# Corbett Medical Practice

## Quality Report

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Date of inspection visit: 4 February 2016
Date of publication: This is auto-populated when the report is published

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

## Ratings

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

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Corbett Medical Practice on 4 February 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and shared across the team.
- There was a strong commitment towards innovation and integrated care. The practice used innovative and proactive methods to deliver improved patient outcomes, working with other local practices.
- Feedback from patients about their level of care and involvement in decisions about their options for treatment was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was readily available and in an easy read format with pictures and large print.
- The practice had a clear vision which had integrity, continuity of care, teamwork and trust as its core principals. There was a demonstrated commitment to continuous learning for clinical and non-clinical staff.
- A GP had been very involved with securing funding and setting up the Droitwich Dementia Centre.
- The practice participated in a local Social Prescribing Pilot project, which provided additional support for patients with poor mental health.
- Research studies were being carried out which contributed to expanding knowledge and improving

# Summary of findings

outcomes for patients. The practice's contribution to research was recognised in the award of Research Practice of the Season by the University of Warwick (autumn/winter 2015).
- The practice employed a pharmacist for 28 hours a week. This resulted in increased numbers of medicine reviews completed and greater availability of GP appointments.

We saw three areas of outstanding practice:

- A GP had been very involved with securing funding and setting up the Droitwich Dementia Centre.
- The practice participated in a local Social Prescribing Pilot project, which provided additional support for patients with poor mental health.
- The practice had produced a 'Booklet of Opportunity' to promote the range of professional development available to GPs working at Corbett Medical Practice, in order to counteract the difficulty in recruiting GPs.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice maximised opportunities to learn from internal and external incidents, to support improvement. The practice used monthly team meeting to analyse and share learning from significant events.
- The practice valued information about safety highly and used it to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- There was a named GP with responsibility for medicines management. The practice employed a pharmacist for 28 hours a week to enhance the safe management of medicines. The GP worked closely with the practice pharmacist.
- The practice had clear safeguarding systems to help ensure the safety of children and adults whose circumstances might make them vulnerable and had put these into practice when necessary.

**Are services effective?**

Outstanding

The practice is rated as outstanding for providing effective services.

- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly at or above average for the locality and when compared with the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidelines.
- The practice carried out regular clinical audits which they used to improve patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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- The practice pharmacist had developed a robust system for recalls for patients with chronic diseases. The pharmacist dealt with all medicines reviews and took individual patients' circumstances and communication needs into account.
- A GP partner was a clinical assistant in skin cancer, which enabled them to provide expert knowledge to colleagues in the practice.
- A GP partner was a Hospital Practitioner in Paediatrics at Worcester Royal Hospital. This additional expertise was a valuable resource to the practice team.

**Are services caring?**

**Outstanding** 

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for almost all aspects of care. For example, 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%), 98% of patients said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).
- Patients told us that they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment. Information from patients who completed CQC comment cards reinforced the high degree of care provided and their involvement in considering their treatment options.
- Information for patients about the services available was easy to understand and accessible. The practice leaflet and complaints leaflet were available in an easy read format with pictures and large print.
- We saw that staff treated patients in a friendly and respectful way, and maintained patient and information confidentiality.
- Views of external stakeholders were positive and in line with our findings. For example, the managers of the three local care homes where some of the practice's patients lived all highly praised the practice and told us that they were very caring. Each care home had a nominated GP who visited patients each week.

**Are services responsive to people's needs?**

**Good** 

The practice is rated as good for providing responsive services.

- the practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.

# Summary of findings

- The practice had set up a social prescribing pilot project in the locality. Patients with poor mental health or those with loneliness could be referred to a counsellor and signposted to relevant external agencies if appropriate.
- The practice made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG). This resulted in improvements to the appointment system and the availability of access to a named GP.
- Patients could access appointments and services in a way and at a time that suited them. For example, appointments were available from 7am on a Monday and evening and this included a phlebotomy service. Extended hours up to 8.30pm were available on one day each week which rotated.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was in purpose-built premises; it had good facilities and was well equipped to treat patients and meet their needs.
- A GP had been involved in securing funding for and setting up the Droitwich Dementia Cafe. This was the only facility of its type in the county where dementia patients, together with their carers and families, could meet to socialise and take part in specially prepared activities.

