

# Care Quality Commission

## Inspection Evidence Table

### Marysville Medical Practice (1-5827936432)

Inspection date: 22 January 2020

Date of data download: 15 January 2020

**Overall rating: add overall rating here**

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

**Safe**

**Rating: Good**

#### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

| Safeguarding   | Y/N/Partial |
|--|-------------|
| There was a lead member of staff for safeguarding processes and procedures.  | Yes         |
| Safeguarding systems, processes and practices were developed, implemented and communicated to staff.   | Yes         |
| There were policies covering adult and child safeguarding which were accessible to all staff.  | Partial     |
| Policies took account of patients accessing any online services.   | Yes         |
| Policies and procedures were monitored, reviewed and updated.  | Yes         |
| Partners and staff were trained to appropriate levels for their role.  | Yes         |
| There was active and appropriate engagement in local safeguarding processes.   | Yes         |
| The Out of Hours service was informed of relevant safeguarding information.  | Yes         |
| There were systems to identify vulnerable patients on record.  | Yes         |
| Disclosure and Barring Service (DBS) checks were undertaken where required.  | Yes         |
| Staff who acted as chaperones were trained for their role.   | Yes         |
| There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm. | Yes         |
| Explanation of any answers and additional evidence:<br>The practice had effective safeguarding processes and procedures in place and these were well-managed. All but one relatively new staff member had completed safeguarding training relevant to    |             |

| Safeguarding  | Y/N/Partial |
|---|-------------|
| <p>their role, however, time had been scheduled for them to complete their training.</p> <p>Staff we spoke with were aware of the safeguarding lead and the practice also had a named safeguarding administrator who the GPs worked closely with. Safeguarding was a standing agenda item at clinical practice meetings held and new cases were discussed and shared to enable clinicians to reflect on safeguarding cases. The practice safeguarding lead was able to obtain advice and information from a new designated safeguarding GP lead for the local Clinical Commissioning Group.</p> <p>Staff we spoke with were able to share examples of what would constitute a safeguarding concern and the action they would take. Examples of good practice were shared with us when staff had identified a potential safeguarding incident resulting in the practice liaising with the health visitor, resulting in a positive outcome.</p> <p>Safeguarding policies and procedures were held on the practice computer system. However, the safeguarding adult's policy was not easily accessible for all staff to locate at the time of the inspection, but this was rectified, and we saw staff had safeguarding contact telephone numbers available for external safeguarding teams and were aware of the process to follow.</p> <p>There were systems in place to monitor and follow up failed attendances for children's appointments. For example, if a child was not brought for their immunisations. These were coded on the clinical system to ensure all staff knew a child was not brought to their appointment. There was a system to highlight vulnerable patients on the practice clinical system to ensure all staff were aware of these patients.</p> <p>Regular multi-disciplinary meetings were held to discuss palliative care and end of life patients. Meetings with health visitors had recently been reinstated. Two meetings had been held and a further meeting scheduled to discuss any safeguarding matters and reconcile registers which related to children at risk.</p> |             |

| Recruitment systems  | Y/N/Partial |
|--|-------------|
| Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).  | Yes         |
| Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.  | Yes         |
| There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.  | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>We reviewed the personnel files for three staff employed in the last 12 months and saw that the required checks had been carried out. New staff were referred to occupational health for their health checks.</p> <p>We spoke with a new member of staff and they confirmed they had not been able to commence their employment at the practice until all the required pre-recruitment checks were in place.</p> |             |

| Safety systems and records  | Y/N/Partial |
|---|-------------|
| There was a record of portable appliance testing or visual inspection by a competent person.<br>Date of last inspection/test: March 2019  | Yes         |
| There was a record of equipment calibration.<br>Date of last calibration: October and November 2019   | Yes         |
| There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.   | Yes         |
| There was a fire procedure.   | Yes         |
| There was a record of fire extinguisher checks.<br>Date of last check: 19 September 2019  | Yes         |
| There was a log of fire drills.<br>Date of last drill: 09 September 2019  | Yes         |
| There was a record of fire alarm checks.<br>Date of last check: 21 January 2020   | Yes         |
| There was a record of fire training for staff.<br>Date of last training: various dates completed  | Yes         |
| There were fire marshals.   | Yes         |
| A fire risk assessment had been completed.<br>Date of completion: 5 September 2019  | Yes         |
| Actions from fire risk assessment were identified and completed.  | N/A         |
| <p>Explanation of any answers and additional evidence:</p> <p>Fire alarms were tested weekly. On arrival at the practice we were shown the fire evacuation procedure. We were also shown the new staff check in board that had recently been introduced which enabled identification of staff present in the building in the event of a fire. A recent fire evacuation had taken place and managed effectively.</p> <p>No actions had been identified from the fire risk assessment.</p> <p>There was evidence of hard wiring checks in addition to legionella checks undertaken.</p> |             |

| Health and safety  | Y/N/Partial |
|--|-------------|
| Premises/security risk assessment had been carried out.<br>Date of last assessment:                                | Yes         |
| Health and safety risk assessments had been carried out and appropriate actions taken.<br>Date of last assessment: | Yes         |
|  |             |

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

|   | Y/N/Partial |
|---|-------------|
| There was an infection risk assessment and policy.  | Yes         |
| Staff had received effective training on infection prevention and control.  | Yes         |
| Infection prevention and control audits were carried out.<br>Date of last infection prevention and control audit: December 2019   | Yes         |
| The practice had acted on any issues identified in infection prevention and control audits.   | Yes         |
| There was a system to notify Public Health England of suspected notifiable diseases.  | Yes         |
| The arrangements for managing waste and clinical specimens kept people safe.  | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>There were arrangements in place to manage infection, prevention and control (IPC). The premises were visibly clean and tidy on the day of the inspection. Feedback we gained from patients suggested they were satisfied with the cleanliness of the practice and the hygiene arrangements in place.</p> <p>The practice had a designated IPC nurse lead. Discussions we held with them demonstrated they understood their role and responsibilities and had received appropriate training to equip them in their lead role. For example, they advised they had completed on-line training and attended quarterly IPC events organised by the Education Facilitator at the Clinical Commissioning Group (CCG). The practice IPC lead had been supported by the Education Facilitator at the CCG when they carried out their first IPC audit at the practice. A further support visit had been made to ensure actions from the IPC audit had been addressed.</p> <p>A range of IPC audits were carried out. These included an environmental IPC audit, carried out in December 2019 where the practice achieved 98% compliance, a hand hygiene audit, minor surgery IPC audit, a contamination of equipment audit and a cold chain audit. Cleaning charts were displayed in all clinical rooms and completed daily.</p> <p>Staff had access to the infection, prevention and control policy and we saw personal protective equipment (PPE) was readily available. The staff training matrix showed staff who worked at the practice had received training in IPC and this was confirmed in discussions with staff spoken with.</p> <p>An external cleaning company were responsible for cleaning the premises and attended each evening. The IPC lead told us they had opportunity to meet with the cleaner on a regular basis to discuss any concerns regarding the cleanliness of the practice. We were advised that the cleaning company also carried out regular cleaning audits to ensure appropriate standards of cleanliness was maintained.</p> |             |

