

# Salters Medical Practice

## 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 Salters Medical Practice on 28 June 2016. The overall rating for this service is good.

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

- There was a system in place to raise concerns and report significant events. Staff understood their responsibilities to raise concerns and to report significant events. These were discussed regularly at meetings and were a standing agenda item. Learning was shared with practice staff regularly and with other practices in the locality.
- Patients' needs were assessed and care was provided to meet those needs in line with current guidance. Staff had the skills and expertise to deliver effective care and treatment to patients. This was maintained through a programme of continuous development to ensure their skills remained current and up-to-date.
- Risks to patients were assessed and well managed through practice meetings and collaborative discussions with the multi-disciplinary team. Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Information about safety alerts was reviewed and communicated to staff in a timely fashion.
- Patients told us GPs and nurses at the practice treated them with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available in the reception area and on the practice website.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included easy access for patients who used wheelchairs.
- There was a clear leadership structure and staff told us they felt supported by management. The practice

# Summary of findings

proactively sought feedback from patients, which it acted on. Staff were committed and motivated to deliver high standards of care and there was evidence of team working throughout the practice.

- The practice was involved in a Triumvirate Leadership Programme. Three leaders within the practice, a GP, a nurse and a manager made substantial changes to optimise success within the practice by sharing goals, values and mutual respect throughout the team. This was then rolled out to all staff in order to raise the practice profile and improve communication with the patients. Staff told us they had found this training and involvement in the programme beneficial for them as individuals and helped them in their work.

The area where the provider should make improvements are:

- The practice should continue to look for ways to improve patient experiences of access to appointments.

We saw several areas of outstanding practice including:

- Following a patient safety alert from NHS England, two GPs from the practice had attended a training course on sepsis. As a result of this, new guidelines had been developed by the practice and shared with staff.
- The partners had instigated visiting consultants to serve the patients at Salters Medical Practice and patients from other practices. A cardiology consultant attended every two weeks to consult with and support patients and offer advice to the GPs. A Care of the Elderly Consultant attended weekly to see patients and carried out domiciliary visits to those patients who needed them.

**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.

- There was an effective system in place for reporting and recording significant events. Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. The practice carried out a thorough analysis of significant events and shared learning from these with appropriate staff. Where patients were affected they received a written apology and steps were taken to prevent the same thing happening again. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Following a patient safety alert from NHS England, two GPs from the practice had attended a training course on sepsis. As a result of this, new guidelines had been developed by the practice and shared with staff.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Risks to patients were assessed and well managed. There were robust systems in place to manage patient safety alerts, including medicines alerts which were acted upon.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans in place.
- A programme of audits and reviews were carried out so that improvements were made to enhance patient care.

Good



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed varied results for patient outcomes when compared with the local and national averages. The practice had taken steps to improve patient outcomes and had recruited two new Partners and one new salaried GP.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.

## Are services caring?

The practice is rated as good for providing caring services.

- Staff were friendly, polite and helpful to patients both attending at the reception desk and on the telephone. We saw that patients' were treated with dignity and respect.
- Patients we spoke with and feedback in the comment cards were mostly very complimentary about the practice and commented that they received excellent care from the GPs and the nurses. There were seven additional comments which highlighted some patients were not happy with the appointment system.
- Results from the National GP Patient Survey published in July 2016 showed that overall the practice achieved results that were in line with local and national rates in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse. The practice had taken analysed the results and taken steps to improve patients' experiences that included actively promoting online access and had made more appointments available for patients to book online. They had recruited two new partners and one new salaried GP.
- Information to help patients understand and access the local services was available.
- A notice board in the waiting room advertised support for carers. There were 85 carers registered with the practice (1% of the practice population). There was a designated lead for carers who worked closely with the local Carers Action Team to support registered carers and identify additional carers.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and the local community in planning how services were provided to meet patients' needs. Meetings were regularly attended with other practices and partner organisations from the locality so that services could be monitored and improved as required.

Good



# Summary of findings

- Patients we spoke with had mixed experiences of making appointments, some positive and some negative. The practice was aware of some of the access issues and had taken steps to improve this.
- The practice was located in purpose-built premises and had good facilities. It was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- In order to enhance local services for their patients, one of the GP Partners had instigated visiting consultants to serve the patients at Salters Medical Practice and patients from other practices. For example, a cardiology consultant attended every two weeks to consult with and support patients and offer advice to the GPs.

## Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which included arrangements to monitor and improve quality and identify risk.
- There was a clear vision and strategy to provide quality care. Staff shared this vision and told us they worked hard to deliver quality care for all patients.
- Staff morale was high with a high level of staff satisfaction with evidence of teamwork.
- The practice encouraged a culture of openness and honesty. High standards were promoted and owned by all practice staff and teams worked together across all roles. Staff told us they were confident they would be supported if they needed to raise any issues or concerns. They said they felt respected, valued and supported by everyone and that they absolutely loved working at the practice.
- Staff had received inductions, regular performance reviews and attended regular staff meetings and events.
- The leadership of the practice demonstrated their commitment to ongoing improvement of services for patients and were actively engaged in primary care research.
- The practice was involved in the Triumvirate Leadership Programme. Three leaders within the practice, a GP, a nurse and a manager made substantial changes to optimise success

Good



# Summary of findings

within the practice by sharing goals, values and mutual respect throughout the team. This was then rolled out to all staff in order to raise the practice profile and improve communication with the patients. Staff told us they had found this training and involvement in the programme beneficial for them as individuals and helped them in their work.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia.
- It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.
- A care of the elderly consultant attended the practice weekly to see patients and carry out domiciliary visits to those patients who needed them.
- Health checks were carried out for all patients over the age of 75 years.
- Support and weekly ward rounds were provided routinely for local care homes for the elderly.

Good



### People with long term conditions

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

- There were systems in place to monitor patients with chronic diseases. The practice nurses had lead roles in chronic disease management.
- The practice ensured continuity of care in order to achieve the best outcomes for individual patients. Patients diagnosed with a long term condition had a named GP and a structured regular review to check that their health and medicine needs were being met. Reviews were carried out at least annually if not more often. Holistic appointments were offered so that the number of times patients needed to attend for appointments was reduced. Longer appointments and home visits were available when needed.
- The GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children who were at risk of abuse. Staff had received safeguarding training. They were aware of their responsibilities in protecting children who were at risk of harm.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence that confirmed this.
- Appointments were available outside of school hours and the premises were suitable and accessible for children.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- We saw good examples of joint working with health visitors and district nurses.
- A number of online services including booking appointments and requesting repeat medicines were also available.
- Data for 2014/2015 showed the practice was in line with local and national rates for their cervical screening programme.

## **Working age people (including those recently retired and students)**

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

- The practice offered extended hours appointments from 6pm to 8pm on Monday evenings and from 9am to 11am on alternate Saturdays for pre-bookable appointments. These appointment times were available for both GPs and nurses.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Repeat prescriptions could be requested online at any time, which was more convenient for patients.
- The partners had successfully instigated visiting consultants to serve the patients at Salters Medical Practice and patients from other practices. A cardiology consultant attended every two weeks to consult with and support patients and offer advice to the GPs.

Outstanding



# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. Alternative formats were available for those patients who needed help to access information such as patient leaflets in large text, easy read or alternative fonts. The practice offered longer appointments for patients with a learning disability. They had completed annual health checks for 36 out of 64 patients on their register in the current year prior to the inspection.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. They had advised patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff would know that patients may need to be prioritised for appointments or offered longer appointments.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns.
- The practice treated patients of all ages and provided a range of medical services. The practice told us they had registered homeless people and provided them with treatment and health care according to their needs.

Good



## People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients with poor mental health including those patients with dementia. Staff had received training on how to care for patients' with mental health needs and dementia.
- Advanced care planning and annual health checks were carried out which took into account patients' circumstances and support networks in addition to their physical health. Longer appointments were arranged for this and patients were seen by the GP they preferred. Patients were given information about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The GPs and practice nurses understood the importance of considering patients ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.
- The practice supported families in their bereavement and signposted them to support services.
- Data for 2014/2015 showed the practice achieved results that were comparable with local and national rates for support for patients with poor mental health.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with or slightly below local and national averages. There were 228 surveys sent to patients and 104 responses which represented a response rate of 46% which was higher than the national response rate of 38%. Results showed:

- 59% of patients found it easy to get through to this practice by telephone which was below the Clinical Commissioning Group (CCG) average of 75% and the national average of 73%.
- 84% of patients found the receptionists at this practice helpful which was below the CCG average of 89% and the national average of 87%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 89% and the national average of 85%.
- 98% of patients said the last appointment they got was convenient which was above the CCG and the national averages of 93% and 92% respectively.
- 68% of patients described their experience of making an appointment as good which was below the CCG average of 78% and the national average of 73%.
- 65% of patients usually waited 15 minutes or less after their appointment time to be seen which was in line with the CCG average of 64% and the national average of 65%.
- 52% of patients felt they did not normally have to wait too long to be seen which was below the CCG average of 60% and the national average of 58%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were mainly positive about the standard of care received. Patients were extremely complimentary about the practice and commented that staff were very friendly; the service they received was excellent and that they received very good care from the GPs and the nurses. Seven comment cards expressed additional views about the appointment system. The commented they did not like the telephone facility which they felt was extremely difficult to get through; the appointment booking system was inflexible with long waits for appointments on occasions.