**Are services well-led?**

**Outstanding** ☆

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

- The practice gave high priority to quality and safety and had a strong vision and dynamic approach to developing the practice. They had a strategy to deliver this vision and regularly reviewed and discussed their plans with staff.
- High standards were promoted and valued by all practice staff. Practice staff worked together in a co-operative way whatever their role within the team.
- Governance and arrangements were effective and responsibilities were delegated to encourage full involvement from team members.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- Staff received comprehensive inductions and there were monthly staff meetings. Staff told us that they felt encouraged to develop their skills and improve the standard of service delivery.

# Summary of findings

- The practice had worked hard to provide facilities, which went beyond the core contract, and benefitted patients in the local community, as well as those registered at Corbett Medical Practice.
- The practice gathered feedback from patients, and it had an active Patient Participation Group which influenced practice development.
- The practice was awarded Research Practice of the Season by the University of Warwick in recognition of their contribution to expanding knowledge. Special mention was made in the citation about the practice's contribution to a study which involved tele-monitoring or self-monitoring in patients with high blood pressure: 40 patients were recruited to this study and 23 patients from the group were selected to take part. This was the highest number in the area.
- The practice was the first in the county to employ a Physician Associate. Physician Associates are skilled members of the healthcare team who are qualified to provide a wide range of medical services in practice with a licensed physician. The Physician Associate had played a key role in organising a national training day for future Physician Associates, as well as lecturing at undergraduate level. This illustrated the practice leadership's commitment to encouraging learning beyond their own organisation.

# Summary of findings

## The six population groups and what we found

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

### Older people

Outstanding ☆

The practice is rated as outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register for patients requiring palliative care. Home visits and rapid access appointments were provided for these patients, who often had complex needs.
- Regular multi-disciplinary meetings were held in which patients on the palliative care register were discussed.
- A named GP visited care homes to provide continuity and to monitor chronic diseases.
- The practice carried out weekly visits at care homes for older people and feedback from the three care home managers to whom we spoke was very positive.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission.

### People with long term conditions

Outstanding ☆

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Medicines were reviewed by a clinical pharmacist, who organized the reviews and had developed a robust recall system. The pharmacist was employed by the practice for 28 hours per week. This resulted in patients with several long term conditions only having to attend one annual review instead of having a separate review for each condition. It also ensured safer prescribing. GPs held specialist interest qualifications, which enabled them to provide services closer to home for patients with chronic health conditions.

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- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The nursing team provided lifestyle support (smoking, weight loss) and NHS Health Checks. A GP had developed a process for identification and support for patients at risk of developing diabetes, which helped delay the onset of diabetes and its complications.
- Data from the Quality and Outcome Framework (QOF) achievement for 2014/2015 showed that the percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 87%, which was 1% higher than the local average and 3% higher than the national average.
- Data showed that 74% of patients with asthma had their care reviewed within the last 12 months which was1% below the national average.
- The practice was shown to be top of South Worcestershire CCG in terms of chronic disease recorded prevalence, which evidenced that they were pro-active in identifying patients with chronic diseases.
- The practice clinical team had received additional training in long term care. For example, four GPs and two nurses held diplomas in diabetes care and a GP held a diploma in geriatric medicine.