## Risks to patients

**There were adequate systems to assess, monitor and manage risks to patient safety.**

|  | Y/N/Partial |
|--|-------------|
| There was an effective approach to managing staff absences and busy periods.   | Yes         |
| There was an effective induction system for temporary staff tailored to their role.  | Yes         |
| Comprehensive risk assessments were carried out for patients.  | Yes         |
| Risk management plans for patients were developed in line with national guidance.  | Yes         |
| The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.   | Yes         |
| Clinicians knew how to identify and manage patients with severe infections including sepsis.   | Yes         |
| Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.  | Yes         |
| There was a process in the practice for urgent clinical review of such patients.   | Yes         |
| When there were changes to services or staff the practice assessed and monitored the impact on safety.   | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with told us the practice had systems in place for managing staff absences. Clinical staff had access to a sepsis assessment tool and flow chart to assist with identifying and managing patients with severe infections including sepsis. Receptionists we spoke with were aware of actions to take if they encountered a deteriorating or acutely unwell patient. Training records showed all but two staff had received annual basic life support training. However, one was currently on long-term leave and training had been arranged for the other staff member.</p> |             |

## Information to deliver safe care and treatment

**Staff had the information they needed to deliver safe care and treatment.**

|   | Y/N/Partial |
|---|-------------|
| Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. | Yes         |
| There was a system for processing information relating to new patients including the summarising of new patient notes.                          | Yes         |
| There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.                     | Yes         |
| Referral letters contained specific information to allow appropriate and timely referrals.  | Yes         |
| Referrals to specialist services were documented and there was a system to monitor delays in referrals.   | Yes         |

|   |     |
|---|-----|
| There was a documented approach to the management of test results and this was managed in a timely manner.  | Yes |
| There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.  | Yes |
| The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols. | Yes |

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

| Indicator  | Practice | CCG average | England average | England comparison                   |
|--|----------|-------------|-----------------|--------------------------------------|
| Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)   | 0.64     | 0.90        | 0.87            | Tending towards variation (positive) |
| The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)                                       | 7.6%     | 7.7%        | 8.5%            | No statistical variation             |
| Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA) | 5.02     | 5.61        | 5.60            | No statistical variation             |
| Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)   | 2.41     | 2.05        | 2.08            | No statistical variation             |

| Medicines management   | Y/N/Partial |
|--|-------------|
| The practice ensured medicines were stored safely and securely with access restricted to authorised staff. | Yes         |
| Blank prescriptions were kept securely and their use monitored in line with national guidance.             | Yes         |

| Medicines management  | Y/N/Partial |
|---|-------------|
| Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).   | Yes         |
| The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.  | Yes         |
| There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.   | Yes         |
| The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.   | Yes         |
| There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.   | Yes         |
| The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).   | Yes         |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.   | Yes         |
| If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.  | N/A         |
| The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.   | Yes         |
| For remote or online prescribing there were effective protocols for verifying patient identity.   | N/A         |
| The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.   | Yes         |
| There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.  | Yes         |
| Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.   | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>The number of antibacterial prescription items prescribed by the practice was lower than local and national averages. The practice audited their prescribing practice against best practice guidelines and had changed practice as a result. For example, when antibiotics were required only five-day courses of were prescribed.</p> <p>The practice told us they had streamlined the medicines kept in the practice and these were regularly checked. The practice and worked closely with the Clinical Commissioning Group medicines management pharmacist team. They had recently started using Eclipse and all up to date information on medicines shortages were put on the intranet by the practice manager, so they were quickly accessible by all.</p> <p>The practice had developed a list of emergency medicines following a review of CQC guidance. They</p> |             |



| Medicines management   | Y/N/Partial |
|--|-------------|
| <p>had assessed the risk for two medicines they did not stock based on their proximity to a local hospital Accident and Emergency unit. We saw the practice had effective systems in place for the monitoring of emergency medicines and equipment.</p> <p>Patients were now able to access the NHS Prescription Ordering Direct (POD) System, which allowed them to order their repeat medicines with one telephone call.</p> |             |

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

| Significant events  | Y/N/Partial |
|---|-------------|
| The practice monitored and reviewed safety using information from a variety of sources.   | Yes         |
| Staff knew how to identify and report concerns, safety incidents and near misses.   | Yes         |
| There was a system for recording and acting on significant events.  | Yes         |
| Staff understood how to raise concerns and report incidents both internally and externally.   | Yes         |
| There was evidence of learning and dissemination of information.  | Yes         |
| Number of events recorded in last 12 months:  | 15          |
| Number of events that required action:  | 11          |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice had a significant/critical event procedure and aimed to foster an open and fair culture committed to learning and ensured lessons were learned as part of the practice's commitment to maintaining high quality services and supporting staff. This was confirmed by staff we spoke with. They were able to share examples of recent events, actions taken and the learning as a result of these.</p> <p>Significant events were a standing agenda item and discussed and reviewed in meetings held.</p> |             |

Examples of significant events recorded and actions by the practice.

| Event  | Specific action taken  |
|--|--|
| A patient tripped over a large rubber mat in the reception area resulting in injury.   | The patient was attended to and after assessing the situation the mat was replaced. The risk of having the mat in place was lower than the risk of the tiles underneath becoming slippery when wet. The Practice were in the process of obtaining quotations to replace the flooring.  |
| Full evacuation of the premise due to wind blowing dust into an external electrical cupboard setting the alarm off.  | The premises were evacuated, and all persons congregated at the designated assembly point. The fire service was called and attended. Advice was provided on maintaining the external fire cupboard and the need to put fire panel instructions next to the panel along with the zone numbers. This was actioned by the practice. |
| Cold chain breach - Vaccines were received by reception staff and placed in the sample fridge held at reception on a Friday and had not informed the nursing | The vaccine manufacturer was contacted, and the vaccines destroyed. All staff were made aware of the incident. Upon receipt of any vaccines they are immediately given to a nurse and placed in the appropriate fridge.  |



|  |  |
|--|--|
| team. When the fridge was checked on the following Monday the fridge temperature was out of range. |  |
|--|--|

| Safety alerts   | Y/N/Partial |
|---|-------------|
| There was a system for recording and acting on safety alerts.   | Yes         |
| Staff understood how to deal with alerts.   | Yes         |
| Explanation of any answers and additional evidence:<br>We saw examples of actions taken on recent alerts. For example, an alert recently issued around the risk of harm to babies and children from coin/button batteries in hearing aids and other devices. Leaflets had been provided to patients to ensure batteries were stored safely. |             |