We spoke with nine patients during the inspection, three of whom were also members of the Patient Participation group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. Patients were generally positive about the service they received. They told us that staff were very helpful and they felt listened to and involved in their care. Three patients told us that they had difficulty getting through on the telephone to book an appointment.

We reviewed feedback from the NHS Choices website in which patients gave their views of the service they received from the practice. The feedback overall was very positive (4.5 stars) and the GPs had responded to some of the comments on the website thanking patients for their compliments or asked patients to come into the practice to meet with them if they had raised an issue.

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should continue to look for ways to improve patient experiences of access to appointments.

# Summary of findings

## Outstanding practice

- Following a patient safety alert from NHS England, two GPs from the practice had attended a training course on sepsis. As a result of this, new guidelines had been developed by the practice and shared with staff.
- The partners had instigated visiting consultants to serve the patients at Salters Medical Practice and

patients from other practices. A cardiology consultant attended every two weeks to consult with and support patients and offer advice to the GPs. A Care of the Elderly Consultant attended weekly to see patients and carried out domiciliary visits to those patients who needed them.

# Salters Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP and a Practice Manager specialist advisor.

## Background to Salters Medical Practice

Salters Medical Practice is located in Droitwich, South Worcestershire and provides primary medical services for Droitwich and the surrounding areas. At the time of the inspection there were 9,476 patients registered with the practice. It has six GP partners, two salaried GPs and three trainee GPs operating from a shared purpose built building in Droitwich. There was a mix of male and female GPs which gave patients a choice of their preferred GP. Salters Medical Practice is a training practice for qualified doctors in general practice and an accredited research practice.

The practice population was in line with local and national averages for most age groups, although slightly higher number of patients over 65 years, 23% compared with local rates of 21% and national rate of 17%.

The GPs are supported by a practice manager, an advanced nurse practitioner, three practice nurses, three healthcare assistants, two phlebotomists (persons who take blood samples) and administrative support.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice reception opens from 8.30am to 6.30pm Monday to Friday. Appointments are available from those

times. Emergency reception telephone access is available from 8am to 8.30am on a specific telephone number shown on the practice website and in the patient leaflet. Extended hours appointments are available from 6pm to 8pm on Monday evenings and from 9am to 11am on alternate Saturdays for pre-bookable appointments. These appointment times are available for both GPs and nurses.

When the practice is closed, patients can access out-of-hours care through NHS 111. The practice has a recorded message on its telephone system advising patients on the numbers to call. This information is also available on the practice's website and in the practice leaflet.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service for patients to order repeat prescriptions, book appointments and access their medical records.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care and family planning. Salters Medical Practice also carries out minor surgery for patients.

Salters Medical Practice has ground level access, accessible toilets, wheelchair provision, two lifts and disabled parking.

## Why we carried out this inspection

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

# Detailed findings

legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

## How we carried out this inspection

Before our inspection of Salters Medical Practice we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 28 June 2016.

During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.
- Spoke with a range of staff that included six GPs, the practice manager, a practice nurse, a clinical pharmacist, a healthcare assistant and reception and administration staff.
- We looked at procedures and systems used by the practice.

- We spoke with nine patients, including three members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.
- We observed how staff interacted with patients who visited the practice. We saw how patients were being cared for and talked with carers and/or family members.
- We reviewed 26 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

Salters Medical Practice used an effective system for reporting and recording significant events.

- There was a significant event protocol in place. Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Staff gave us examples where they had reported incidents, the process they had followed and the learning outcomes shared and discussed with them. Significant events were a standing item on the agenda for clinical and all team meetings. 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).
- Staff told us they could access the forms on the computer system and these would be escalated to senior staff once they had been completed. All staff were encouraged to complete these and there was no blame culture as staff were encouraged to learn what needed to be done differently to avoid similar incidents happening again.
- The practice carried out a thorough analysis of significant events and shared learning from these with appropriate staff. Action had been taken to ensure safety of the practice was maintained and improved. Twenty four incidents had been reported for the period July 2015 to June 2016. In each case we found that learning had taken place with steps taken to prevent further occurrences. We saw evidence that where incidents had involved patients they had been informed and had received an apology. For example, a relative of a patient was unhappy because the patient had received a letter inviting them in for a medicine review which they had already attended. The record showed that the senior partner had contacted the relative and apologised.

We reviewed safety records, incident reports, Medicines and Healthcare Products Regulatory Alerts (MHRA), patient safety alerts and minutes of meetings where these were discussed.