**Families, children and young people**

**Outstanding** ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening uptake was 85%, which is slightly higher than the local average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The sit and wait clinics were popular with parents who had school age children and young adults who wanted to walk in and be seen.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

Outstanding 

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Two GPs, a nurse and a phlebotomist held a clinic at 7am every Monday in order to help those who needed to see a clinician or have blood tests if they worked away during the week. The evening extended surgery time was rotated in order to maximise patient choice.
- Bookable telephone consultations with a GP or nurse were offered to provide greater flexibility.
- Varied types of appointments were available, including face to face or telephone consultations with a GP, practice nurse or advanced nurse practitioner.
- The practice participated in the Clinical Contact Centre scheme, whereby people could ring the Centre for advice or an appointment at a time to suit them.
- On-the-day sit and wait appointments were available in the late afternoon/early evening for those people who could not attend during the working day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- A wide range of contraceptive services were available at the practice (including Intrauterine devices and implants).
- NHS Health checks were offered by nurses, who provided advice on smoking cessation, weight loss and exercise.
- Patients who had signed up to the Electronic Prescription Service could have prescriptions sent to a pharmacy close to their place of work.
- Online booking meant that patients could book routine appointments with a GP at a time to suit them.

**People whose circumstances may make them vulnerable**

Outstanding 

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those

# Summary of findings

with a learning disability. Vulnerable patients were flagged on the practice's index system on their computer, so that they were immediately identifiable to staff and could be offered an appropriate level of service.
- Patients with no fixed abode were able to register at the practice using the practice's address.
- The practice offered longer appointments for patients with a learning disability.
- The GPs had a buddy system for providing continuity of care for this population group.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was pro-active in providing confidential information about domestic abuse and sexual violence.
- A GP had undertaken additional training in substance misuse, which was a source of additional expertise in the practice team. The GP was also a medical advisor for the local alcohol and drug recovery charity, so they provided advice to patients from Corbett Medical Practice as well as to patients in the local community.

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

**Outstanding** ☆

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice carried out advance care planning for patients with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have experienced poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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- A GP partner had been instrumental in obtaining the funding and setting up the Droitwich Dementia Centre. The Centre offered a café where dementia patients, their carers and families could go to socialise and take part in specially prepared activities. The facility was available to all the local community, not just patients registered with Corbett Medical Practice.
- A GP had been involved with setting up the Social Prescribing Pilot Project in the locality. The project, which had just started, provided advice and support for patients with social needs or for those who had poor mental health. For example, patients who were isolated or lonely could use the service. Patients could be referred into the service by their GP or self-refer. They would be given an appointment with a counsellor, who could also signpost them to external agencies like Age Concern, if appropriate. This service was open to patients from two other practices in the locality. One of the meetings was held at Corbett Medical Practice once a month.
- Two comment cards specifically referred to the excellent care and kindness shown to patients with dementia.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 5% below the CCG average and 4% below the national average.

# Summary of findings

## What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. The national GP patient survey results published on 7 January 2016 showed mixed results for the practice when compared to local and national averages. 248 survey forms were distributed and 109 were returned. This represented a 44% return rate.

- 75% of patients found it easy to get through to this practice by phone compared with a Clinical Commissioning Group (CCG) average of 76% and a national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 48% of patients usually get to see or speak to their preferred GP (CCG average 61%, national average 59%).
- 97% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 92%, national average 89%).
- 91% of patients described the overall experience of their GP practice as good (CCG average 89%, national average 85%).
- 87% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 66 comment cards; 65 were very positive about the standard of care received. Patients emphasised the level of care, compassion and professionalism of the clinical staff. Although difficulties with making appointments were mentioned, patients stressed how much they appreciated the time taken with them during consultations and praised the excellent standard of service.

We spoke with 16 patients during the inspection, including six members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. We also spoke with another patient on the telephone, who was a member of the PPG. All 17 patients said they were happy with the care they received and thought that staff were approachable, committed and caring. The PPG members emphasized the willingness of the practice to listen to their suggestions and to involve them in plans for future service provision. The PPG members highlighted the collaboration between the practice and the PPG.

## Outstanding practice

- A GP had been very involved with securing funding and setting up the Droitwich Dementia Centre.
- The practice participated in a local Social Prescribing Pilot project, which provided additional support for patients with poor mental health.
- The practice had produced a 'Booklet of Opportunity' to promote the range of professional development available to GPs working at Corbett Medical Practice, in order to counteract the difficulty in recruiting GPs.

