

Farrier House Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Farrier House Surgery on 13 June 2017. The practice is rated as requires improvement for providing effective services. The overall rating for this practice is good.

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

- The practice was aware of and provided services according to the needs of their patient population. Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed.
- There were processes and procedures to keep patients safe. These included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- The practice was aware of the requirements of the duty of candour and systems ensured compliance with this.
- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure that patients received the best care and treatment in a coordinated way.
- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- Action had been taken to respond to patient feedback results which were below local and national averages to ensure improvements continued to be made.
- Data showed that results for national screening programmes for breast and bowel cancer were below local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Although the practice maintained a carers register work was in progress to identify more patients and ensure appropriate support was provided.
- There was a clear leadership structure which encouraged a culture of openness and accountability. Staff told us they felt supported by management.

Summary of findings

- The practice had monitored and identified areas for improvement through their quality performance data.
- Information about services and how to complain was available and patients told us that they knew how to complain if they needed to.
- There was a strong focus on continuous learning and improvement at all levels.

We saw an area of outstanding practice:

- Outreach services for homeless people within the city of Worcester had been initiated by the practice. They had established regular clinics at a local day centre in order to promote health and wellbeing, providing appropriate healthcare and treatment where required. Length of appointments were not restrictive so that patients could be fully assessed and treated.

The areas where the provider should make improvements are:

- Continue the work already in progress to identify more patients who were carers and provide appropriate support.
- Ensure that action taken to address patient feedback continues to be monitored and reviewed.
- Continue with work already in progress to monitor areas of Quality Outcome Framework (QOF) where this is lower than average to identify areas for improvements.
- Continue to encourage patients to take part in national screening programmes for breast and bowel cancer.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events.
- Lessons learned were shared at meetings so that improvements to safety in the practice were made and monitored.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice was aware of the requirements of the duty of candour and systems ensured they complied with this.
- The practice had systems, processes and practices to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- The practice assessed risks to patients and had systems for managing specific risks such as health and safety, infection control and medical emergencies.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.
- There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- The practice participated in the Quality and Outcomes Framework (QOF). Results for 2015/2016 showed the practice had achieved 82% of the total number of points available compared with the local average of 98% and the national average of 95%. We saw that action had been taken to address the areas where results were lower than local and national averages. For example, they had found coding issues for patients with asthma. Unpublished data for 2016/2017 showed that the practice had achieved 82% of the total number of points available which remained the same as 2015/2016, although there had been increases in some areas.

Good



Summary of findings

- The practice performed mainly in line with or above local and national levels in other areas such as patients with mental health concerns with agreed care plans were 100% which was above the local and national averages of 93% and 89%; and patients with a record of a foot examination and risk classification was 88% compared to local and national averages of 92% and 89% respectively.
- The practice had improved the quality of care and treatment it provided through clinical audit and ongoing monitoring.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care teams and there were systems to ensure appropriate information was shared.
- Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans in place.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Patients were complimentary about the practice and commented that that they received excellent care from the GPs and the nurses, that staff were friendly and everyone was very professional.
- We received completed comment cards (16) from patients, all of which were positive about the standard of care received by patients. Patients felt that they received an excellent service and that staff were friendly and approachable. Patients commented that staff always listened to them.
- Data showed that patients rated the practice lower than local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses for 2016/2017. For example, 80% of patients said the GP was good at listening to them compared to the Clinical

Requires improvement



Summary of findings

Commissioning Group (CCG) average of 92% and the national average of 89%. 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.

- The practice were aware of the patient feedback and had taken action to address the issues identified. For example, two GPs, two regular locums and a practice manager had been appointed in the last 18 months and this had improved the availability and consistency of appointments and care for patients. Plans were in place for continued improvement and monitoring of patient feedback. In-house patient surveys had been carried out to support this process.
- 74% of patients said they found the receptionists at the practice helpful which was below the CCG and the national averages of 87%.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Information to help patients understand and access the local services was available.
- The practice kept a register of all patients who were also carers (0.4% of their patient population) and signposted them to support organisations. The practice offered additional services to carers which included annual flu vaccinations and health checks. The practice recognised this register was low and explained they had a low disease prevalence and significantly lower older population than the local and national averages.
- The practice had a dedicated care navigator who liaised with staff, carers and other agencies to provide support for carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Farrier House Surgery reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for those patients at the end of their life.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Services were provided for all vulnerable patient groups presenting to the practice. For example, services were provided to homeless people and patients who were affected by substance misuse.

Good



Summary of findings

- Outreach services for homeless people within the city of Worcester had been initiated by the practice. They had established regular clinics at a local day centre in order to promote health and wellbeing, providing appropriate healthcare and treatment where required.
- The practice had responded quickly to complaints and issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.

Are services well-led?