- Patient safety alerts were received by the practice manager by email, who forwarded these to the nurse team leader who then sent them to the appropriate staff member. For example, all medicine alerts were forwarded to the clinicians at the practice.
- All alerts were discussed at weekly clinical meetings or partners meetings and the GP lead identified action to be taken (if any) and ensured this was completed. GPs described examples of alerts that had led to changes. For example, following a patient safety alert from NHS England, two GPs from the practice had attended a training course on sepsis. As a result of this, new guidelines had been developed by the practice and shared with staff.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients' safe, which included:

- Arrangements to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. One of the GPs was the designated lead for safeguarding and staff confirmed they knew who this was. Staff were clear about their roles and responsibilities should they have any safeguarding concerns about patients. They told us they had received training appropriate to their role and could name the practice safeguarding lead.
- A notice was displayed in treatment rooms advising patients that chaperones were available if required. Nursing staff and health care workers who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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). Staff confirmed that a record was added to patients' notes when chaperones had been offered, and this included when the service had been offered and declined.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. Two practice nurses shared the role of infection prevention clinical lead. They liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audit had been

## Are services safe?

completed in April 2015 and some areas for improvement were highlighted. There was however, no action plan in place to show what action was taken to address any improvements identified as a result. For example, the audit identified that all posters should be laminated; fans should be included on the cleaning schedule to ensure they were visibly clean; containers such as jugs and receptacles should be labelled to ensure used for the designated purpose only. We saw evidence to show that action had been taken such as laminated posters in all rooms, but records had not reflected this.

The practice had appropriate recruitment policies and procedures in place.

- We looked at files for different staff roles including a clinical pharmacist, a practice nurse and a receptionist and found that recruitment checks had been carried out in line with legal requirements. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. We saw that processes were also in place when locum GPs were employed by the practice to ensure appropriate checks had been carried out.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were available each day. The majority of staff worked part time and they confirmed they would cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storage and security of medicines. Prescriptions were securely stored and there were systems in place to monitor their use.
- Processes were in place to ensure the frequency of reviews was carried out for patients prescribed high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed. These showed that appropriate monitoring was in place.

- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, Infection Prevention and Control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The latest Legionella risk assessment report had been completed in December 2015. The practice had an up to date fire risk assessment in place (dated October 2015) and regular fire drills were carried out.

### Arrangements to deal with emergencies and major incidents

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

- A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The senior partner GP confirmed that two of the partner GPs kept copies of the plan at home. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident.
- All staff received annual basic life support training. The practice had a comprehensive emergency procedure policy in place.
- Staff had access to an instant messaging system on the computers in all of the consultation and treatment rooms which alerted other staff to any emergency.
- There were emergency medicines and equipment available as required, including a first aid kit and accident book. These were easily accessible in a secure area of the practice and all staff knew of their location.

## Are services safe?

Medicines included those for a range of emergencies such as the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.

- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available and these had been regularly checked and maintained.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards.

- There were systems in place to ensure all clinical staff were kept up to date. The practice had access to best practice guidance from the National Institute for Health and Care Excellence (NICE) and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.

- The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.
- The most recent published data for 2014/2015 showed that the practice achieved 99% of the total number of points available compared with the local average of 97% and the national average of 95%.
- The practice had achieved mixed results for QOF indicators when compared with other local practices and nationally.

Data showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 92% which was above the local average of 90% and the national average of 88%. The practice exception rate of 12% was higher than the Clinical Commissioning Group (CCG) average of 7% and higher than the national average of 8%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient was unsuitable for treatment, was newly registered with the practice or was newly diagnosed with a condition.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was

84% which was lower than the Clinical Commissioning Group average of 86% and in line with the national average of 84%. The practice exception rate was 2% which was in line with the CCG and national averages.

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 98% which was above the CCG and the national averages of 88%. The practice exception rate at 16% was above the CCG and the national average of 13%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 76% which was below the local and the national averages of 84%. The practice exception rate was 9% which was in line with the CCG average of 9% and above the national average of 8%.

The practice was aware and had taken action to review their exception rates. They had reviewed all patients and recorded reasons such as patients declining treatment and appropriate reporting by GPs. The practice planned to review all these patients again this year as they had found the review had helped to increase the numbers of patients attending for disease management.

The practice told us the action taken also included:

- Saturday morning clinics were available for chronic disease management.
- They had revised their exception reporting protocol.
- In conjunction with the Patient Participation Group (PPG) they had revised the letter for patients who failed to attend for appointments (especially relevant for patients with long term conditions).

Unpublished data for the 2015/2016 year showed that improvements had been achieved in their exception reporting. For example, data showed exception reporting had reduced by approximately 50% for patients with diabetes.

The practice carried out regular quality audits to monitor and identify where improvements to practise could be made.