# Corbett Medical Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

## Background to Corbett Medical Practice

Corbett Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection Corbett Medical Practice was providing care for approximately 12,255 patients. The practice area is one of lower than average deprivation.

There are four male GP and three female GP partners, in addition there are three associate GPs (one male, two female) and a Physician Associate (female). Physician Associates are skilled members of the healthcare team who are qualified to provide a wide range of medical services in practice with a licensed physician. The GPs are supported by a pharmacist, five practice nurses and three health care assistants. Non-clinical staff include a practice manager, an office manager, practice administrator, reception, administrative and cleaning staff.

Corbett Medical Practice is an approved training practice for doctors who wish to become GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ trainee GPs and the practice must have at least one approved GP trainer.

The practice opens from 8am to 6.30pm Monday to Friday with a range of pre-bookable and book on the day appointments on these days. Telephone appointments and sit and wait appointments are also provided Monday to Friday. The practice offers extended hours by providing appointments starting at 7am every Monday. Extended evening surgery times are held once a week, rotated from Monday to Thursday. The extended hours appointments are to help patients who find it difficult to attend during regular opening hours, for example due to working commitments.

Home visits are available for patients who are too ill to attend the practice. Patients may also book appointments and order repeat prescriptions using an online service.

The practice is accessible to people with disabilities and has a lift to the second floor.

The practice does not provide an out of hours service. When the practice is closed, patients are directed either to South Worcestershire GP Services (until 8pm on weekdays and from 8am to 12noon at weekends) or to the NHS 111 service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

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

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

## How we carried out this inspection

Before our announced inspection of Corbett Medical Centre on 4 February 2016, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed nationally published data from sources including NHS South Worcestershire Clinical Commissioning Group (CCG), NHS England and the national GP Patient Survey for 2015.

During our inspection, we spoke with members of staff including GPs, the Physician Associate, the pharmacist, the practice nursing team, the practice manager, the reception team co-ordinator and reception staff. We also viewed procedures and policies used by the practice. We spoke with 16 patients during the inspection and six of these patients were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. We spoke with an additional PPG member on the telephone. We spoke with the managers of three care homes on the telephone during the inspection.

We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Good

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting, recording and learning from significant events. The system was open and transparent.

- The practice had recorded 25 significant events from January 2015 until December 2015. The practice included compliments in their significant event reporting, so that the team could learn from excellent care as well as from adverse events. We saw that appropriate analysis and action had been taken as a result of discussion at monthly meetings and that learning points were shared with team members. There was a clear system to check whether further action was required. All significant events were entered and monitored on the practice's intranet document management system with effect from January 2016. All staff were able to access the learning from the significant events. This provided a clear audit trail of whether the documents had been read, without the need for signatures on a hard copy.
- Staff were aware of the process for reporting incidents and told us they would inform the practice manager of any incidents. They knew that there was a recording form available on the practice's computer system.

There was a robust system to act upon patient safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice pharmacist received all MHRA and National Pharmaceutical Society alerts and emailed the GPs with any necessary action. This ensured that staff were kept up to date with current guidance. All alerts were tracked and actions followed up by the pharmacist.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GPs were trained to an appropriate level in safeguarding adults and children.
- There was a notice in the waiting room to inform patients that chaperones were available if required. GPs told us that they usually asked members of the nursing team to act as chaperones. The nursing team were trained for the chaperone role and had each received an enhanced Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Non-clinical staff had received chaperone training and had undergone a DBS risk assessment. However, they were only asked to chaperone if there were no nursing staff available. In the rare event that non-clinical staff were asked to chaperone, they would always be accompanied by a health professional who had undergone an enhanced DBS check. It was standard practice for DBS checks to be carried out on staff whose roles might involve one-to-one meetings or consultations with patients.
- The practice maintained appropriate standards of cleanliness and hygiene. The practice was visibly clean and tidy. Four comment cards referred specifically to the cleanliness and tidiness of the practice. The practice nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw evidence that the last infection control audit was carried out in March 2015; no issues were identified.
- The practice's arrangements for managing medicines, including emergency medicines and vaccinations kept patients safe. This included how the practice dealt with obtaining, prescribing, recording, handling, storage and security of medicines. The practice carried out regular medicines audits, with the support of the practice pharmacist and local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the