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

|   | Y/N/Partial |
|---|-------------|
| The practice had systems and processes to keep clinicians up to date with current evidence-based practice.  | Yes         |
| Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.  | Yes         |
| Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.  | Yes         |
| We saw no evidence of discrimination when staff made care and treatment decisions.  | Yes         |
| Patients' treatment was regularly reviewed and updated.   | Yes         |
| There were appropriate referral pathways to make sure that patients' needs were addressed.  | Yes         |
| Patients were told when they needed to seek further help and what to do if their condition deteriorated.  | Yes         |
| The practice used digital services securely and effectively and conformed to relevant digital and information security standards.   | Yes         |
| Explanation of any answers and additional evidence:<br>The practice had streamlined the referral process and had adopted an electronic process which they considered was safer, quicker and more effective. |             |

| Prescribing   | Practice performance | CCG average | England average | England comparison       |
|---|----------------------|-------------|-----------------|--------------------------|
| Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small> | 0.47                 | 0.73        | 0.74            | No statistical variation |

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

| Diabetes Indicators   | Practice   | CCG average | England average | England comparison       |
|---|------------|-------------|-----------------|--------------------------|
| The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>                        | 83.6%      | 81.9%       | 79.3%           | No statistical variation |
| Exception rate (number of exceptions).  | 10.5% (28) | 12.8%       | 12.8%           | N/A                      |
| The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 74.2%      | 77.1%       | 78.1%           | No statistical variation |
| Exception rate (number of exceptions).  | 11.3% (30) | 10.1%       | 9.4%            | N/A                      |

|  | Practice  | CCG average | England average | England comparison                   |
|--|-----------|-------------|-----------------|--------------------------------------|
| The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 88.3%     | 81.7%       | 81.3%           | Tending towards variation (positive) |
| Exception rate (number of exceptions).   | 9.8% (26) | 12.3%       | 12.7%           | N/A                                  |

| Other long-term conditions  | Practice   | CCG average | England average | England comparison       |
|---|------------|-------------|-----------------|--------------------------|
| The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>          | 79.7%      | 75.4%       | 75.9%           | No statistical variation |
| Exception rate (number of exceptions).  | 9.5% (32)  | 6.0%        | 7.4%            | N/A                      |
| The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 98.5%      | 90.9%       | 89.6%           | Variation (positive)     |
| Exception rate (number of exceptions).  | 14.1% (11) | 10.1%       | 11.2%           | N/A                      |

| Indicator  | Practice  | CCG average | England average | England comparison                   |
|--|-----------|-------------|-----------------|--------------------------------------|
| The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>   | 86.2%     | 82.7%       | 83.0%           | No statistical variation             |
| Exception rate (number of exceptions).   | 6.4% (52) | 4.5%        | 4.0%            | N/A                                  |
| In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 97.6%     | 89.6%       | 91.1%           | Tending towards variation (positive) |
| Exception rate (number of exceptions).   | 7.8% (7)  | 6.2%        | 5.9%            | N/A                                  |

| Any additional evidence or comments  |
|--|
| The practice either had a positive variation or was tending towards a positive variation in three of the seven indicators for diabetes and long-term conditions. |

## Families, children and young people

## Population group rating: Good

### Findings

- The practice had met the minimum 90% target all four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

| Child Immunisation   | Numerator | Denominator | Practice % | Comparison to WHO target of 95% |
|--|-----------|-------------|------------|---------------------------------|
| The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England) | 40        | 43          | 93.0%      | Met 90% minimum                 |
| The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)  | 42        | 45          | 93.3%      | Met 90% minimum                 |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)  | 42        | 45          | 93.3%      | Met 90% minimum                 |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)   | 42        | 45          | 93.3%      | Met 90% minimum                 |

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Any additional evidence or comments

The practice applied their 'child not brought' policy for children not brought in for the immunisations and these were followed up and uptake of immunisation was promoted. A clinician we spoke with was able to share an example of a positive outcome in relation to child immunisation.

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

Population group rating: **Good**

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

| Cancer Indicators   | Practice | CCG average | England average | England comparison       |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England) | 81.8%    | N/A         | 80% Target      | Met 80% target           |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)  | 82.1%    | 77.9%       | 71.6%           | N/A                      |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)  | 59.4%    | 62.5%       | 58.0%           | N/A                      |
| The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)  | 70.0%    | 71.3%       | 68.1%           | N/A                      |
| Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)   | 60.0%    | 54.8%       | 53.8%           | No statistical variation |

### Any additional evidence or comments

Due to an increased number of patients requesting a prostate-specific antigen (PSA) cancer test, a detailed protocol had been developed to assist practice nurses, health care assistants and reception staff.

PSA is a protein produced by normal and cancerous cells in the prostate. The protocol included information to advise patients that there is currently no national screening programme for prostate cancer in the UK as its not been proved that the benefits would outweigh the risks.

## People whose circumstances make them vulnerable

## Population group rating: Good

### Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. The practice had 37 patients with a learning disability on their register. Of these patients 21 had received a health check in 2019 and 11 had appointments booked to attend the practice shortly.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at a local residential respite home facility.

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

## Population group rating: Good

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.



| Mental Health Indicators  | Practice  | CCG average | England average | England comparison       |
|---|-----------|-------------|-----------------|--------------------------|
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <sup>(QOF)</sup> | 94.4%     | 91.4%       | 89.4%           | No statistical variation |
| Exception rate (number of exceptions).  | 16.3% (7) | 13.2%       | 12.3%           | N/A                      |
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <sup>(QOF)</sup>                          | 97.6%     | 92.7%       | 90.2%           | No statistical variation |
| Exception rate (number of exceptions).  | 4.7% (2)  | 11.3%       | 10.1%           | N/A                      |
| The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <sup>(QOF)</sup>  | 91.3%     | 84.0%       | 83.6%           | No statistical variation |
| Exception rate (number of exceptions).  | 8.0% (4)  | 5.5%        | 6.7%            | N/A                      |

## Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

| Indicator                                      | Practice | CCG average | England average |
|--|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559)         | 557.7    | 548.5       | 539.2           |
| Overall QOF score (as a percentage of maximum) | 99.8%    | 98.1%       | 96.7%           |
| Overall QOF exception reporting (all domains)  | 4.9%     | 5.2%        | 5.9%            |

|   | Y/N/Partial |
|---|-------------|
| Clinicians took part in national and local quality improvement initiatives.   | Yes         |
| The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements. | Yes         |
| Quality improvement activity was targeted at the areas where there were concerns.   | Yes         |
| The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.                                    | Yes         |

