

Ludlow - Portcullis

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 Ludlow – Portcullis on 15 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

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

However there were areas of practice where the provider needs to make improvements.

The provider should:

- Consider a lone worker policy and key holder arrangements for the burglar alarm systems.
- Complete an Infection and Prevention Control audit.
- Ensure staff are all aware of the arrangements in place within the Business Continuity plan in the event of a disaster.
- Consider the installation of an emergency call bell in the disabled toilet.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Practice records and some data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs with the recent extension to its premises. Information about

Good



Summary of findings

how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about their role and responsibilities. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held various regular meetings which included elements of governance. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Fifty-five point nine percent of the Ludlow population is of

Good



Summary of findings

working age (18-64), the equivalent of 5, 792 people. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as 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. It had carried out annual health checks for people with a learning disability and all of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check and on the day of the inspection we found that 22 of the 75 patients eligible since April 2015 had been in receipt of their annual review. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing either above or line with local and national averages. There were 118 responses and a response rate of 46.1%.

- 91.5% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73.3%.
- 90.3% find the receptionists at this surgery helpful compared with a CCG average of 90.1% and a national average of 86.8%.
- 73.2% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62.9% and a national average of 60.0%.
- 93.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88.4% and a national average of 85.2%.
- 95.5% say the last appointment they got was convenient compared with a CCG average of 94.1% and a national average of 91.8%.

- 91.8% describe their experience of making an appointment as good compared with a CCG average of 82.1% and a national average of 73.3%.
- 60.2% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64.9% and a national average of 64.8%.
- 58.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.8% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. One patient commented that the service provided by the practice was average and 27 completed comment cards talked about the practice in terms of being exceptional, impressive, efficient, friendly, caring and supportive.

Ludlow - Portcullis

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 second CQC inspector, GP, a Practice Manager specialist advisor and an Expert by Experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Ludlow - Portcullis

Ludlow-Portcullis is located in Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. It is in a rural community with 25 to 30 miles distance from acute local hospitals. There are small pockets of high deprivation in Ludlow one of which, Ludlow Henley, falls within the 30% most deprived in England. The total practice patient population is 7,993. There are three female and three male GPs who provide services which equate to five whole time equivalent GPs. The practice team includes three management staff, four practice nurses, two healthcare assistants one provides a phlebotomist role. There are 14 practice support staff including secretaries, receptionists and administrators. In total there are 29 staff employed either full or part time hours.

Ludlow-Portcullis opening times are 8.30am to 6pm Monday to Friday. It provides extended GP appointment opening times on a Monday, 6.30pm to 7:15pm and a Friday morning breakfast surgery from 7am to 7.45am. The practice also provides extended appointment times with their healthcare assistant for blood tests and health checks on Mondays from 6.30pm to 6.45pm and Fridays 7.30am to

7:45am. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc their out-of-hours service provider. The practice telephones switch to the out of hours service at 6pm each weekday evening and at weekends and bank holidays. All partners at the practice are active members of the Shropdoc out-of-hours service provider and one of the partners was a founding member of Shropdoc.

The practice is a member of a local GP Federation, which in response to the Prime Ministers Challenge Fund, is to roll out seven day week 8am to 8pm appointment availability at hub sites in the Ludlow and Bridgnorth area.

The practice provides a number of clinics; for example long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations, minor surgery and travel vaccinations.

The practice accesses care co-ordinator staff that provide case management and co-ordinated integrated

care support which is a local CCG initiative. Patients can also access the Compassionate Communities Scheme run by a local hospice, GPs identify patients that may benefit from the service who confirm they want to join and they are married up with an appropriate volunteer who offers a local 'befriending' service to assist them. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities. They also provide some enhanced services, for example they offer minor surgery and have Directed Enhanced Services, such as the childhood vaccination and immunisation scheme, minor surgery, facilitating timely diagnosis and support for patients with dementia and extended hours.

Detailed findings

Why we carried out this inspection

We carried out 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

Prior to our inspection we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. This included Healthwatch and NHS England Area Team.

None of the organisations we contacted raised any concerns with us prior to the inspection. We carried out an announced inspection on 15 October 2015.

During our inspection we spoke with a range of staff including GPs, practice nurses, a phlebotomist, office manager, reception and administration staff. We observed

how patients were communicated with and how the practice supported patients with health promotion literature. We reviewed 28 CQC comment cards where patients and members of the public were invited to share their views and experiences of the service. The CQC comment cards had been made available to patients at Ludlow-Portcullis prior to the 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia).

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to learning and a system was in place for reporting and recording significant events. Staff told us they would inform the partners and or practice manager of any incidents to ensure appropriate action was taken.