practice and kept securely at all times. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a GP or nurse was on the premises.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment, in accordance with the practice's recruitment policy and legal requirements. For example, proof of identity, satisfactory evidence of conduct in previous employment, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Health and safety risk assessments were outsourced to a company which provided annual reports to the practice (the last report was written in October 2015). The practice had up to date fire risk assessments and a fire drill had been carried out in March 2015. In addition to the annual drill, the full fire drill was carried out whenever a false alarm was activated. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that the last Legionella test was carried out in March 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an emergency button on the computers in all the consultation and treatment rooms which alerted staff to any emergency. A separate panic button system had also been installed.
- All clinical staff received annual life support training to an advanced level; non-clinical staff received basic life support training every two years.
- The practice had a defibrillator available on the premises with adult and children's pads. There was an oxygen poster on the door of the room where the oxygen was stored. Adult and children's masks were available for the oxygen. The emergency trolley was monitored and checked every two weeks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The GPs and practice manager held hard copies off site so this was available at any time.

Outstanding ☆

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidelines. We saw that the practice had systems in place to keep all clinical staff up to date. Clinical staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.

- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records on the day showed that guidelines were being followed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a voluntary incentive scheme for GP practices which is intended to improve the quality of general practice and reward good practice. QOF data from 2014/15 showed:

- The practice achieved 99.8% of the total number of points available; this was 2% above the Clinical Commissioning Group (CCG) average and 5% above the national average.
- Clinical exception rate reporting was 8.1%. This was 0.2% below the CCG average and 1.1% below the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- Performance for diabetes related indicators was better than the CCG and national average. For example, 83% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest acceptable level. This was 3% above the CCG average and 6% above the national average. The practice had a higher than average number of patients in care homes (approximately 150), a number of whom were patients admitted for end of life care. Many of these patients were excepted from the general diabetes QOF domain, as this was no longer relevant to their care needs. Notwithstanding this, exception reporting for diabetes was in line with CCG and national averages.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 87%, which was 1 % above the CCG average and 3% above the national average.
- 96% of patients experiencing poor mental health had a comprehensive care plan review completed within the last 12 months. This was 8% better than the CCG average and 8% above the national average.

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

- The practice showed us a clinical audit report listing 10 audits. Three of these were completed audit cycles where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, pre-diabetic health checks were carried out in order to identify the condition at an early stage. This information was the noted in patients' records so they could receive lifestyle advice and receive an annual review in accordance with NICE guidelines. A second audit identified improvements in that there was a low referral rate of seven patients, which evidenced the positive effect of the lifestyle advice and increased staff training.
- An audit which looked at the prescribing of medicines to reduce blood clotting had resulted in a 13% reduction in prescribing aspirin for patients where this was found not to be the most suitable treatment.
- An audit of minor surgery procedures carried out in 2015 reflected that procedures were robust. There was only one surgical complication out of 83 procedures. 100% of patients had been informed of their histology result.

### Effective staffing

The practice had an experienced clinical and non-clinical team with the skills, knowledge and experience to deliver effective care and treatment.

- The practice held three hour protected time learning sessions each month. These Corbett Team Training meetings reflected the culture of learning and education which the practice promoted. These meetings were held on alternate Tuesday and Thursday afternoons, in order to ensure that all part-time staff would be able to attend

at least half of the sessions. Staff not working were encouraged to attend and were paid for the time. Community staff regularly attended the meetings, which provided a robust multi-disciplinary discussion and an additional perspective to patient care. The standing agenda included items such as significant event reviews, complaint reviews, safeguarding information, end of life reviews, unplanned admissions reviews, medicines management and training for enhanced services provision. Guest speakers from local service providers or commissioners were often invited to update the practice on developments in primary care.