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

- There was a clear leadership structure and staff understood their roles and responsibilities.
- The practice had a wide range of policies and procedures to govern activity.
- The practice had systems for responding to notifiable safety incidents and shared this information with staff to ensure appropriate action was taken.
- Formal clinical meetings and full team meetings were held to share best practice or lessons learnt.
- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged.
- Staff felt supported by management. They reported that should they have any concerns they felt comfortable raising these as everyone at the practice was easy to talk to and approachable. Staff told us they were encouraged to make suggestions and recommendations for the practice development.
- The practice demonstrated a commitment in working with their Patient Participation Group (PPG) to improve services for patients. The PPG was formed in 2016 and were exploring ways to support the practice and how they could help to promote the services provided.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients.
- A range of enhanced services was offered by the practice, such as dementia and unplanned admissions to hospital.
- Monthly multi-disciplinary meetings were held and included discussions on patients receiving end of life care.
- Support was provided for isolated or house bound patients. This included signposting to support services or volunteer services including local community groups or charities such as Age UK. Home visits and telephone consultations were available and used on a daily basis.
- Health promotional advice and material was available to help older patients maintain their health and remain as independent as possible.
- The practice had a dedicated care navigator who was able to provide information on how to access various services to help older patients sustain their health and wellbeing.

Good



People with long term conditions

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

- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, such as asthma and diabetes.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Performance for diabetes related indicators was lower than the local and national average. For example, patients with a record of a foot examination and risk classification at 88% was comparable to the CCG and the national averages of 92% and 89% respectively. The practice exception rate of 11% was above

Good



Summary of findings

the CCG and the national averages of 6% and 8%. Unpublished data for 2016/2017 showed that the practice had made improvements on the results of previous data achieving 96% (an increase of 8%).

- Clinical staff had close working relationships with external health professionals to ensure patients received up to date care.
- Patients were encouraged to manage their own conditions with support from community teams and pain management clinics.

Families, children and young people

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns. There was a lead GP for safeguarding adults and children. GPs were trained to an appropriate level in safeguarding adults and children.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were considered to be at risk of harm. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice worked with midwives, school nurse teams and health visitors to coordinate care.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- The practice offered a number of online services including requesting repeat medicines and booking appointments.
- Baby changing facilities and breast feeding rooms were available to those who needed it.
- Mother and baby checks were carried out as part of the postnatal mother and eight week baby checking processes.
- Confidential contraception services were provided for children and young people.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The practice was proactive in offering a full range of health promotion and screening services that reflected the needs of this age group.
- Health promotional advice and information was available to support younger people through smoking cessation in pregnancy, alcohol advice, substance misuse, sexual health, obesity checks and other lifestyle services such as exercise.
- The practice offered online appointment booking and the facility to request repeat prescriptions online.
- Extended hours appointments were available for pre-bookable appointments on Monday and Friday evenings from 6.30pm until 8pm. Three clinics were provided each week at the nearby university and one clinic per week at the homeless drop in hub.
- Students were offered vaccinations according to the current NHS guidelines.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were lower than local and national averages. The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 49% which was lower than the local and the national averages of 75% and 73% respectively. The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months at 43% which was below the local average of 61% and above the national average of 56%.

Requires improvement



People whose circumstances may make them vulnerable

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

- Services were provided for all vulnerable patient groups presenting to the practice. For example, the practice provided services to homeless people and patients who were affected by substance misuse.
- Outreach services for homeless people within the city of Worcester had been initiated by the practice. They had established regular clinics at a local day centre in order to promote health and wellbeing, providing appropriate healthcare and treatment where required.
- The practice worked in partnership to understand the needs of the most vulnerable in the practice population. This included working with the CCG, third sector organisations and the local health authority public health department.

Good



Summary of findings

- Vulnerable patients were informed how to access various support groups and voluntary organisations.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were added to patients records for staff awareness so that longer appointments could be allocated.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for 92% of the 25 patients on their register for 2016/2017.
- The practice pharmacist carried out medicine reviews for housebound patients. All concerns were reported and where necessary, arrangements were made for a GP to visit.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- People at risk of dementia were identified and offered an assessment to detect for possible signs of dementia. Where dementia was suspected, there was a referral process for diagnosis. This enabled them to access a variety of treatments (including listening and advice and counselling).
- Advanced care planning and annual health checks were carried out for patients with dementia and poor mental health.
- Carers were offered health checks and monitored for their wellbeing. They were signposted to support services such as Alzheimer's Society or Dementia UK, and the local Dementia Café.
- There was a system to follow up patients who had attended accident and emergency (A&E) departments where they may have been experiencing poor mental health.
- Clinical staff had a good understanding of how to support patients with mental health needs. They were trained to recognise patients presenting with mental health conditions and carried out comprehensive assessments.