We received records which confirmed that significant events had been analysed and addressed appropriately. These included supporting meeting minutes to evidence that safety records and incident reports had been discussed. Lessons were shared to make sure action was taken to improve safety in the practice and that relevant protocols were updated to reflect best practice. For example, 19 significant events had been identified between 2014 and 2015 and where appropriate these had been shared with external stakeholders. Patients affected by significant events received an apology and were told about actions taken to improve care.

An example of changes resulting from learning from incidents included:

- The introduction of a form to complete when a visit was requested by a third party on the patient's behalf and an appointment made.
- Increased length of appointment time for the nursing team when applying a dressing.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Reported incidents and national patient safety alerts were used as well as comments and complaints received from patients to collate risk information.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead for safeguarding.

Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training

relevant to their role. Nurses had attended a local safeguarding training event with other practices specifically for clinical staff which was evidenced. However, certificates of safeguard training at the appropriate level were not seen for the nurses. An audit had been carried out in May 2015 to improve the identification of vulnerable patients. This audit was on the accuracy of the formal 'at risk' register which was populated by social services and showed the implementation of changes resulting from this audit. The resultant actions include the creation of a two tier approach using separated vulnerable and safeguarding lists. An example of this system working was a patient who had relocated into the catchment area with no notification of a previous safeguarding order. The practice had placed the patient on the vulnerable list and was able to gain the relevant history as a result. The practice was in the process of completing an individual review of each vulnerable patient's record. This included where necessary contact with the appropriate external agency, such as the local authority safeguarding teams. This was to ensure patients' safeguarding records were up to date. For example, where a child is placed on the vulnerable register but their circumstances change, such as the child being adopted, the child is then removed from the vulnerable register.

The GPs attended quarterly safeguarding meetings with the health visitor, midwife and school nurse when possible and also provided reports where necessary for other agencies. The practice also held monthly internal safeguarding meetings. Clinicians we spoke with told us this was an effective way of ensuring patients were kept safe.

Our review of records showed appropriate follow-up action was taken where alleged abuse occurred to ensure vulnerable children and adults were safeguarded.

A notice was displayed in the waiting room, advising patients they could access a chaperone, if required. All staff 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.

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were

Are services safe?

securely stored and there were systems in place to monitor their use. There was a system in place for the management of high risk medicines such as disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. For example, the CCG had identified that the practice in common with some other practices in South Shropshire were high prescribers of an antibiotic medicine with an increased risk of gastrointestinal side effects compared with other antibiotics. An audit regarding the use this medicine was carried out by one of the GPs in December 2014 and a reaudit in July 2015. They took account of the local CCG's 'antibiotic indications for use' policy. They found they had reduced the prescribing of this medicine and could decrease the prescribing rate by one third of the previous year and scheduled a further audit to take place in 2016.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Improvements had been made to ensure standards of cleanliness and hygiene were of appropriate standards; significant actions include the completion of an extension to the current premises in October 2015. Examples of improvements made included:

- A bare below the elbow approach for the nursing staff team.

- A lead for infection control who had undertaken further training and the infection control policy now formed part of staff induction.

We saw records that confirmed the practice had contracted an external company to undertake Legionella testing and review its water systems to reduce the risk of infection to staff and patients. The practice acknowledged this as an ongoing area of improvement. We did not see evidence that the practice

had carried out an infection control audit since the Infection and Prevention and Control Team audit in 2012. The practice assured us that they would undertake an audit and implement any improvements accordingly. Areas for improvement included:

- Regular infection control audits to be done.
- Water temperature log sheets to be completed in respect of legionella checks.
- Cupboard storing cleaning chemicals to be locked and COSSH data to be updated to include all COSSH products.

Equipment

Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Electrical equipment was checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly. There was a process for fault recording that recorded both the recognition of the problem and the confirmation of the action taken.

Staffing and recruitment

Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Some of the files did not contain all the information such as evidence of identity such as a photograph, or both references. The practice manager confirmed following the inspection that these were held in restricted access secure staff electronic files.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were

Are services safe?

on duty. Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

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

- Health and safety information was available to staff and some staff had completed training in health and safety awareness and manual handling.
- The practice had a fire risk assessment in place and a fire alarm that was tested weekly. Evidence was seen that the evacuation procedure was adequate. For example, the last evacuation was recorded as taking place on 31st July 2015.

The practice had an electronic system for storing the health and safety policies so that all staff could access them. The practice had a variety of other risk assessments in place to monitor the safety of the premises and risks to staff and patients. The key holder arrangements for the burglar alarm systems were for one person to be contacted however there was no lone worker policy in place. We saw that there was no emergency pull cord in the disabled toilet.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, there were emergency processes in place for patients with long-term conditions; referrals made for patients whose health deteriorated suddenly and the practice monitored

repeat prescribing for patients receiving medication for mental ill-health. Staff we spoke with told us that children were always provided with an on the day appointment if required.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received cardio pulmonary resuscitation training.

