 92% and national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%

- 96% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 96% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 97% and national average of 97%.

The Friends and Family Test was introduced by NHS England to obtain monthly data about whether they would recommend the practice to others. The practice data for December 2015 showed 17 patients said they were extremely likely and five were likely to recommend the practice to others. No patients had said they were no unlikely comments received.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they 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.

Data from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 90% 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%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.

Are services caring?

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

Patient/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 including a bereavement service.

The practice's computer system alerted GPs if a patient was also a carer. However, it was not clear how many carers there were. This practice used two systems for recording

the number of carers but they did not match. We discussed this during the inspection and senior staff told us they would carry out checks and create one list only. There was supporting information to help patients who were carers on a notice board in the waiting room. Clinical staff offered carers advice and signposted them to support organisations.

Following a bereavement a GP offered the family an appointment and if necessary referral to a counselling service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, 'Promoting Excellence' which means the practice serves as a liaison point for care homes. They oversaw patients with depression and dementia. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. Two of the GP partners provided a specialised service in mental health.

There was an active Patient Reference Group (PRG) which met on a quarterly basis and submitted suggestions for improvements to the practice management team. PRG's work with practice staff in an effective way that may lead to improved services. For example, the position of staff at the reception desk was moved so that they were visible when patients approached the desk. Also the dispensary opening hours were extended to enhance patient access.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Telephone advice was provided for patients who could not attend during normal opening hours.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Urgent access appointments were available for children and those with serious or complex medical conditions.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- The practice offered extended opening hours to improve patient access.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8am until 6.30pm each day. Appointments were available from 8.30am until 11.45am and from 3.30pm until 5.20pm each weekday. Extra appointments were available outside of these times if needed. Urgent appointments were available on the day. Routine appointments could be pre-booked in advance in

person, by telephone or online. Telephone advice was also available for patients who were unsure if they needed an appointment and for provision of advice for children. Extended opening hours included a Monday or Tuesday from 6.30pm until 7.20pm and on Wednesdays from 7am until 7.40am. Patients could also be seen by a GP on one Saturday of each month between the hours of 8am and 10.20am. All extended hours appointments had to be pre-booked.

Results from the 2014-15 national GP patient survey published July 2015 showed that patients' satisfaction with how they could access care and treatment were above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 86% patients described their experience of making an appointment as positive compared to the CCG average of 80% and national average of 73%.
- 78% reported they were satisfied with the opening hours compared to the CCG average of 77% and national average of 75%.

Patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them. One comment card stated that it was difficult to get an appointment with their GP of choice.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website and in the waiting area.

The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log and there had been 23 formal complaints received over the past 12 months. However, all concern reported had been treated as a complaint. We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed

Are services responsive to people's needs? (for example, to feedback?)

with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were regularly reviewed by senior staff to identify if there were any trends.

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

Senior staff had a clear vision to deliver high quality care and promote good outcomes for patients. All staff spoken with were aware of their responsibilities and roles in developing the practice.

Due to the potential house building programme senior staff had recognised the potential for an increased number of registered patients. Senior staff had identified the need for an increased number of consulting rooms. The practice had acquired more land and plans were in place to extend the practice.

Two practice nurses had enrolled to increase their skills to nurse practitioner level which would relieve pressure from GPs. Further practice nurse were also considering this. The practice manager had discussed and gained agreement from all practice nurses for them to commence carrying out home visits.

Over a two year period all staff had responded positively to a significant number changes that had been made to the way the practice was operated for the benefit of patients. For example, further development of staff roles to expand their knowledge and skills.

The practice had been successful in securing funding from the CCG to improve usage of the online facilities. Three members of the Patient Reference Group (PRG) had volunteered to be trained in how to access and book online appointments, request repeat prescriptions and access of the information available on the practice website. Upon completion of training they would spend time in the practice teaching patients how to use online services.

Governance arrangements

The partners in the practice had the experience, capacity and capability to run the practice effectively and promote high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well- run practice. They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners

encouraged a culture of openness and honesty. This was evidenced during the inspection. 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, information and if necessary, written apology.

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

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Staff attended regular team meetings to discuss issues, patient care and further develop the practice.
- Proactively gained patients' feedback from patient surveys and engaged with patients in the delivery of the service. Senior staff acted on any concerns raised by both patients and staff.
- Practice specific policies were implemented and were available to all staff.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.
- A programme of continuous clinical and internal audit which were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice effectively and identify

Are services well-led?

Good 

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

where improvements were needed. They prioritised safe and high quality patient care. The partners were visible in the practice and staff told us that they were approachable and staff told us they felt well supported. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that they had the opportunity to raise any issues and report concerns. Staff said they felt respected and valued by senior staff. 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.

Practice seeks and acts on feedback from its patients, the public and staff

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

feedback from patients through the PRG and through surveys and complaints received. There was an active PRG which met on a quarterly basis. PPG's work with practice staff in an effective way that may lead to improved services. PRG members said they felt that staff listened to them and that changes would be facilitated whenever practicable. For example, the PRG reported that the touch book in screen was not working properly. It was replaced.

Management lead through learning and 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, they held meetings with two other practices in the area to share knowledge and identify where improvements could be made. Discussions were in progress about how they would implement the South Worcestershire CCG new model of caring strategy.