Data showed the practice performed mainly in line with or above local and national levels:

Good



Summary of findings

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans were 100% which was above the CCG average of 93% and above the national average of 89%. The practice exception rate was 37% which was higher than the CCG and national averages of 13%.
- No data had been recorded for the proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months. The local and national averages were 85% and 84% respectively. The practice had diagnosed three patients with dementia during 2016/2017 and unpublished data showed they had achieved 100% of care reviews for all patients with dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2017 resulted in 63 responses to 376 surveys sent to patients, representing a response rate of 17% (compared with the national rate of 38%). This represented 1% of the practice's patient list.

In most areas the practice was rated below the Clinical Commissioning Group (CCG) and the national averages for access to appointments. Results showed:

- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 84%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 77%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were positive about the services provided by the practice. Patients commented that the staff were very friendly, professional and always took the time to listen to patients. Patients commented they received excellent care.

We spoke with a patient during the inspection who was also a member of the Patient Participation Group (PPG). They were very positive about the service they received. They told us that this was a developing practice which was improving all the time, and that all the staff were helpful and supportive.

Results from the NHS Friends and Family test showed that patients had provided mainly positive feedback with 81% of patients in 2016 recommending the practice to others.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Continue the work already in progress to identify more patients who were carers and provide appropriate support.
- Ensure that action taken to address patient feedback continues to be monitored and reviewed.
- Continue with work already in progress to monitor areas of Quality Outcome Framework (QOF) where this is lower than average to identify areas for improvements.
- Continue to encourage patients to take part in national screening programmes for breast and bowel cancer.

Outstanding practice

We saw an area of outstanding practice:

- Outreach services for homeless people within the city of Worcester had been initiated by the practice. They had established regular clinics at a local day centre in order to promote health and wellbeing,

providing appropriate healthcare and treatment where required. Length of appointments were not restrictive so that patients could be fully assessed and treated.

Farrier House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and supported by two GP specialist advisors.

Background to Farrier House Surgery

Farrier House Surgery provides services for patients living in Worcester City and students at the local university. At the time of the inspection the practice served a population of 5,100 patients.

Farrier House Surgery was previously a walk in centre and had changed in April 2015 to a new provider (SW Healthcare) to provide GP services. The practice is managed by SW Healthcare GP federation providing support with administration, education and governance, as well as back office functions. A GP federation is formed of a group of practices who work together to share best practice and maximize opportunities to improve patient outcomes. SW Healthcare hold the Alternative Provider Medical Services (APMS) contract with NHS England for the provision of services. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is an active member of the South Worcestershire Clinical Commissioning Group (CCG).

The practice has mainly a younger, transient population with a lower than average older population of 4% compared with the local average of 34% and the national average of 27%. Services are provided to a student population at a nearby university, to a local hostel and to homeless people at a nearby day centre.

There is a lead GP, a salaried GP and two regular locum GPs (one male and three females) at the practice. The GPs are supported by a practice manager, two advanced nurse practitioners, a clinical pharmacist, a practice nurse, a healthcare assistant, administration and reception staff.

Opening hours are from 8am to 6.30pm on Monday to Friday each week with appointments between these times. The practice is closed at weekends. Extended hours appointments are available for pre-bookable appointments from Monday to Friday evenings from 6.30 to 8pm. Three additional clinics per week are held at the university to provide an onsite service for students. Appointments at two of these clinics are with the Advanced Nurse Practitioners (ANPs) with appointments with a GP at one of the clinics. A clinic is held each week at the homeless drop in day centre.

The practice does not provide an out-of-hours service but has alternative arrangements for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) is available in the patient practice leaflet and on the website.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments with GPs.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as lung diseases, asthma and diabetes. Other appointments are available for health checks, childhood vaccinations and contraception advice.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

Before our inspection of Farrier House Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 13 June 2017. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

- Spoke with a range of staff that included managerial, clinical and non-clinical staff.
- Looked at procedures and systems used by the practice.
- Spoke with a patient who was also a member of the Patient Participation Group (PPG).
- Observed how patients were assisted by staff when they attended the practice and talked with carers and family members.
- 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 are provided for specific groups of patients' and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record and learning

Farrier House Surgery used an effective system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- There was a significant events protocol for all staff to follow in reporting incidents. All incidents were reported to the practice manager in the first instance.
- Staff told us they were encouraged to report any incident and there was a no blame culture to support this. They knew how to access the appropriate form which was available on the practice intranet. The recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There had been five significant events recorded for 2017. The practice had responded promptly to each event. They had carried out a thorough investigation and had taken appropriate action when necessary. These were discussed at the next scheduled clinical meeting. Minutes of meetings confirmed this.
- We saw where changes to practise had been made as a result of these investigations. For example, an incident had occurred which concerned a repeat prescription that was issued incorrectly. Changes to procedures had been made as a result and information shared with all staff.
- When things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.