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

A range of audits had been carried out over the previous two years. These included audits on:

- Antibiotic prescribing
- Acute cough
- Hydroxychloroquine
- Looked after children
- Salbutamol inhalers
- Chaperones offered
- Homeless patients
- Infection control and prevention
- Wound care

A two-cycle audit had been carried out on the management of wounds within the practice to ensure guidelines were followed. The first audit carried out in February 2019, identified eight patients who were currently being treated for one or more wounds, including post-operative wounds. The audit found the practice were following national guidance when carrying out wound care but were not always doing this within the set time frames. For example, wound assessments completed upon presentation was 62% and leg ulcers that had a Doppler (ultrasound test) within two weeks was 0%. They considered this may have been as a result of some considerable changes in the nursing team and shortage of appointments. Changes were made and as a result of the audit including offering patients a Doppler within two weeks of presentation. Dedicated Doppler slots were included within the team schedule every week. The nursing team had received specific training in wound care and had adopted a specific wound care template.

A re-audit carried out in November 2019 found the practice had achieved full compliance across all the standards and significant improvements had been made with the prompt assessment of patients and changes made had a positive impact on the holistic assessment and care provided to patients with wounds. A clinician we spoke with told us they were really proud of the achievements the practice had made and reported the practice had 11 patients with wounds in August 2019 and this had since reduced to one patient as a result of the changes implemented and continuity from the nursing team.

Leaders told us that despite having a challenging year the practice had achieved 99.8%, their best ever QOF score in 2019 and they were on track to repeat it in 2020. They considered the achievement was down to team work and effort.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

|  | Y/N/Partial |
|--|-------------|
| Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.   | Yes         |
| The learning and development needs of staff were assessed.   | Yes         |
| The practice had a programme of learning and development.  | Yes         |
| Staff had protected time for learning and development.   | Yes         |
| There was an induction programme for new staff.  | Yes         |
| Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.  | N/A         |
| Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.   | Yes         |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.   | Yes         |
| There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.  | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>Leaders actively encouraged staff to continually enhance their personal development and had a staff development policy in place. Staff we spoke with told us they had received an appraisal of their work and were supported with their learning and development needs and had protected time to complete essential training at work or in their own time, for which they were reimbursed. A clinician told us they had been supported to complete a fundamentals course in primary care in addition to a diabetes degree module and a range of study days for foot care and asthma. Another nurse was due to commence a 12-week course on asthma and chronic obstructive pulmonary disease (COPD) and would become the lead nurse in this area. Another nurse planned to attend training on women's health and/or learning disabilities. A receptionist told us they had recently completed a medical terminology course to support them in their work. The practice also participated in the protected learning time events for staff provided by the Clinical Commissioning Group (CCG).</p> <p>Leaders told us despite the staffing challenges over the last couple of years, they considered they had a full and rounded team working at the practice and were fortunate to have recruited to a high standard. Leaders were continually reviewing their skill mix. For example, they had recently recruited an Urgent Care Practitioner (UCI) who was due to commence employment in February 2020 and would support the work on E-Consult and home visits with the duty GP and advanced clinical practitioner (ACP). They planned to further diversify and had recruited a locum pharmacist to work at the practice for three months.</p> |             |

## Coordinating care and treatment

### Staff worked together and with other organisations to deliver effective care and treatment.

| Indicator  | Y/N/Partial |
|--|-------------|
| The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019)<br>(QOF)  | Yes         |
| We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.   | Yes         |
| Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.  | Yes         |
| Patients received consistent, coordinated, person-centred care when they moved between services.   | Yes         |
| For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.   | Yes         |
| Explanation of any answers and additional evidence:<br>Staff we spoke with were able to share examples of working with different multi-disciplinary teams which included the tissue viability nurses, diabetes specialist nurse, health visitor and district nurses. |             |

## Helping patients to live healthier lives

### Staff were consistent and proactive in helping patients to live healthier lives.

|  | Y/N/Partial |
|--|-------------|
| The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.  | Yes         |
| Staff encouraged and supported patients to be involved in monitoring and managing their own health.  | Yes         |
| Patients had access to appropriate health assessments and checks.  | Yes         |
| Staff discussed changes to care or treatment with patients and their carers as necessary.  | Yes         |
| The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.  | Yes         |
| Explanation of any answers and additional evidence:<br>The practice employed a counsellor and was a training practice for two voluntary trainee counsellors who provided support for patients.<br>The practice actively supported and engaged patients in preventative healthcare and were offering a range of work and patient education on the benefits of exercise, eating healthy, NHS health checks and screening in addition to self-help. For example, for a recent CCG initiative and competition they used their apprentice receptionists and displayed information about conjunctivitis in the waiting area, which was well received. The practice actively referred patients to the national diabetes prevention programme, an initiative that supports patients who are at higher risk of Type 2 diabetes with dedicated education about |             |

healthy eating, lifestyle choices, losing weight and physical exercise.

The practice participation group regularly arranged health talks provided by an external speaker. They had also produced a 'Your health Matters' information leaflet for patients with suggestions to improve their wellbeing.

| Smoking Indicator   | Practice | CCG average | England average | England comparison       |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 96.0%    | 94.8%       | 95.0%           | No statistical variation |
| Exception rate (number of exceptions).  | 0.6% (8) | 0.6%        | 0.8%            | N/A                      |

## Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

|   | Y/N/Partial |
|---|-------------|
| Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.                                    | Yes         |
| Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.  | Yes         |
| The practice monitored the process for seeking consent appropriately.   | Yes         |
| Policies for any online services offered were in line with national guidance.   | Yes         |
| Explanation of any answers and additional evidence:<br>Written consent was obtained for minor surgery and ear irrigation and verbal consent was obtained for cervical cancer screening. |             |