- The practice took part in the Improving Quality Supporting Practices scheme, organised by the South Worcestershire CCG.
- The practice had an induction programme for all newly appointed staff tailored to their role. It covered such topics as safeguarding, infection prevention and control, dealing with specimens, reception protocols, fire safety, health and safety and confidentiality. The practice identified staff members' learning needs through appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff were encouraged to complete modules specific to their role in an e-learning training programme, which had been designed for use in general practice.
- The practice had encouraged its nurses and HCAs to increase their skill base, so that tasks could be redirected from GPs to nurses and from nurses to HCAs. As a direct result of this policy, the nursing team held qualifications in chronic disease management, which enabled them to manage the routine review appointments. HCAs had received training to provide flu immunisations, ear-syringing, wound dressings and smoking cessation services. This released additional nursing appointments.
- All the GP partners were trained in medical education; two were GP appraisers. All GPs participated in the teaching and training of undergraduate and post-graduate doctors. The practice also provided placements and support for undergraduate nursing and Physician Associate students as well as return to practice nurses. Mentoring and clinical supervisory support was offered to healthcare professionals wishing to achieve independent prescribing status.
- GP partners held diplomas in diabetes, dermatology, orthopaedic medicine, Chronic Obstructive Pulmonary Disease (COPD), obstetrics and family planning, which contributed to more effective treatment for patients. Surgical procedures such as removal of facial and ear lesions and biopsies of unclear possible basal cell carcinomas were able to be carried out in-house, instead of at a hospital. A GP had recently completed training in undertaking vasectomies, which meant that this procedure would also be available at the practice.
- The nursing team were also highly qualified and had multiple other skills to bring to the practice.
- The Physician Associate provided 24 same day appointments for four days per week, which released more appointments for GPs. All recommendations for prescriptions were checked and issued by a GP and all referrals were countersigned by a GP. In addition, the Physician Associate carried out a weekly ward round at a local care home with a GP.
- A GP was Chief Clinical Officer at South Worcestershire CCG, so the practice was kept appraised of the health needs of the local community and plans for future development.

### Coordinating patient care and information sharing

The practice's patient record and intranet system gave staff access to the information they needed to plan and deliver care and treatment in a timely way.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they

were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every month and that the practice routinely reviewed and updated patients' care plans.

### Consent to care and treatment

The clinical staff we spoke with understood the importance of obtaining informed consent and had received training about the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. Staff had access to a policy on the MCA. Recorded consent for minor surgery was appropriate.

### Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel screening was 67%, which was higher than both the CCG and national averages (62% and 58% respectively). The uptake for breast screening was 80%, which was also higher than the CCG average of 74% and the national average of 72%.

National data available for the year 2014/15 showed that childhood immunisation rates for the vaccinations given were in line with CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 98%. For five year olds the uptake was between 89% and 96%. The practice provided more recent data showing similar uptake rates in the following year.

Flu vaccination rates for the over 65s were 77%, and at risk groups 54%, according to immunisation uptake data released by the South Worcestershire CCG up to 31 December 2015. National data for 2013/2014 showed an uptake of 79% for patients aged over 65.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Outstanding ☆

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we saw staff engaging with patients; for example as they arrived for their appointments or to make an appointment. We observed that staff were friendly, polite and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.
- We noted that consulting and treatment room doors were closed during consultations and we could not overhear the conversations taking place in these rooms.
- Reception staff explained that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- GPs collected patients from the waiting rooms when it was time for their appointment and gave assistance where necessary, which was indicative of the caring ethos in the practice.

We found that 65 of the 66 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced, although there were also comments about the difficulty in getting an appointment with a GP of choice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two comment cards highlighted the fact that GPs went the extra mile to help and four praised the first class service they felt they received. Much appreciation was expressed for the kindness of all staff and the willingness of GPs to listen to patients.