- An audit carried out in 2015 looked at the outcomes for patients who had received minor surgery and/or joint injections carried out over the year. The audit looked to see if there were any wound infections following the minor surgery and that all patients were appropriately consented (written informed consent with consent

# Are services effective?

## (for example, treatment is effective)

forms scanned to patients' notes). The audit report showed that there were no wound infections and 100% benign results in all patients operated upon in the practice.

- An urgent prescription audit was carried out in June 2015 to identify the reason for a high number of urgent prescription requests and to improve the service for patients. Changes proposed after the audit included a revised protocol for prescription requests which included the patient completing an urgent prescription request form stating the reason for their need. Improvements were seen as a result of the changes.
- We saw that audits had been carried out to ensure reviews of patient care had been completed when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident following a recent update received from NICE in relation to Atrial Fibrillation (heart disease) management. As a result of their audits the practice were preparing a new protocol with data on the risks of atrial fibrillation and how to manage these.
- The practice also participated in applicable local audits, national benchmarking, accreditation, peer review and research. Audits were carried out in response to latest guidance, patient alerts, significant events, and through issues or queries raised in meetings.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, evaluation, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation.
- Staff received an appraisal every year. Two of the staff files we checked showed that training needs were identified during their appraisal.
- Staff received training that included safeguarding, information governance awareness, fire procedures and basic life support. Staff had access to and made use of

e-learning training modules and in-house training. We saw staff training records that were regularly updated with records of training due, training planned and training completed.

- Staff told us that training opportunities at the practice were well facilitated and encouraged. They told us that whatever their training needs the practice was always happy to support them with this. For example, staff had received training by the pharmacist on minor illness and two reception staff who expressed an interest in doing phlebotomy (taking blood samples) had been trained to do this.
- The practice was involved in a local apprentice scheme. They had successfully recruited a member of staff who had started as an apprentice under this scheme who we were told was contributing and flourishing in administration and IT at the practice.
- The practice was a training practice and two of the GP partners had extensive experience of training qualified doctors in General Practice. At the time of the inspection there were two trainee GPs at the practice.

### Coordinating patient care and information sharing

There were systems in place to enable the practice to work effectively with other services to provide the care patients needed.

- Information such as NHS patient information leaflets was available. Scanned paper letters were saved on the system for future reference. All investigations, blood tests, X-rays and the results were requested and received online.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Multi-disciplinary team meetings took place on a regular basis. Clinical meetings took place each week where key areas were discussed including a review of patients who had any unplanned admissions to hospital. Palliative care meetings were held monthly (or more often if required) with a district nurse and a Macmillan nurse also in attendance. Minutes of meetings for 2016

# Are services effective?

(for example, treatment is effective)

confirmed these meetings took place. We saw that discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

## Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- The process for seeking consent was monitored through patient records audits.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. They also checked that Deprivation of Liberty guidance was used at the care homes they visited if needed for a patient.
- The GPs and practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

## Supporting patients to live healthier lives

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

- The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. At the time of the inspection there were 64 patients registered with the practice.
- Accessible care plans were in place for patients encouraging them towards a healthy lifestyle to help

with their general health and well-being. Regular reviews of their care were carried out and information provided by the practice showed the percentage of patients who had received a review for the previous year. For example, patients with diabetes 77%, asthma 65% and dementia 83%. The practice told us they had recruited two additional partners and a salaried GP, and offered chronic disease management appointments on Saturday mornings to achieve improvements on these figures for the coming year.

The practice had a comprehensive screening programme.

- The practice's uptake for the cervical screening programme was 81% which was in line with the local average of 83% and the national average of 82%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were in line with or slightly below local and national averages. The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 73% which was in line with the local average of 74% and the national average of 72%. The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 59% which was lower than the local average of 62% and the national average of 58%. The practice confirmed they routinely received information about patients who were diagnosed with this condition from screening.
- The GPs and the nurse team leader told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or promoting seasonal vaccines.

Childhood immunisation rates for vaccinations given were overall comparable with the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 57% to 100% which were comparable with the CCG rates of 49% to 98%, and for five year olds from 93% to 97% which were slightly above the CCG rates of 90% to 95%.

It was practice policy to offer NHS health checks to all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes

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

over the next 10 years. In the previous 12 months prior to the inspection, the practice had completed NHS health checks for 147 (5.3%) of the 2768 eligible patients registered with the practice.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We spent time in the waiting area talking with patients and observing how staff engaged with patients.

- Staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and those patients were treated with dignity and respect.
- Staff told us that there was a policy in place to ensure patients were treated with dignity and respect.
- There was a confidential room available for patients to discuss any personal information with staff. Patients told us that they appreciated having this facility if they needed to use it.
- Some of the GPs had an examination room while others had curtains provided in their consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We received 26 comment cards, the majority of which were very positive about the standard of care received by patients at the practice. Patients were complimentary about the practice and commented that:

- Staff were very friendly and accommodating.
- Staff were caring and treated patients with respect and dignity.
- The regular structured care that they received at the practice was the best they had experienced.
- They received excellent care from the GPs and the nurses.
- The reception service was always very good.
- Seven comment cards expressed additional views about the appointment system such as the telephone facility which they felt was extremely difficult to get through; the booking system they considered was inflexible and the long waits for appointments on occasions.

Patients we spoke with generally confirmed the positive comments given in the comment cards. Patients also told us that:

- Their dignity was always respected.
- They felt listened to and choices of treatment were offered by the GPs.

Results from the National GP Patient Survey results published in July 2016 showed the practice scored below average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses:

- 86% of patients said the GP was good at listening to them which was lower than the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time which was below the CCG average of 89% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw or spoke to which was below the CCG and the national averages of 96% and 95% respectively.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern which was in line with the CCG average of 87% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern which was in line with the CCG average of 92% and national average of 91%.
- 84% of patients found the receptionists at this practice helpful which was below the CCG average of 89% and the national average of 87%.

We saw that there were many positive patient comments about the practice on the NHS Choices website. For example, patients commented that they were extremely impressed with staff at the practice. They found staff were polite and efficient and that they were always able to see a doctor or nurse when required. Patients commented they were always treated with care, compassion and professional competence, whenever they attended the practice; that everyone was always polite and helpful, the nursing staff particularly so; and consultation sessions with the GPs were unhurried and time was given to listen to the patient's concerns. We noted that the practice responded to most comments added to the NHS Choices website.

We spoke with the managers of three of the six local care homes where the GP looked after a number of patients. The care home managers were happy with the service provided and said that aside from the weekly care round the GPs always visited patients when they had concerns.

# Are services caring?

## Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were fully involved in their treatment including making decisions about their care and treatment options.

- Health issues were discussed with them and they felt involved in decision making about the care and treatment they received.
- They had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The clinical staff were patient and clear about discussing aspects of their treatment with them.

Data from the National GP Patient Survey (July 2016) showed:

- 84% of patients said the last GP they saw was good at explaining tests and treatments which was below the CCG average of 89% and national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care which was above the CCG average of 84% and the national average of 82%.

The practice provided support so that patients could be fully involved in decisions about their care.

- Care plans were in place for patients with a learning disability and for other patients such as those who were diagnosed with asthma, dementia and mental health concerns.
- Alternative formats were available for patients to suit their needs, such as larger font and easy read.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any

treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

- Translation services were available for patients including sign language interpreters and information leaflets were seen available in different languages.

## Patient and carer support to cope emotionally with care and treatment

The practice supported patients and carers in a number of ways:

- There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.
- Midwives, counsellors, substance misuse workers and cardiology and care of the elderly consultants had regular clinics within the practice that patients could be referred to.
- There was an easy read leaflet for patients with a learning disability explaining about health checks.
- The practice maintained a register of those patients who were also carers, with the practice's computer system alerted GPs if a patient was also a carer. At the time of the inspection there were 85 carers registered with the practice (1% of the practice population). There was a designated lead for carers who worked closely with the local Carers Action Team to support registered carers and identify additional carers.
- A board in the waiting room advertised support for carers. The practice had a designated lead for carers who worked closely with the local Carers Action Team. The Carers Association used the practice premises to offer support, help and practical advice to those that needed it.
- Staff told us that if families had experienced bereavement the GPs had a contact number of a bereavement service. Patients were able to self-refer to a local support group.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