Patient safety and medicine alerts were effectively managed.

- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE). Two staff were identified to routinely receive these emails.
- These were coordinated by the practice manager (with deputy cover arranged when absent) who allocated the alert to the appropriate clinical staff. The clinical

pharmacist was responsible for reviewing the alert, entering details onto the safety alerts log including the date and details of action taken. Alerts were discussed in twice-monthly clinical meetings.

- Clinical staff described examples where action had been taken as a result of alerts. For example, a search of patients was carried out following an alert about updated guidance on battery management for insulin pumps. No patients were identified and no further action was required. We saw that a log of alerts received and the action taken had been maintained.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the safeguarding lead for adults and children and staff confirmed they knew who the lead was. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs had completed level three training for safeguarding children.
- Safeguarding concerns were discussed at practice clinical meetings and monthly multidisciplinary meetings attended by GPs and a health visitor. Children and families were discussed and alerts were raised where there were concerns about their safety. Minutes of meetings confirmed that discussions had taken place. Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse.
- Chaperones were available for patients when requested. A notice was displayed in the waiting room and in all consultation rooms advising patients of this service. Staff we spoke with and training records confirmed that staff who acted as chaperones were trained for the role. Disclosure and barring checks (DBS) had been completed for staff members who undertook the role of chaperone within their duties. (DBS checks identify

Are services safe?

whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy during the inspection. The practice nurse was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Records showed that infection control training was completed throughout 2016. Infection control audits were carried out annually and we saw that action was taken to address any improvements identified as a result. The last audit had been completed in the local authority lead in March 2017.

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

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs. A PGD protocol was accessible to on the practice computer system for clinical staff and included links so they could access details of the latest guidance. The nurses were trained to administer other vaccines and medicines against a patient specific prescription or direction from a prescriber. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. Mentorship and support was provided by the GPs for this extended role.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high risk medicines within the correct timescales.
- There was a system in place for cold chain management which included external reporting and liaison with manufacturers on safe vaccine storage. Cold chain procedures were kept under regular review with

detailed records to show effective stock management and handling of all vaccines. An incident recording form was available for all staff to support reporting of incidents.

- Systems confirmed that staff were protected against Hepatitis B. There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.
- The collection of clinical waste was contracted to an external company and records showed that regular collections were made. There was suitable locked storage available for waste awaiting collection.

The practice had appropriate recruitment policies and procedures.

- We looked at three staff files for different staff roles including a receptionist, an administrator and a practice nurse. Recruitment checks had been carried out in line with legal requirements. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Systems and processes were followed when locum GPs were required.
- There was a system to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff level assessments had been completed to ensure appropriate GP, nurse and staff cover was maintained. This was kept under review by the lead GP and the practice manager.
- Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly absent. Additional support was made available when needed by SW Healthcare.

Monitoring risks to patients

There were procedures for monitoring and managing risks to patient and staff safety.

- Staff told us the practice was well equipped and they had access to equipment and supplies needed to carry out their duties safely.
- There was a health and safety policy available for staff with a poster in the practice which listed the contact details for local health and safety representatives.

Are services safe?

- All electrical and clinical equipment was checked by an external agency to ensure it was safe to use and that it was working properly. The latest electrical and equipment checks had been carried out in August 2016. These included equipment such as thermometers, weighing scales, syringes and blood pressure monitoring machines.
- The practice also had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment had been reviewed in April 2017.
- Staff had completed fire training during August/September 2016. Regular fire safety checks were carried out including weekly alarm checks. An external company had been employed to carry out a fire risk assessment with the latest assessment undertaken in September 2016.
- All staff had received annual basic life support training.
- A first aid kit and an accident book were available.
- Emergency medicines and equipment were available and easily accessible to all staff. All medicines we checked were in date and stored securely. Medicines were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar.
- There was a system to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate pads and masks for adults and children.
- There was a business continuity plan to deal with a range of emergencies that may affect the daily operation of the practice which included procedures to guide staff should the need for alternative premises become necessary. Copies of the plan were available on the practice's computer which was also accessible to SW Healthcare should this become necessary. Contact details for all staff were included.

Arrangements to deal with emergencies and major incidents

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

- There was an emergency incident procedure to guide staff in the event of an emergency. Staff confirmed they knew the procedure to follow and told us there was an instant messaging system on all the practice's computers which alerted staff to any emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were systems to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate, for example by conducting clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.
- The practice took part in local federation meetings, the focus of which was mainly education and learning (including reflective practice). Discussions included best practice such as NICE guidance. These meetings were intended to provide professional development.