We spoke with six members of the Patient Participation Group (PPG) on the day and one by telephone. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG members told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients said the GP was good at listening to them compared with the CCG average of 92% and national average of 89%.
- 96% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 89% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 96% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

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

Patients we spoke with on the day said that they felt involved in decision making about the care and treatment they received. They also told us that GPs and nurses took time to listen to them and to explain options for treatment. Patient feedback on the comment cards we received was also positive. Several patients commented specifically on the level of professionalism, efficiency and care that they had received during their treatment from all members of the practice team.

Results from the national GP patient survey 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

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

Outstanding ☆

# Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

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

Views of external stakeholders were very positive and aligned with our findings. For example, the managers of the three local care homes all praised the practice and told us that they were very caring. We were told that weekly ward rounds were carried out by the GP with responsibility for that care home. They all told us that they had a named GP who visited patients living at the home routinely each week. They added that requests for visits at other times were readily accommodated.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Posters were available in the reception area. Carers could be referred or self-refer to the Social Prescribing Pilot Project where they could access support from external agencies.

We were told that GPs would phone or visit families who had suffered bereavement. Sympathy cards were sent and advice about support services offered.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were innovative approaches to providing integrated person-centred care. For example, a GP had been very involved in securing funding for and setting up the Droitwich Dementia Centre and café. This was the only facility of its type in the county, where dementia patients, their carers and families could go to socialise and take part in activities.
- A GP had helped to initiate the Social Prescribing Pilot Project. The project was run by three practices in the locality in order to provide advice and support to patients with poor mental health or those who felt isolated. Patients could be referred to a counsellor by their GP or self-refer. The counsellor could signpost to external agencies like Age Concern if appropriate. One of the meetings was held once a month at Corbett Medical Practice.
- The Corbett Team Training meetings were open to community staff in order to allow for multi-disciplinary discussion.
- When the reception area was particularly busy, we were told that staff would switch off the phone on the front desk in order to prevent distraction from speaking to patients at the desk.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Patients were referred to other clinics for vaccines only available at specialist centres.
- There were accessible facilities for patients with disabilities and a hearing loop to assist patients who used hearing aids. Staff had attended training led by Deaf Direct, which gave them better insight into how they could communicate with patients with hearing difficulties.
- Translation and interpreter services were available for patients not able to communicate in English.
- The practice had a lift to improve access to the second floor.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended surgery hours were offered from 7am onwards every Monday and from 6.30pm to 8pm on alternating days of the week (except Fridays). In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients who needed them.

Results from the national GP patient survey 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages with two exceptions:

- 88% of patients were satisfied with the practice's opening hours compared with the CCG average of 76% and national average of 75%.
- 75% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 48% of patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

The practice was aware of the above issues and had developed a comprehensive action plan to address them. The action plan included investigating alternative workforce strategies, analysing data from the number of patients using the Clinical Contact Centre to assess impact, re-designing the working day and working collaboratively with practices within the locality to provide services across the locality. Additional staff had already been assigned to times which had been identified as peak periods of demand for answering the telephone. This approach had resulted in a 12% uplift in the number of patients who said that they could get through easily to the surgery by phone when compared to the July 2015 survey figures.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was an easy read complaints leaflet, which had information in large print and pictures for patients with reading difficulties.

We looked at 17 complaints received in the last 12 months and found that there was a robust and objective system for investigating and handling complaints. These were satisfactorily handled and dealt with in a timely and open way. The practice learned from concerns and complaints and took action to improve the quality of care. For example, following an incident when a request for a home visit was not written into the visit book staff now recorded all requests for home visits on the clinical computer system.

# Are services well-led?

Outstanding ☆

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

## Our findings

### Vision and strategy

The practice told us that they had developed a practice charter, which set out the values of the team. Integrity, continuity of care, teamwork and trust were emphasized. It was evident on the day that the whole team valued their patients, and each other and that they actively engaged with their local community. There was a high level of commitment and loyalty across both clinical and non-clinical teams. The practice was keen to evolve and adapt to challenges; training opportunities were promoted across the team. The practice team recognised the importance of continual development to improve patient outcomes and provide resilience for the future in the rapidly changing health economy. We saw evidence that the practice was a learning organisation with a no-blame culture. Innovative solutions to challenges were actively sought. For example, the practice had written 'The Booklet of Opportunity' to attract potential GP candidates, because they had difficulty recruiting. We were told that the salaried GP who had joined the practice a few months before the inspection was attracted by the opportunities to develop a wide portfolio as set out in the Booklet.