- Same day appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- There was an online service which allowed patients to order repeat prescriptions, book appointments and access their medical records.
- Home visits were available for patients who were too ill to attend the practice for appointments. Routine home visits were carried out by GPs for housebound patients to monitor their health and care needs.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease.
- All patients had a named GP.
- The practice offered a range of minor surgical procedures, which included removal of minor skin lesions and joint injections.
- Annual reviews were carried out with patients who had long term conditions such as diabetes, lung diseases, and for those patients who had mental health problems including dementia.
- The practice offered routine childhood immunisations, travel vaccinations and cervical smears. They were also registered to provide yellow fever vaccinations.
- Translation services were available should these be requested by patients whose first language was not English.
- There was a hearing loop in reception at the practice to help patients with a hearing impairment.
- Extended hours appointments were available from 6pm to 8pm on Monday evenings and from 9am to 11am on alternate Saturdays for pre-bookable appointments.
- Alternative formats were available for those patients who needed these to access information such as patient leaflets in large text or easy read or alternative fonts.
- On-site services such as an ultrasound facility and phlebotomy (taking blood samples) were provided to reduce inconvenience to patients so they were not required to travel to secondary care providers for these services.
- As part of a three year NHS England pilot, the practice had the benefit of an in-house Clinical Pharmacist and Pharmacy Clerks. One of the key advantages for patients was that the Clinical Pharmacist provided outcome focused medicine reviews for patients with multi-morbidities taking multiple medicines.
- Prescriptions could be ordered at the front desk, by telephone or via the practice website.
- There was an extended team of community nurses, health visitors, speech and language therapists, social workers, school nurses and physiotherapists based in the same building as Salters Medical Practice. Patients told us this was extremely helpful and reduced the need to travel to hospital.
- Midwives, counsellors and Substance Misuse Workers also held regular clinics within the building which GPs referred patients to as appropriate.
- As part of enhancing local services for their patients, one of the GP Partners had successfully instigated visiting consultants to serve the patients at Salters Medical Practice and other patients from other practices. A cardiology consultant attended every two weeks to consult with and support patients and offer advice to the GPs. A Care of the Elderly Consultant attended weekly to see patients and if required would respond with domiciliary visits to those patients who needed them.
- Age UK, the Carers Association, Macmillan Cancer Support and the Food-bank all used the premises to offer support, help and practical advice to those that needed it.
- Salters Medical Practice was part of the Droitwich and Ombersley Locality Cluster which was a group of four practices who met regularly to improve the provision of care to patients within the locality.

### Access to the service

The practice reception opened from 8.30am to 6.30pm Monday to Friday. Appointments were available from those times. Emergency reception telephone access was available from 8am to 8.30am on a specific telephone number shown on the practice website and in the patient leaflets. Extended hours appointments were available from

# Are services responsive to people's needs?

(for example, to feedback?)

6pm to 8pm on Monday evenings and from 9am to 11am on alternate Saturdays for pre-bookable appointments. These appointment times were available for both GPs and nurses.

- The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed an answerphone message gave the telephone number they should ring depending on the circumstances.
- Information on the out-of-hours service (provided by Care UK) was available on the practice's website and in the patient practice leaflet.
- Appointments were bookable in person, online and on the telephone. The online service also allowed patients to order repeat prescriptions and access their personal medical record.
- The practice offered a flexible appointment system which allowed appropriate time to be given to a patient depending on their need. For example, patients who may require longer consultations such as those with complex needs, communication difficulties, disabilities or mental health concerns.
- Once per week the practice held a nurse clinic until 8pm to accommodate working people and school age children. There were also plans to start a chronic disease clinic on alternate Saturdays to support patients with a long term condition.
- Patients were able to sign up for an optional text reminder of their appointment at the surgery.
- There was a clinical call centre based at Salters Medical Practice. This facility was accessed via the practice's telephone system and enabled patients to call a triage clinician for simple advice or to book an appointment.
- Telephone consultations were provided for patients who had work commitments to save them the inconvenience of having to visit the practice if it was not necessary.
- Home visits were available for patients who were too ill to attend the practice for appointments. The practice had a GP triage system in place to assess whether a home visit was clinically necessary and the urgency for medical attention. In urgent cases alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

- The practice treated patients of all ages and provided a range of medical services. Vulnerable patients were supported to register with the practice. They told us they had registered homeless people and asylum seekers and provided them with treatment and health care according to their needs.
- Results from the National GP Patient Survey results published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages. Data showed:
  - 59% of patients found it easy to get through to this practice by telephone which was below the CCG average of 75% and the national average of 73%.
  - 68% of patients described their experience of making an appointment as good which was below the CCG average of 78% and the national average of 73%.
  - 65% of patients usually waited 15 minutes or less after their appointment time to be seen which was in line with the CCG average of 64% and the national average of 65%.

The practice had analysed the results and taken steps to make improvements to patients' experiences of their services. In conjunction with the Patient Participation Group (PPG) they had promoted online services including the ability to make appointments. They had recruited additional GPs to the practice (two partners and a salaried GP) and offered chronic health disease management appointments on Saturdays for those patients unable to attend during working hours.

Two patients we spoke with gave positive views about the appointments system. They said that they had no problem with getting appointments and they could always see a GP if the appointment was urgent. Three patients told us that they had difficulty getting through on the telephone to book an appointment. We received 26 comment cards which included three positive comments about the appointment system and availability at the practice and seven additional comments which highlighted some patients were not happy with the appointment system.