Management, monitoring and improving outcomes for patients

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice was aware of the areas where they had achieved lower than average results for their QOF monitoring and had a plan of action to address these. The practice explained that they had low disease prevalence with their patient population and this had affected the results for some of the services. For example, there were only three patients on their palliative care register. They had also found coding issues such as those for patients with asthma. The practice also had an elderly population which was 30% lower than local averages.
- Results for 2015/2016 showed the practice had achieved 82% of the total number of points available which was lower than the local average of 98% and the national average of 95%. The practice's exception reporting at

10% was higher than the Clinical Commissioning Group (CCG) average of 5% and the national average of 6%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. Unpublished data for 2016/2017 showed that the practice had achieved 82% of the total number of points available which remained the same as 2015/2016, although there had been increases in some areas.

Data for 2015/2016 showed the practice performed mainly in line with or above local and national levels for the following examples:

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans were 100% which was above the CCG average of 93% and above the national average of 89%. The practice exception rate was 37% which was higher than the CCG and the national averages of 13%. The practice told us that their higher exception reporting was linked to their transient homeless and student population.
- No data had been recorded for the proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months. The local and national averages were 85% and 84% respectively. The practice had diagnosed three patients with dementia during 2016/2107 and unpublished data showed they had achieved 100%.
- Performance for diabetes related indicators was in line with the local and national average. For example, patients with a record of a foot examination and risk classification was 88% compared with the CCG and the national averages of 92% and 89% respectively. The practice exception rate of 11% was above the CCG and the national averages of 6% and 8%. Unpublished data for 2016/2017 showed that the practice had made improvements on the results of previous data achieving 96% (an increase of 8%).

We saw minutes of meetings where the practice had been working with SW Healthcare and the CCG to improve their QOF results. For example, they identified that improvements were needed in their patient recall system from a review held in December 2015. Changes had been made for recalls of patients on all their patient registers

Are services effective?

(for example, treatment is effective)

including patients on their mental health register. Quantities of repeat prescription medicines had been reduced on prescriptions to capture more patients when their medicine review was due. The practice confirmed that all exception reporting codes were supported by a valid clinical reason and coded in the patient notes.

Further audits were carried out in December 2016 to review exception rates in relation to patients with mental health concerns, chronic heart disease and diabetes, as these were identified to be above the CCG threshold. The practice had checked that all patients exception reported were appropriate and had been contacted three times by different methods of communication, including reminders from the lead GP, on prescriptions, letters, telephone calls and text messaging. Many patients had no fixed abode and the practice collected mail on behalf of some of the patients which meant they may not always have received the letters sent to them. Unpublished data for 2016/2017 showed improvements had been made. There were three patients (17%) with mental health concerns who had been excluded from the patient population of 18. We saw minutes of meetings to confirm that these discussions had taken place.

The practice told us that they had been working with the CCG as they considered not all QOF codes were appropriate for their patients, particularly in view of the practice's demography. The practice confirmed that the CCG had introduced schemes to accommodate atypical patient populations which provided some flexibility around how they cared for these patient cohorts. An example of this flexibility was seen in avoiding unplanned admissions. The practice had worked with a clinical lead to create a new rationale for risk stratifying vulnerable patients, as their patients had not met the standard frailty criteria, but were still considered a vulnerable group with high levels of hospital attendances and unplanned admissions.

Staff confirmed there was difficulty in encouraging patients to attend for care reviews despite the recall procedures in place. Alerts were added to patients records so that additional prompting could take place. GPs and nursing staff told us that highlighting patients on the electronic patient record system had enabled opportunistic reviews to take place.

The practice had a system for completing clinical audits where they considered improvements to practise could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at.
- We saw nine clinical audits had been completed during the last year with second cycle audits completed for five of these. A range of topics was covered such as audits based on guidance for monitoring glucose control for patients with diabetes. Outcomes of audits showed that changes had been implemented with improvements to patient care made.
- We saw that audit findings had been presented, discussed and documented as part of clinical meetings.
- QOF performance was closely monitored at all times. The practice manager and the lead GP monitored performance in conjunction with SW Healthcare managers and the CCG.
- The practice participated in local audits, national benchmarking and accreditation. There were 32 practices within the GP federation.
- The practice was also a member of a peer group of three practices which had been formed in June 2017. They aimed to meet regularly to discuss delivery of services, which included referral reviews. These reviews were to establish referral patterns and identify any specific issues in order to promote learning and improvement.

Effective staffing

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

- There was a comprehensive, well-structured training programme for all staff. Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Certificates were available to confirm that GPs completed regular clinical updates such as cardiology and respiratory training.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through appraisals and reviews of practice development needs. This included ongoing support during meetings, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff who administered vaccines kept up to date with changes to the immunisation programmes through access to online resources and discussion at quarterly practice meetings.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.
- Staff were supported with online training, supporting additional qualifications such as nurse prescribing, health assessment and apprenticeship schemes.
- There was an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and infection control.
- Protected learning time was provided for all staff. Evidence showed that whole staff training had taken place on 19/1/2017 which had covered updates and training.
- The practice had employed an apprentice, working in conjunction with The National Skills Academy to offer career progression.