## Caring

## Rating: Caring

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

|   | Y/N/Partial |
|---|-------------|
| Staff understood and respected the personal, cultural, social and religious needs of patients.                      | Yes         |
| Staff displayed understanding and a non-judgemental attitude towards patients.                                      | Yes         |
| Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition. | Yes         |

| CQC comments cards   |    |
|--|----|
| Total comments cards received.   | 54 |
| Number of CQC comments received which were positive about the service. | 51 |
| Number of comments cards received which were mixed about the service.  | 2  |
| Number of CQC comments received which were negative about the service. | 1  |

| Source                            | Feedback  |
|-----------------------------------|---|
| Patient discussions               | We spoke with eight patients during the inspection and all of them told us they were treated with kindness, compassion and respect by both reception and medical staff.   |
| CQC comment cards                 | Fifty-one patients reported positively about their experience at the practice. Several patients had singled staff out for specific praise including reception staff, nurses and GPs.<br>Patients reported that they had positive interactions with staff and felt listened to during their clinical appointments.   |
| Patient Participation Group (PPG) | Representatives of the PPG told us staff were very caring and promoted an ethos of friendliness and a positive culture that came from the top.  |
| NHS UK                            | Sixteen reviews have been posted on the NHS UK website between 15/03/18 and 21/05/19 in relation to this practice, 13 of these were rated 5* and two were rated 1*. The provider had responded to all reviews. Positive reviews related to how the practice was managed and the care and treatment received from friendly, supportive, kind, caring and efficient staff. Negative feedback was in relation to reception staff attitude. |
| Friends and Family Test (FFT)     | According to data provided by the practice 71% of patients that had completed the FFT test in 2018-19 said they were extremely likely to recommend the practice to their family and friends and 26% said likely. In 2019-20 96% of respondents said they were extremely likely to recommend the practice. Comments included being treated with the utmost dignity, care and respect by caring and professional staff.                   |
| Care home                         | The practice provided a GP service to a local respite residential facility for adults with a learning disability. We spoke with a representative from this service about the care and treatment people using their service received. The representative described the   |

care provided by the GP practice as exemplary. They told us the practice was very quick to respond to any changing healthcare needs of the people they supported and provided home visits if requested. Double appointments were also available upon request.

## National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 6025.0                   | 260.0            | 118.0            | 45.4%                 | 1.96%                    |

| Indicator   | Practice | CCG average | England average | England comparison                   |
|---|----------|-------------|-----------------|--------------------------------------|
| The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)                   | 92.0%    | 92.3%       | 88.9%           | No statistical variation             |
| The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019) | 90.8%    | 91.6%       | 87.4%           | No statistical variation             |
| The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)                              | 94.3%    | 97.5%       | 95.5%           | No statistical variation             |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)   | 94.9%    | 88.0%       | 82.9%           | Tending towards variation (positive) |

## Any additional evidence or comments

The percentage of respondents to the GP patient survey who responded positively to the overall experience of this GP practice was higher than the local and national average.

Leaders told us they wanted their patients to feel welcome, supported and cared for from the minute they contacted the practice and at every interaction with any member of staff. They advised us that they strived to always treat patients with kindness, respect and empathy and reception staff had received training on active signposting and communication skills to support them in their role.



| Question  | Y/N |
|---|-----|
| The practice carries out its own patient survey/patient feedback exercises. | Yes |

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

|  | Y/N/Partial |
|--|-------------|
| Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.  | Yes         |
| Staff helped patients and their carers find further information and access community and advocacy services.  | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>Leaders told us GPs had a patient centred approach and the whole practice team go the extra mile to accommodate patients who are vulnerable or have special requirements. For example, the practice had developed an easy read and pictorial guide for patients with a learning disability to help them understand the procedure for their health checks.</p> <p>A care and community co-ordinator (CCC) was employed by the practice and funded by the Clinical Commissioning Group nine hours per week. Discussions held with the CCC during the inspection showed they had developed good knowledge of local charities and services to which they could signpost patients. They supported patients with decisions patients wished to make and received an average of 10 referrals a month. They shared examples of their work and the positive outcomes for patients with us.</p> |             |

| Source                    | Feedback  |
|---------------------------|---|
| Interviews with patients. | All eight patients we spoke with told us they felt involved in their care and treatment and clinicians took the time to listen to them and informed them about the risks and benefits of any treatment. Patients also told us they were provided with enough time during their consultations and did not feel rushed. |

### National GP Survey results

| Indicator  | Practice | CCG average | England average | England comparison       |
|--|----------|-------------|-----------------|--------------------------|
| The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019) | 91.8%    | 96.4%       | 93.4%           | No statistical variation |

|   | Y/N/Partial |
|---|-------------|
| Interpretation services were available for patients who did not have English as a first language.   | Yes         |
| Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.   | Yes         |
| Information leaflets were available in other languages and in easy read format.   | Yes         |
| Information about support groups was available on the practice website.   | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a pictorial leaflet to share with patients with a learning disability to provide them with information about having a health check. This included photos of the nursing team that carried out health checks and the procedure to help familiarise patients. Additional consultation time was made available for non-English speaking patients.</p> |             |

| Carers  | Narrative   |
|---|---|
| Percentage and number of carers identified.                 | The practice had 148 identified carers. This was 2.43% of the practice population.  |
| How the practice supported carers (including young carers). | The practice had a care and community co-ordinator who was able to signpost carers to a range of external agencies for support, for example charities and services. |
| How the practice supported recently bereaved patients.      | The practice signposted bereaved patients to external services for support.   |

## Privacy and dignity

### The practice respected patients' privacy and dignity.

|   | Y/N/Partial |
|---|-------------|
| Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.  | Yes         |
| Consultation and treatment room doors were closed during consultations.   | Yes         |
| A private room was available if patients were distressed or wanted to discuss sensitive issues.   | Yes         |
| There were arrangements to ensure confidentiality at the reception desk.  | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were able to share positive examples of how they promoted privacy and dignity in their work. All the patients we spoke with during the inspection told us staff upheld their privacy and dignity.</p> |             |

## Responsive

Rating: Good

### Responding to and meeting people's needs

#### The practice organised and delivered services to meet patients' needs.

|   | Y/N/Partial |
|---|-------------|
| The practice understood the needs of its local population and had developed services in response to those needs.  | Yes         |
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided.   | Yes         |
| The facilities and premises were appropriate for the services being delivered.  | Yes         |
| The practice made reasonable adjustments when patients found it hard to access services.  | Yes         |
| There were arrangements in place for people who need translation services.  | Yes         |
| The practice complied with the Accessible Information Standard.   | Yes         |
| Explanation of any answers and additional evidence:<br>The premise was purpose built and accessible for all patients. A wheelchair, lower reception desk, hearing loops, bariatric chairs and adjustable couches were available in addition to a screen check offering alternative languages and visual aids. Disabled car parking was also available.<br>Staff had received training in the Accessible Information Standard. |             |

| Practice Opening Times                                       |  |
|--|--|
| Day  | Time   |
| <b>Opening times:</b>  |  |
| Monday to Friday   | 8.30am – 6pm   |
| <b>Routine bookable appointments were available:</b>         |  |
| Monday to Friday   | 8.40am – 11am<br>3pm - 5.40pm  |
| <b>Urgent on the day pooled appointments were available:</b> |  |
| Monday to Friday   | 11am – 12.30pm<br>4.30pm – 5.30pm  |
| <b>Extended hours:</b>                                       |  |
| Monday to Friday   | 6pm – 8.30pm   |
| Saturday and Sunday  | 8am – 12.30pm  |
|  | The above extended hours appointments were held at other practices in Shrewsbury, and weekend appointments were held at Marden Medical Practice. A Monday evening session was provided at Marysville Medical Practice every other week. Appointment were available with GPs, Nurses and Health Care Assistants and could be booked via the practice. |

## National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 6025.0                   | 260.0            | 118.0            | 45.4%                 | 1.96%                    |

| Indicator  | Practice | CCG average | England average | England comparison       |
|--|----------|-------------|-----------------|--------------------------|
| The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019) | 96.5%    | 96.7%       | 94.5%           | No statistical variation |

### Any additional evidence or comments

The practice opening times were displayed on their website, the practice leaflet and the TV information screen monitors in both waiting areas.