Staff at the practice told us that South Worcestershire GP Services were provided by SW Healthcare Ltd which is a federation representing 32 GP practices in South Worcestershire. Salters Medical Practice was part of this federation. Staff confirmed that the federation was planning to improve how GP appointments were booked

# Are services responsive to people's needs?

(for example, to feedback?)

and managed so that patients' health care needs could be supported quickly and at times to suit the patient. This would include additional telephone, face-to-face and online appointments with clinicians at GP practices and in pharmacies across South Worcestershire.

Salters Medical Practice was part of a project through SW Healthcare as part of the Prime Minister's Challenge Fund. The aim was to improve access to primary care services and provide more flexible and extended access to services throughout Worcestershire. Staff confirmed that the changes put in place would mean less waiting for appointments and a more convenient service for patients.

## **Listening and learning from concerns and complaints**

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

- The complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.
- Information was made available to help patients understand the complaints system. The practice's information leaflet included details on reporting concerns to the practice as well as to external organisations. This information was also available in an easy read format and on their website.
- A summary of complaints for the period July 2015 to June 2016 showed that 25 complaints had been received. We saw that complaints had been dealt with and patients were given an apology where appropriate. Learning was also identified and shared at appropriate team meetings. Staff meetings minutes confirmed that complaints were discussed routinely.
- The practice had completed a full analysis of all complaints to identify themes and 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

Staff at the practice told us that they all had a strong commitment to provide quality care for patients.

- They told us that their mission statement was dedicated to providing quality care and they worked hard to ensure the whole team was equipped to provide this by training, development and support; monitoring outcomes and listening to and acting on patient feedback.
- It was evident through discussions with staff during the day that this vision was shared throughout the practice. Staff confirmed that patient care was their ultimate goal and they were dedicated to this provision.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The most recent data for 2014/15 showed that the practice had achieved 98.8% of the total QOF points available which was above the local and national averages. We saw that QOF data was regularly discussed at clinical meetings and action taken to maintain or improve outcomes.

Arrangements were in place to identify, record and manage risks, issues and ensure that mitigating actions were implemented.

- The practice held meetings to share information, to look at what was working well and where improvements were needed. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them..

### Leadership and culture

During the inspection the GPs and the management team demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- They were aware of and had systems in place 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).
- They encouraged a culture of openness and honesty.

The GPs and the practice manager were visible in the practice:

- Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at any time and at their regular team meetings.
- Staff told us that management were approachable and always took the time to listen to all members of staff whatever their role.
- They told us they were confident they would be supported if they needed to raise any issues or concerns.
- Staff enjoyed working at the practice. They told us that everyone worked well together as a team and everyone supported each other.

In 2015 the practice successfully bid to be one of only 21 practices in the West Midlands region to be involved in an innovative programme, the Triumvirate Leadership Programme. This involved using three leaders within the practice, a GP, a nurse and a manager to make substantial changes to optimise success within the practice by sharing goals, values and mutual respect throughout the team. This was then rolled out to all staff in order to raise the practice profile and improve communication with the patients. Staff told us they had found this training and involvement in the programme beneficial for them as individuals and to help them in their work.

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

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

# Are services well-led?

Good 

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

Participation Group (PPG), through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

The practice had a very active PPG with twelve members who met regularly with a practice representative on average every six weeks. There was also a Patient Representative Group (PRG) of three individuals who liaised with the practice more frequently. The PPG and PRG worked with the practice to respond to any patient concerns or suggestions and also regularly helped the staff at the practice with promoting the flu vaccination clinics.

The practice had developed an action plan following the disappointing results from the previous National GP Patient Surveys published in January 2016. The action plan outlined a number of actions to be carried out with the PPG which included:

- Share the survey and discuss with the PRG members.
- PRG member to compile a letter to respond to the local press.
- PPG members to compile a further survey to be carried out by the practice to monitor for improvements.
- The PPG members had devised a survey format to reassess patients' opinions but had not distributed these at the time of the inspection.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Minutes of

practice staff meetings were detailed and comprehensive. Social activities were also held with staff and staff were acknowledged when they had demonstrated going over and above their standard role and responsibilities. Staff told us they really enjoyed working at the practice. There was a shared commitment to providing excellent patient care and that they felt valued.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This included research, engaging in pilot opportunities and providing alternative staff employment opportunities:

- The practice was an accredited research practice and actively engaged in primary care research. The practice had recently completed a Helicobacter Eradication Aspirin Trial (HEAT), a study to look at reducing the risk of ulcer bleeding in aspirin users. The findings of the research were not available at the time of the inspection.
- The practice was one of 32 practices in South Worcestershire that took part in a peer review programme Improving Quality, Supporting Practices (IQSP). This was a programme of practice review which involved three visits per year to the practice by the Clinical Commissioning Group (CCG). These visits focused on three key areas, reducing avoidable emergency admissions, efficient medicines spend and reducing avoidable outpatient referrals.