Coordinating patient care and information sharing

The practice had systems to provide staff with the information they needed through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Annual reviews had been carried out for 92% of the 25 patients with learning disabilities during 2016/2017.

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

- Clinical staff worked 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. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Monthly meetings were held to discuss patients with specific needs. For example, multidisciplinary meetings for patients at risk of harm were attended by GPs and a health visitor. The practice arranged meetings as required for their three patients with palliative care needs to ensure care was planned and monitored appropriately.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- Staff had access to guidance on obtaining consent for treatment, immunisation or investigation. The consent protocol was kept under regular review and last reviewed in June 2016.
- We saw evidence that showed informed consent was documented. Completed forms were scanned to patient records.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Regular training was provided. Records showed that the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training had been completed in February and March 2017.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurses assessed the patient's capacity and where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

Are services effective?

(for example, treatment is effective)

- The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. Reviews of their health were carried out annually and 92% of the 25 patients on their register had received a review of their care during 2016/2017.
- The practice ran smoking cessation clinics and offered dietary advice to patients who needed it.

Cervical screening and child immunisation results showed the practice achieved results which were in line with local and national averages.

- The practice childhood immunisation rates for the vaccinations given to children under the age of five year olds ranged from 86% to 95% which was comparable to national averages of 88% to 94%. Unpublished data for 2016/2017 showed that immunisations given had increased and ranged from 86% to 97%.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the local average of 83% and the national average of 81%. The practice exception rate of 18% was above the local rate of 8% and the national rate of 7%. Unpublished data for 2016/2017 showed a slight increase in screening had been achieved (82%). The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice had a high percentage of Eastern European female patients in this age category. Patients were advised of the importance of cervical screening, but often they refused to have the tests done. A practice nurse contacted patients who had not attended and were overdue, to encourage screening. The GPs opportunistically discussed screening with patients, as they were prompted by on screen alerts added to patient records.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were lower than local and national averages.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 49% which was lower than the local and the national averages of 75% and 73% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months at 43% which was below the local average of 61% and above the national average of 56%.

The practice told us that the percentages were exaggerated due to low numbers and the high demographic of patients who were homeless and suffered from substance misuse. The practice arranged for patients with no fixed address to have their post sent to the surgery and these were passed on opportunistically when they called in or when clinical sessions were held at the homeless day centre.

The practice followed up patients with text, email, letters and telephone call reminders to attend or participate in screening programmes. Staff followed an established recall protocol to encourage patients to take up screening opportunities. Clinical staff told us that reminder messages were added to patient records so that they could take the opportunity to remind patients about the importance of screening.

It was practice policy to offer a health check to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The practice carried out 197 health checks for the 786 patients (25%) who were eligible for health checks during 2015/2016. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

There were processes for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. The lead GP described the processes they would follow to schedule further investigations if needed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were treated with dignity and respect.

- We spent time in the waiting area observing how staff engaged with patients. We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultation and treatment room doors were closed during consultations and we observed that conversations taking place in these rooms could not be overheard.
- Curtains were provided in all consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

We received completed comment cards from patients. All of the comments on the 16 comment cards were positive about the standard of care received by patients. Patients commented that staff were supportive and always listened to them. Patients were very complimentary about the practice and felt that they received an excellent service, that staff were friendly and polite, and that nothing was too much trouble for any of the team.

Results from the NHS Friends and Family test were mainly positive with 81% of patients in 2016 recommending the practice to others. Recent comments confirmed that appointments had been available as needed, and that staff were friendly and compassionate. One patient had praised the GPs and nurses but commented upon the difficulty accessing the practice by telephone.

We spoke with a patient who was also a member of the Patient Participation Group (PPG). They also spoke highly of the practice and told us they were satisfied with the care and the treatment they received. They said they were always seen by their GP when they needed to be and that the GPs were professional and approachable.

Results from the National GP Patient Survey published in July 2017 showed that the practice scored results that were lower than local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average and the national averages of 87%.

The practice had undergone a number of changes during this patient survey period. There had been a lack of stability in employed staff particularly with GPs and there had been no practice manager in post. They had carried out patient surveys to obtain feedback and establish concerns, with the latest survey December 2016. A further survey was scheduled for end of June 2017 to evaluate the effectiveness of changes they had made which included:

- The appointment of two GPs and two regular locum GPs to improve consistency for patients.
- The introduction of telephone consultations by one of the Advanced Nurse Practitioner's (ANP) and face to face consultations by clinical pharmacists.
- A system update was due to be implemented by end of June 2017 to improve telephone communication and text messaging.
- Online booking had been promoted and an educational and promotional information board had been installed in the reception area.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

- They commented that they were given time during their consultations with the clinical staff to help them make an informed decision about treatment options available to them.
- Interpreter and translation services were provided should patients need these.
- Care plans were completed for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. The practice provided flexible and varied support with regular clinics at a nearby day centre for homeless people to promote health and wellbeing. This also meant that patients could receive care and treatment in a place where they felt safe.