Robust systems were in place to ensure emergency equipment and medicines were regularly checked; these included checking the GP bags. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a resuscitation trolley, first aid kit and accident book available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. One medicine used in the event of chest pain of possible cardiac origin was not available in the emergency drugs box as it had expired, but had been reordered. Another medicine used in the event of an opioid overdose was also in the process of being reordered. In the interim period the GPs assured us that most of the GPs at the practice carried these medicines in their doctor's bag, which mitigated the risk.

The practice had a business continuity plan in place for major incidents such as power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks. A copy was kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system 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 practice as part of a local enhanced scheme had reduced the level of QOF data monitoring during the 2013/14 period. These changes resulted in the data submitted by the practice to the area teams and Health and Social Care Information Centre (HSCIC) being lower than expected. The practice results therefore were not always comparable to other practices.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown six clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included a minor surgery audit in 2014 which had led to the creation of an improved minor surgery consent form.

Information about patient's outcomes was used to make improvements. For example following a significant event an audit was conducted into palliative care patients' records and whether they had a clearly identified lead GP. All patients had a named GP however the practice wanted to add a major alert to each palliative care patient indicating who their named GP was. The original audit had shown

zero out of 28 patients had this recorded. The named lead GP held responsibility for ensuring their electronic systems appropriated flagged patients requiring palliative care on the Gold Standards Framework, to the out-of-hours provider. They devised a form and merged this with their electronic systems to enable the out-of-hours provider to access appropriate information. A repeat audit was conducted in May 2015 which showed that the practice had improved their recording of having a named GP for palliative care patients, with 24 patients out of 30 having a clear named GP in their records and seven out of the 30 were not actively receiving palliative care.

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, 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, one-to-one meetings, appraisals and facilitation and support for the revalidation of doctors. All staff with the exception of four had had an appraisal within the last 12 months. The appraisals outstanding were planned for but some had not taken place due to staff sickness.
- 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. Staff had attended safeguard training during one of their protected learning events in 2015 but were unaware of the level of training attained. Staff had also not received certificates of attendance to verify the level of attainment. One of the GPs felt assured that the training attended by the staff was at the appropriate level for the staffs role and responsibilities.
- Staff we spoke with had a basic knowledge of the Mental Capacity Act 2005 and of Deprivation of Liberty safeguards (DoLs) and they knew where to source information should it be required, they had yet to complete any formal training.

Are services effective?

(for example, treatment is effective)

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people 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 regularly basis. For example every three months with health visitors, weekly with district nurses, monthly with the local hospice palliative care nurses. The practice monitored and ensured that care plans were routinely reviewed and updated. The practice maintained regular contact with the local mental health teams and drug and alcohol liaison services.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, 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 assessed the patient's capacity and, where appropriate, recorded the outcome of the

assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 87.04% which was better than the national average of 81.88%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. 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 92.6% to 100% and five year olds from 83.7% to 96.5% in the period 01/09/2013 to 31/01/2014. Flu vaccination rates for the over 65s were 71.01%, and at risk groups 51.36%. These were comparable to the CCG average. The practice patients aged 65 years and over in 2015 numbered 2,198 and so far the practice had vaccinated 1,302 patients, 59%.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a confidentiality booth or a dedicated counselling room to discuss their needs.

We received 28 completed CQC comment cards and all were positive about the service experienced.

On the day of our inspection, we spoke with seven patients, one of whom was a member of the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. Most of the patients told us they were satisfied with the care provided and said their dignity and privacy was respected. Feedback received from professionals who manage residential and nursing care home services also confirmed that staff were, responsive, effective, professional and caring.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice had above average rates for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and national averages of 89%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.

- 96% said the last nurse they saw or spoke to was good at giving them enough time compared to the clinical commissioning group (CCG) average of 94% and national averages of 92%.

Care planning and involvement in decisions about care and treatment

Most of the patients we spoke with told us their 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.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 81%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.

We saw evidence of care plans and patient involvement in agreeing these. For example, patients in palliative care had a named General Practitioner (GP) and a leaflet has been produced that has been adopted by the other practices in the CCG. Patients diagnosed with complex and long term conditions also had individualised care plans and these were regularly reviewed to ensure they had appropriate support in place.

Patient and carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

Are services caring?

- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.

Comment cards received also highlighted patients and carers were provided with the care and emotional support they required.

The practice's computer system alerted GPs if a patient was also a carer. Carers were actively identified by the practice and the formation of a carer's group was facilitated by the practice. Meetings are held monthly and outings are arranged throughout the year.