### Governance arrangements

The practice had uploaded a broad range of policies and procedures to the practice intranet, which all staff could access. Staff we interviewed on the day were aware of their roles and responsibilities in the practice.

We were shown details of a range of regular meetings held in the practice to encourage discussion and shared learning. We saw that minutes of meetings were recorded and that action points were noted and tracked. For example, the Corbett Team Training (CTT) protected time multi-disciplinary meetings were held for three hours once a month. There was a standing agenda, which included significant event reviews, complaints, safeguarding updates, end of life reviews, unplanned admissions reviews, medicines management and training for enhanced services provision.

### Leadership and culture

We saw that the leadership in the practice was devolved, so that it was run in a democratic way. GP partners in the practice had been assigned lead roles according to their qualifications and areas of interest. Staff commented on the open door policy in the practice and said that the partners were very approachable and supportive. All staff we spoke with said that they felt appreciated.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. This demonstrated that staff understood the policy and implemented it when necessary.

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

The practice encouraged and valued feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG met regularly and submitted proposals for improvements to the practice management team. There was strong collaboration between the PPG and the practice with the aim of improving patient experience. For example, the answerphone message had been simplified and the number of online appointments had been increased in response to feedback from patients relayed by the PPG. Members of the PPG actively promoted the group and sought patients' opinions by attending the annual flu clinic and a mother and baby clinic. Information about the function of the PPG and details about joining were available on the practice website.

Staff told us that they were encouraged to raise issues at the CTT meetings and make suggestions for improvements to service delivery.

### Continuous improvement

There was a strong focus on continuous learning to drive through improvement at all levels within the practice. The practice team was forward thinking and keen to explore new initiatives in general practice. The practice actively participated in local pilot schemes to improve outcomes for patients in the area. For example, the practice was one of six local practices to take part in the South Worcestershire GP Services pilot scheme: the Clinical Contact Centre. The Clinical Contact Centre was set up with funds from the Prime Minister's Challenge Fund. The aim was to increase the number of appointments available locally and drive efficiency using technology. Patients could

# Are services well-led?

Outstanding ☆

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

choose to be transferred to the Clinical Contact Centre to be triaged by a health professional. The scheme had been adopted to improve access for booking appointments as a result of comments from patients.

The practice's firm commitment to innovation and integrated care was evidenced by the fact that it was one of three practices locally to start up the Social Prescribing Pilot Project. The aim of this project was to provide non-clinical advice and support for patients with poor mental health. Patients could be referred to a counsellor by their GP or self-refer. The practice worked with other organisations to set up additional services to meet patient needs and benefit the local community. For example, a GP had been pro-active in securing funding for and establishing the Droitwich Dementia Centre.

The practice routinely took part in research in order to expand knowledge for their staff and for others: learning was based on thorough analysis and investigation. In recognition of the practice's contribution to research, they were awarded Research Practice of the Season by the University of Warwick for the autumn/winter of 2015.

The practice was at the forefront of initiatives to improve standards of service delivery and counteract challenges of demand for access to appointments. For example, the practice was the first in the county to employ a Physician Associate. Physician Associates are skilled members of the healthcare team who are qualified to provide a wide range of medical services in practice with a licensed physician. The Physician Associate had played a key role in organising a national training day for future Physician Associates, as well as lecturing at undergraduate level. This illustrated the practice leadership's commitment to encouraging learning for the future workforce beyond their own organisation.

Staff told us that they were encouraged and supported to undertake further training in order to develop their skill base. It was clear that the practice recognised the whole team's contribution to and impact on patient care. This supportive approach to staff development was evidenced by the fact that all three Health Care Assistants had been trained up from receptionist level. Protected time was allocated as necessary for training purposes.