Results from the National GP Patient Survey published in July 2017 showed that patients surveyed had responded less positively to questions about their involvement in planning and making decisions about their care and treatment, when compared with local and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice had taken action to improve the experiences for patients. The employment of clinical staff had improved

stability for patients and telephone consultations by one of the Advanced Nurse Practitioner's (ANP) and face to face consultations by clinical pharmacists had also been introduced.

Patient and carer support to cope emotionally with care and treatment

The practice provided support for patients and carers in a number of ways:

- The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. The register showed that at the time of the inspection 19 carers were registered with the practice (0.4% of the practice population). The practice demonstrated that they captured carer information appropriately but acknowledged this was low because they had a mainly younger, transient population with a lower than average older population of 4% compared with the local average of 34% and the national average of 27%. Evidence confirmed that the practice also had low levels of disease prevalence and a lower than average older population.
- Information leaflets were available in the waiting area of the practice. Health checks, free flu vaccinations and flexible appointments were provided for carers. The practice told us that carers were opportunistically reviewed and monitored for their wellbeing and signposted to support services such as Alzheimer's Society or Dementia UK and the local Dementia Café.
- Staff told us that if families had suffered bereavement they were contacted by the practice. Counselling was also available from a nearby hospice.
- There were notices and leaflets available in the waiting area which explained to patients how to access a number of support groups and organisations. Information was also available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

- The practice understood the needs of the patient population and had arrangements in place to identify and address these.
- The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease.
- Same day appointments were available for all patients including children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- There was an online service which allowed patients to order repeat prescriptions and book appointments.
- Extended hours appointments were available for pre-bookable appointments on Monday to Friday evenings from 6.30pm to 8pm. Three additional clinics per week were held at the university to provide an onsite service for students. Appointments at two of these clinics were with ANPs and appointments were with a GP at one of the clinics. A clinic was held each week at the homeless drop in day centre. These appointments were helpful to patients who worked or had caring responsibilities.
- Translation services were available on request for patients where English was not their first language.
- Access was suitable for patients who used wheelchairs and baby changing and breast feeding facilities were available.
- Services were provided for all vulnerable patient groups presenting to the practice. For example, services were provided to homeless people and patients who were affected by substance misuse.
- Travel vaccinations including yellow fever were offered by the practice.

- The practice had introduced a system to ensure that frail elderly patients were monitored for their health and wellbeing. A register was maintained to ensure that reviews were carried out regularly.
- An outreach service had been developed by the practice in 2015 for homeless patients. Clinics were held at the nearby day centre and all new arrivals were offered a GP health review within 24 hours. The clinics operated as a walk in facility as they had found that structured appointments had not worked and they needed to gain the trust of the patients they were trying to support. The practice had developed a template for use during consultations to ensure they covered health promotion, captured substance misuse and other health factors. Referrals to counselling and mental health services was available. The practice told us that although clinics were held at the day centre some patients presented at the practice wanting urgent appointments. As a result specific appointments had been made available at the end of the morning and evening surgeries to accommodate this.

Access to the service

Opening hours were from 8am to 6.30pm on Monday to Friday each week with appointments between these times. The practice was closed at weekends.

Farrier House Surgery did not provide an out-of-hours service but had alternative arrangements for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) was available in the practice patient information leaflet and on the website.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was mixed when compared with local and national averages. For example:

- 74% of patients described their experience of making an appointment as good which was in line with the CCG average of 75% and the national average of 73%.
- 66% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 62% and the national average of 64%.

Are services responsive to people's needs?

(for example, to feedback?)

- 84% of patients were able to get an appointment to see or speak to someone the last time they tried which was in line with the CCG average of 87% and the national average of 84%.
- 82% of patients said they could get through easily to the practice by telephone which was above the CCG average of 73% and the national average of 71%.

The practice were aware of and were responding to the low data. The practice had gathered feedback from patients through surveys they had carried out, through the NHS Friends and Family Test and the GP National Patient Survey results. They had compiled an action plan to address issues identified from the feedback such as the difficulty with accessing the practice by telephone and the lack of consistent clinical staff at the practice. Two GPs and two regular locum GPs had been appointed to improve consistency for patients. Telephone consultations by one of the Advanced Nurse Practitioner's (ANP) and face to face consultations by clinical pharmacists had been introduced. An update to the system to improve telephone access was due.