Practice staff worked together with care coordinators to work with vulnerable patients. Services offered included home visits, telephone follow up post discharge from secondary care and signposting patients to services available. In addition, the practice had a befriending service for patients who may need support, assistance or advice.

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 plan services and to improve outcomes for patients in the area. For example, the practice was a member of the GP Federation which is rolling out the Prime Ministers Challenge Fund, 8am to 8pm seven day per week appointment availability in hub sites in the Ludlow and Bridgnorth area.

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

- The practice offered a Friday morning 'breakfast surgery' and on a Monday evening an extended GP surgery until 7.15pm which helped working patients who could not attend during normal opening hours.
- Extended hours were available for the healthcare assistance phlebotomy service on Monday evenings and Friday 'breakfast surgery.'
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Pre bookable appointments were available to book three months in advance.
- Telephone appointments were available every day both in the morning and afternoon.
- The practice had appointed a drug secretary to assist with medication queries and requests with options to task the duty GP or the patients GP with any queries.
- Improvement of care for vulnerable pregnant mothers with access to support via the Journey to Motherhood Project.
- Access to tele-dermatology within the practice ensuring improved appropriate patient referrals to secondary care.
- Improved care for nursing and residential care patients and patients with a learning disability with use of the Care Homes Advance Scheme (CHAS). This aims to provide older patients better access to primary healthcare.
- There were disabled facilities, hearing loop and translation services available.

- The practice had extended its premises and installed electronic doors to improve access.
- Improved care for older patients who were vulnerable and socially isolated with access to the Community Care Coordinator and Compassionate Communities befriending services.

Access to the service

The practice opening times were 8.30am to 6pm Monday to Friday. It provided extended GP appointment opening times on a Monday, 6.30pm to 7:15pm and a Friday morning breakfast surgery from 7am to 7.45am. The practice also provided extended appointment times with their healthcare assistant for blood tests and health checks on Mondays from 6.30pm to 6.45pm and Fridays 7.30am to 7:45am. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for patients that needed them.

The practice is a member of their local GP Federation, which in response to the Prime Ministers Challenge Fund is to roll out seven day week 8am to 8pm appointment availability at hub sites in the Ludlow and Bridgnorth area.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 74.9%.
- 91.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73.3%.
- 91.8% patients described their experience of making an appointment as good compared to the CCG average of 82.1% and national average of 73.3%.
- 60.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64.9% and national average of 64.8%.

In 2013 the practice participated in a national audit which resulted in changes in the way the practice operated its appointments and duty doctor arrangements. The audit resulted in the earlier triage of both fit ins and visits resulting in earlier intervention depending on need and

Are services responsive to people's needs?

(for example, to feedback?)

improved access as well as a reduced need for fit in appointments. It enabled the GPs to attend a daily peer discussion and an earlier start to the afternoon appointment system starting at 3pm.

The practice were aware of the Mental Health Crisis Care Concordat which was a national agreement between services and agencies involved in the care and support of people in crisis. The Concordat outlines the work that was required at a national and local level so that organisations responding to people experiencing a mental health crisis work together collaboratively and that these agencies had a shared understanding of the local processes needed to deliver high quality crisis care. This included access to support before crisis point, making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously. The practice had advertised this access within the waiting room and on the doors of the practice entrance.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system including a summary leaflet available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice staff knew and understood the values of the practice but were unaware of any documented practice mission statement. The practice had a strategy in place which included their aims to be a GP Registrar training practice, continuing their charity work and maintaining and supporting both third and fifth year medical students from Keele University. They had completed a new extension to the practice in October 2015 to improve the facilities to their local population and staff.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that various regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. One staff member said that communication could be improved through regular whole

staff meetings, but due to the recent improvement to the premises at the practice and the organisation involved with this work whole staff meetings had not always been practicable. We also noted that the team were involved in supporting local charities which improve services for local people, such as 'Race for Life' and work with the Rotary club as well as outings with their carers group. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG established since October 2011 and supports the practice to produce an annual patient survey. The PPG met on a monthly basis had 30 members and was a mix of men and women ranging in age from 39 to 82 years old. To try and obtain wider views the practice also had a virtual group with 25 members ranging from 25 to 84 years old. The virtual group were patients that were unable to get to meetings but liked to be informed of work that the patient group does. This was normally via the internet and email but for some members this was via telephone or letter.

Staff were also regularly asked for their opinion of the practice and areas where improvements could be made. They said they felt comfortable making suggestions and felt listened to by the management team.

The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

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

Are services well-led?

Good 

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

to improve outcomes for patients in the area such as being part of the Federation group to deliver 8am to 8pm seven

day a week appointments. Another project they were involved with included the improvement of care for vulnerable pregnant mothers with access to support via the Journey to Motherhood Project.