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice was located in a purpose-built building with easy access and disabled parking facilities provided.

### People with long-term conditions

### Population group rating: Good

#### Findings

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local community team, for example district nurses to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Children's appointments were prioritised, and children were seen the same day.
- Patients were able to access on the day urgent appointments for minor illnesses.

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

**Population group rating: Good**

### **Findings**

- 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.
- The practice was open between 8.30am and 6pm on a Monday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area between 6pm and 8.30pm weekdays and between 10am and 1pm weekends. A Monday evening session was provided at Marysville Medical Practice every other week.
- The practice had increased phlebotomy and urgent on the day slots for all patients including working age people where job constraints can prevent them from attending multiple appointments.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Homeless people were offered walk in appointments late morning. The practice had developed an easy read guide for patients with a learning disability to help them understand the procedure for a health check.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: Good**

**Findings**

- Priority same day appointments were allocated when necessary to those experiencing poor mental health with drop in appointments provided where fixed appointments failed.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice funded their own counselling service.
- The practice actively contacted relatives of patients affected by death/suicide of family members, friends and colleagues.

**Timely access to the service**

**People were able to access care and treatment in a timely way.**

National GP Survey results

|  | Y/N/Partial |
|--|-------------|
| Patients with urgent needs had their care prioritised.   | Yes         |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.   | Yes         |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary.   | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>Patients were able to book appointments in person, by telephone and some appointments could be booked on-line.</p> <p>Telephone advice was also available Monday to Friday.</p> <p>Patients requiring an urgent same day appointment were requested to telephone the practice between 8.30am and 9am.</p> <p>Patients were encouraged to book a double appointment if they had more than one problem to discuss.</p> <p>Home visits were primarily available for housebound patients or those too ill to attend the practice and were triaged by GPs. Patients requiring a home visit were requested to telephone the practice before 10.30am and were seen after morning surgery or early afternoon.</p> <p>Patients could also consult and gain self-help from the practice by completing an online form through</p> |             |

E-Consult.

Where possible the practice tried to ensure when a patient required to see more than one member of the team they aligned the appointment slots, so they attended the practice once and saw all the appropriate health professionals within a short time on the same day.

| Indicator   | Practice | CCG average | England average | England comparison       |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019) | 91.2%    | N/A         | 68.3%           | Variation (positive)     |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)                             | 81.1%    | 74.4%       | 67.4%           | No statistical variation |
| The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)                    | 71.0%    | 69.4%       | 64.7%           | No statistical variation |
| The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)                     | 83.0%    | 78.5%       | 73.6%           | No statistical variation |

#### Any additional evidence or comments

The practice achieved higher than local and national averages across all four indicators in the National Patient Survey 2019 in relation to access to appointments.

The practice had carried out its own patient survey in 2019 and asked patients ten questions about their experiences of the practice. Sixty-nine percent of respondents said they were satisfied with the GP appointment times offered to them and 23% said they were fairly satisfied.

| Source              | Feedback  |
|---------------------|---|
| Patient discussions | All eight patients we spoke with during the inspection told us they were able to get a routine appointment when they needed one, including when it was an emergency. Patients considered there were enough qualified staff available and had no concerns regarding only female GPs working at the practice. |
| CQC comment cards   | Two of the 54 CQC comment cards received referred to the difficulty obtaining an appointment.   |
| Care home           | A representative of a local respite facility for adults with a learning disability told us the practice was very quick to respond to any changing healthcare needs of the people they supported and provided home visits if requested. Double appointments were also available upon request.                |



|        |   |
|--------|---|
| NHS UK | Three of the 15 reviews posted on this website included information about difficulties obtaining an appointment at the practice. The provider had responded to all reviews. |
|--------|---|

## Listening and learning from concerns and complaints

### Complaints were listened and responded to and used to improve the quality of care

| Complaints   |      |
|--|------|
| Number of complaints received in the last year.                                    | Five |
| Number of complaints we examined.  | Five |
| Number of complaints we examined that were satisfactorily handled in a timely way. | Five |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman.   | None |

|   | Y/N/Partial |
|---|-------------|
| Information about how to complain was readily available.  | Yes         |
| There was evidence that complaints were used to drive continuous improvement.   | Yes         |
| <p>Explanation of any answers and additional evidence:</p> <p>Complaints leaflets were readily available on the reception desk. Information included the escalation process should a patient be dissatisfied with how their complaint had been managed or the outcome of their complaint. Not all the patients we spoke with during the inspection were aware of how to complain, however patients told us they had not had cause to complain.</p> <p>We saw the practice had received numerous compliments, a number of these included compliments identifying individual staff members for the exceptional care and treatment provided. Compliments were shared across the whole team via a range of formats.</p> |             |

### Examples of learning from complaints.

| Complaint   | Specific action taken   |
|---|---|
| A Complaint had been received from a patient about the technique used during an invasive procedure. | A letter of response was sent to the patient and an appointment was offered for them to discuss their complaint further. Anonymised information was shared with practice nursing team regarding the situation and how they could learn from this. For example, improved communication, and ensuring the correct technique was used. |
| There had been a delay in referring a patient which had led to complications.                       | A review of the complaint identified that the patient should have been referred to an ear, nose and throat specialist rather than Audiology. The complaint was shared with the staff member concerned and the appropriate referral pathway was followed. A letter of response was sent to the complainant.                          |