The patient we spoke with told us they were happy with the appointment system and were able to see a GP without any difficulty. They told us they could always see a GP if the appointment was urgent. We received 16 comment cards which were positive about the appointment system and appointment availability at the practice. Patients commented they had not experienced any difficulty in accessing appointments and they had always been able to get an appointment when they needed.

The practice had a system to assess requests for a home visit. This included deciding whether a home visit was

clinically necessary and the urgency of the need for medical attention. All visit requests were assessed by GPs as they were received. Appropriate arrangements were made according to the assessment. There were protocols in reception for staff to follow and staff were clear about their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person for responding to all complaints.
- Accessible information was provided to help patients understand the complaints system at the practice.
- The practice maintained a log for complaints and we viewed the four complaints recorded for 2017. We saw that complaints had been responded to in an open and transparent way. They had been fully investigated in accordance with the practice's complaints policy and procedure.
- The procedures for handling complaints ensured that where lessons were learned these were recorded and shared accordingly. Meetings were held regularly to review complaints. An annual review of complaints would enable the practice to identify any themes or trends. Lessons learned from complaints and concerns were used to improve the quality of care provided.

Are services well-led?

Good 

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

Our findings

Vision and strategy

Farrier House Surgery had been previously known as Worcester Walk in Centre. The practice had been taken over by SW Healthcare Federation in 2014 and re-opened as Farrier House Surgery in April 2015. As the contract holder for Farrier House Surgery the team of SW Healthcare support the management of the practice and the back office functions. The practice had inherited an unstable practice with no employed GPs, no practice manager and a lack of governance arrangements. The practice told us the clinical team they now had in place had enabled them to achieve a more stable service for their patients. They acknowledged that further development was needed, with plans to address areas such as quality monitoring data and GP National Patient Survey results.

Farrier House Surgery told us they aimed to provide the highest quality care to patients and would focus on the patient journey and develop innovative ways of delivering joined-up care to achieve this. Staff confirmed they were aware of the aims of the practice and that they worked to deliver a standard of service that reflected this ethos.

Governance arrangements

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

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services in 2015/2016 it was performing mostly below local and national standards. We saw that QOF data was regularly discussed at clinical meetings with action taken to maintain or improve outcomes. Unpublished data for 2016/2017 showed that improvements had been made on the previous year's results.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff worked as a team and were committed to support each other to provide the best care for their patients.

- Practice specific policies were implemented and were available to all staff. Staff were aware of their content and where to access them.
- There were arrangements in place to identify, record and manage risks within the practice and to ensure that mitigating actions were implemented.

Leadership, openness and transparency

During the inspection the lead GP and the practice manager demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- Clinical and non-clinical staff had a wide range of skills and experience. They told us they prioritised safe, high quality and compassionate care.
- The practice encouraged a culture of openness and honesty in a blame free environment.
- There were high levels of staff satisfaction. Staff told us they enjoyed working at the practice and felt they were part of the team.
- Staff said they felt respected, valued and supported, particularly by the GPs and management within the practice. Staff felt involved in discussions about how to run and develop the practice and staff were encouraged to identify opportunities to improve the service delivered by the practice.
- The practice was an active member of the GP federation. A GP federation is formed of a group of practices who work together to share best practice and maximize opportunities to improve patient outcomes.
- There were systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included providing staff with additional training or support when incidents had occurred and a training need had been identified as a result.

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

- Staff told us that they were approachable and always took the time to listen to all members of staff.
- Staff told us that they worked together and supported each other to provide the best care for patients.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through surveys they had carried out, through the NHS Friends and Family Test and the GP National Patient Survey results. They had compiled an action plan to address issues identified from the feedback such as the difficulty with accessing the practice by telephone and the lack of consistent clinical staff at the practice.
- The practice had established a Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG had been formed in January 2016 and currently had a membership of five members. The PPG told us they had regular quarterly meetings with the practice and minutes of meetings were available to patients in the waiting area and on the practice website. The PPG were exploring ways to promote the services offered by the practice, engaged with sourcing resources and information for patients for local clubs and services available to them. Members also worked with staff to signpost patients and carers to the various support groups.

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

- Staff told us they were confident they would be supported if they needed to raise any issues or concerns. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- They felt involved and engaged to improve how the practice provided services for patients.
- Staff told us the practice worked as a team and this approach enabled them to provide the best care they could for all patients.

Continuous development

The practice told us their objectives for the coming year included ensuring the continued stability of the practice, to develop as a training practice and increase the services provided for the homeless population of the city.

Continued improvement was encouraged and there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. This was particularly evident with the services provided for homeless patients, patients affected by substance misuse and university students.

The practice was committed to and encouraged continuous learning and innovation through regular meetings, training events, protected learning time as well as making time to reflect on practice to consider further improvements.