## Well-led

## Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

|  | Y/N/Partial |
|--|-------------|
| Leaders demonstrated that they understood the challenges to quality and sustainability.  | Yes         |
| They had identified the actions necessary to address these challenges.   | Yes         |
| Staff reported that leaders were visible and approachable.   | Yes         |
| There was a leadership development programme, including a succession plan.   | Yes         |
| Explanation of any answers and additional evidence:<br>Leaders understood the main challenges to providing good quality care and the action they had taken to address them. For example, since the last inspection there had been significant changes in leadership and across the workforce. Up until April 2016 the practice had three GP partners. One partner then retired and a salaried GP was employed. The main practice nurse then left the practice due to relocation. A second GP partner left the practice in March 2018 when both the practice manager and the salaried GP were on long-term leave. For several months the practice was run by the principle GP and locums. Two new salaried GPs were recruited in May 2018. The principal GP chose to continue the practice as an individual which CQC approved in October 2018. There were issues in relation to the financial securities, the practice lease and the ever-changing landscape of the local health economy.<br><br>The practice had a detailed documented business development plan in place and five-year strategy that had been developed in 2019. The plan detailed their strategic roles tailored to meet the requirements of the practice population. |             |

### Vision and strategy

**The practice had a clear vision and credible strategy to provide high quality sustainable care.**

|   | Y/N/Partial |
|---|-------------|
| The practice had a clear vision and set of values that prioritised quality and sustainability.  | Yes         |
| There was a realistic strategy to achieve their priorities.   | Yes         |
| The vision, values and strategy were developed in collaboration with staff, patients and external partners.   | Yes         |
| Staff knew and understood the vision, values and strategy and their role in achieving them.   | Yes         |
| Progress against delivery of the strategy was monitored.  | Yes         |
| Explanation of any answers and additional evidence:<br>The practice team aimed to provide the best possible high-quality healthcare for all their patients and had a documented mission statement in place. They aimed to: <ul style="list-style-type: none"><li>- Provide a professional service at all times.</li><li>- Work in partnership with their patients, their families and carers and involve them in decision</li></ul> |             |

making about their care and treatment.

- Treat patients and staff fairly, respectfully and without discrimination.
- Use NHS resources efficiently, and effectively whilst providing clinically appropriate treatment.
- Care for the vulnerable
- Promote healthy living
- Create a welcoming atmosphere at the practice
- Work as a team with all employees of the practice.

Staff we spoke with were aware of the mission statement, values and vision.

## Culture

### The practice had a culture which drove high quality sustainable care.

|   | Y/N/Partial |
|---|-------------|
| There were arrangements to deal with any behaviour inconsistent with the vision and values.   | Yes         |
| Staff reported that they felt able to raise concerns without fear of retribution.   | Yes         |
| There was a strong emphasis on the safety and well-being of staff.  | Yes         |
| There were systems to ensure compliance with the requirements of the duty of candour.   | Yes         |
| When people were affected by things that went wrong they were given an apology and informed of any resulting action.  | Yes         |
| The practice encouraged candour, openness and honesty.  | Yes         |
| The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.   | Yes         |
| The practice had access to a Freedom to Speak Up Guardian.  | Yes         |
| Staff had undertaken equality and diversity training.   | Yes         |
| Explanation of any answers and additional evidence:   |             |
| Leaders told us they had worked hard over the last five years to encourage a team approach and open-door policy for all staff to approach managers at any time and be involved in change and lead on this where possible. They considered this empowered staff, maximised morale and motivation within the team. They told us they valued all members of staff and their opinions. This was reflected in discussions held with staff we spoke with. |             |

Examples of feedback from staff or other evidence about working at the practice

| Source            | Feedback   |
|-------------------|--|
| Staff discussions | We spoke with a range of staff throughout the inspection. They all told us they very much enjoyed working at the practice and felt very supported in their work. Some staff considered the new team was the strongest team the practice had experienced for some time. Staff considered the team worked very well together and were committed in providing a high standard of patient care. Staff told us they |

were encouraged to provide feedback and leaders promoted a proactive approach to including staff in innovation and change. Many staff told us they felt privileged to work at the practice and felt valued members of the team.

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

|  | Y/N/Partial |
|--|-------------|
| There were governance structures and systems which were regularly reviewed.  | Yes         |
| Staff were clear about their roles and responsibilities.   | Yes         |
| There were appropriate governance arrangements with third parties.   | Yes         |
| Explanation of any answers and additional evidence:  |             |
| Leaders considered they had improved the management of documentation after they acquired TeamNet, a web-based platform for sharing, exchanging and collaborating key information including significant events, complaints, policies and procedures, staff training and clinical guidance.  |             |
| An external human resources (HR) legal company was used to ensure correct HR processes were followed. Leaders told us they had been working closely with them regarding staff contracts and the staff handbook.  |             |
| Regular business meetings were held to ensure strategic aims and the day to day business was managed well. Other meetings held included clinical meetings, nurse meetings, administrative and PPG meetings.  |             |
| The practices had a designated duty GP in place each day. The principle GP was currently the lead for all clinical areas and had been working closely with salaried GPs to develop and empower them to take a lead in her absence. Leaders told us they involved staff in the practice developments and finances which provided them experience of partnership or managing the practice. |             |

## Managing risks, issues and performance

### There were clear and effective processes for managing risks, issues and performance.

|  | Y/N/Partial |
|--|-------------|
| There were comprehensive assurance systems which were regularly reviewed and improved. | Yes         |
| There were processes to manage performance.  | Yes         |
| There was a systematic programme of clinical and internal audit.                       | Yes         |
| There were effective arrangements for identifying, managing and mitigating risks.      | Yes         |
| A major incident plan was in place.  | Yes         |
| Staff were trained in preparation for major incidents.                                 | Yes         |

|   |     |
|---|-----|
| When considering service developments or changes, the impact on quality and sustainability was assessed.  | Yes |
| Explanation of any answers and additional evidence:   |     |
| <p>Leaders told us they regularly assessed and managed a range of risks including risks to patient safety. For example, they planned to replace the flooring on the whole of the ground floor waiting room, corridor and GP consulting rooms with more suitable flooring than the current floor tiles in place.</p> <p>The practice had a detailed business continuity planning and recovery plan in place that had been revised in January 2020 to ensure they were able to continue to offer effective healthcare under exceptional and adverse circumstances. The plan identified key risks that had been identified by most staff and included a risk assessment document. Copies of the plan were held outside of the practice and included two local practices that had agreed to hold a copy of each other's plans. Staff were provided with a personal laminated credit-sized telephone number contact list for all other members of staff for emergency use.</p> |     |

### Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

|  | Y/N/Partial |
|--|-------------|
| Staff used data to adjust and improve performance.   | Yes         |
| Performance information was used to hold staff and management to account.                          | Yes         |
| Our inspection indicated that information was accurate, valid, reliable and timely.                | Yes         |
| There were effective arrangements for identifying, managing and mitigating risks.                  | Yes         |
| Staff whose responsibilities included making statutory notifications understood what this entails. | Yes         |

If the practice offered online services:

|  | Y/N/Partial |
|--|-------------|
| The provider was registered as a data controller with the Information Commissioner's Office. | Yes         |
| Patient records were held in line with guidance and requirements.                            | Yes         |
| Any unusual access was identified and followed up.   | Yes         |

### Engagement with patients, the public, staff and external partners

**The practice involved the public, staff and external partners to sustain high quality and sustainable care.**

|  | Y/N/Partial |
|--|-------------|
| Patient views were acted on to improve services and culture. | Yes         |
| The practice had an active Patient Participation Group.      | Yes         |

|   |     |
|---|-----|
| Staff views were reflected in the planning and delivery of services.  | Yes |
| The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.  | Yes |
| Explanation of any answers and additional evidence:   |     |
| <p>Leaders told us they had developed a very positive working relationship with the Patient Participation Group (PPG) and were proud of the part they played in the practice. Information about the PPG and their work was readily available.</p> <p>The practice regularly engaged with patients and had developed a patient newsletter which was regularly shared with patients via the PPG virtual reference group and in the practice. Information shared in a recent newsletter included staff changes, flu vaccines, welcome to newly registered patients to the practice following the closure of a nearby practice, patient feedback, wound dressing service, end of life care and lifestyle information. The practice also had close contact with a local magazine company and had placed several articles in their magazines about the practice.</p> <p>The practice also produced a staff newsletter. The most recent edition included information about staff changes, practice environmental improvements and performance for example, Quality Outcomes Framework (QOF). The increasing patient list size, the primary care network (PCN) membership in addition to a detailed summary from the practice manager about her job role and areas of responsibility. They also advised staff that their door was always open if they had any questions. Leaders also thanked staff for their continued hard work and for making the practice a lovely place to work.</p> <p>In addition to the in-house patient survey and friends and family test (FFT) survey we saw children and young people were provided with a pictorial survey to share their experiences of the service, which included drawing a picture of their visit to the practice, what was good and what could be done better.</p> <p>The practice worked in collaboration with Darwin Health Limited and the newly formed primary care network (PCN). The PCN consisted of 15 practices and 115,000 patients. Leaders told us they had led the way and were one of the founding Darwin practices and that until recently the principal GP had been a clinical director of the PCN. The practice manager was one of the managers of the PCN and carried out this role one day a week. They told us they had close links with neighbouring practices and shared a member of staff who they had jointly recruited. They were continuously looking for areas where they could work together, learn from each other and improve processes. The practice also utilised TeamNet for sharing policies, discussions and meetings across the group.</p> <p>The practice also attended regular meetings with several external stakeholders such as the district nursing team, health visitor, palliative care team, CCG's Locality Board, IT Forum Group, Provider Forum and local practice manager meetings.</p> |     |

Feedback from Patient Participation Group (PPG).

## Feedback

During the inspection we met with three representatives of the PPG. They informed us that between eight and 10 core members met monthly with a GP or practice manager in addition to the community and care co-ordinator. They had also developed a virtual reference group with around 173 members. These members did not wish to attend face to face meetings but wanted to be kept up to date with any changes in addition to being offered the opportunity to voice their opinion or concerns.

The PPG arranged regular health talks throughout the year provided by external agencies and were advertised locally in magazines, the practice patient newsletter and local press. These talks had included

diabetes awareness, mental health, pain management and dementia. The PPG told us they had arranged for a representative of the carers association to talk with the group. The PPG also distributed leaflets on health topics and upcoming talks to the local community. They told us they also arranged a fortnightly walking for health group and one member of the PPG has successfully completed a programme which enabled them to be a community sighted guide. The PPG acknowledged current membership did not represent the whole of the patient population, but uptake had improved through the virtual group. The PPG told us any suggestions made by the group were welcomed by leaders who they considered were open and honest with the group and kept them fully informed of developments.

## Continuous improvement and innovation

### There were systems and processes for learning, continuous improvement and innovation.

|  | Y/N/Partial |
|--|-------------|
| There was a strong focus on continuous learning and improvement. | Yes         |
| Learning was shared effectively and used to make improvements.   | Yes         |

### Examples of continuous learning and improvement

The practice had recently gone live with E-Consult and were looking forward to developing this further with their newly appointed Urgent Care Practitioner who was due to join the team in February 2020.

They had recently introduced a text messaging service and had received positive feedback from patients as the system provided the facility for clinicians to directly text patients.

The practice had reviewed their referral process and were no longer using dictation, which had speeded up the process and reduced the amount paper in the practice.

The practice had changed how they processed referrals and had developed a more efficient and quicker process in referring patients, saving both clinician and secretary considerable administration time. GPs changed from digital dictation methods and used the content of their consultation notes as the basis for the main referral, they then generated a task which was sent to the secretary. A recent audit concluded that the new method of referring a patient saved an average of 33 minutes in processing each referral together and the turnaround of referrals had increased from 10% to 40% in same day processing with next day processing improving by 10%. The practice intended to share this new process with other local practices to help streamline the referral process and improve patient wait times.

The practice was a training practice and actively encouraged GP registrars and apprentice receptionists. They were also looking forward to welcoming trainee nurses back to the practice once the recently formed nursing team had settled.

The practice was committed to improving their IT systems and the practice manager was a member of the CCG IT Forum Group. This group were researching the systems of practices within this and other CCGs, evaluated the options and identified costs. Several IT changes had been implemented to their processes to improve the IT infrastructure. These included using a cloud-based software platform that manages workflow, clinical correspondence and data, the introduction of Wi-Fi for patients and staff to use on the premise, a new text message service, a self-check in machine, a refresh of the practice website and an



update of the practice logo.

The practice had also purchased an automatic Doppler machine (an ultrasound test that uses high-frequency waves to measure the amount of blood flow through arteries and veins) to help improve wound management for patients. A clinician we spoke with was very proud of the wound care the practice had provided which had resulted in significant improvements in their wound care rates and outcomes for patients.

The practice advised they planned a system wide review of respiratory services involving organisations from across Shropshire, Telford and Wrekin Sustainability and Transformation Partnership to advise on new models of care and workforce for respiratory patients and staff. This would entails gathering the perspectives of commissioners, providers and front-line staff involved in the delivery of respiratory services across the area and then combining this with the relevant data from all participating organisations to gain insights and help improve the care and wellbeing of respiratory patients.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

| Variation Bands                      | Z-score threshold      |
|--------------------------------------|------------------------|
| Significant variation (positive)     | $\leq -3$              |
| Variation (positive)                 | $> -3$ and $\leq -2$   |
| Tending towards variation (positive) | $> -2$ and $\leq -1.5$ |
| No statistical variation             | $< 1.5$ and $> 1.5$    |
| Tending towards variation (negative) | $\geq 1.5$ and $< 2$   |
| Variation (negative)                 | $\geq 2$ and $< 3$     |
| Significant variation (negative)     | $\geq 3$               |

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.