Priory Medical Centre

Quality Report

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Date of inspection visit: 10 May 2016
Date of publication: 28/10/2016

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

Ratings

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

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Priory Medical Centre on 10 May 2016. Overall the practice is rated as good.

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

- Staff knew how to raise concerns and report incidents and near misses. Significant events were thoroughly investigated, action was taken and lessons learned were shared with staff to improve safety in the practice.
- The practice manager was a director for a federation of 35 practices, and this had helped the practice to network and provide primary care at scale.
- Feedback from patients about their care was very 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's facilities were of a good standard and it was properly equipped to treat patients and meet their needs.
- The practice had a transparent approach to dealing with errors. The practice took positive actions to improve processes and communicated appropriately with patients.
- The practice had a clear vision to deliver accessible and cohesive patient centred care in a supportive town centre environment that continually strives to improve.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice also had two asthma nurses and had recently participated in a project which involved a specialist nurse running clinics at the practice using Optimising the Review and Control in Asthma (ORCA).
- The practice had participated in the Triumvirate Leadership Programme for General Practice in 2015. This was a leadership course designed to strengthen

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and improve practices through the shared leadership of GPs, practice managers and practice nurses. The practice told us this experience had improved their way of working.

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.

The areas where the provider should make improvement are:

- Monitor the newly introduced system to monitor the use of prescription stationery to ensure it is effective.

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 knew how to raise concerns and report incidents and near misses. Significant events were thoroughly investigated and we saw that significant events were a standing item on the practice's regular communication meeting agendas. These discussions were used to ensure action was taken and to share lessons learned to improve safety in the practice.
- The practice had a transparent approach to dealing with errors. Patients were given a written apology providing a explanation when things went wrong and they were offered reasonable support. The practice also told patients about any actions taken to improve processes and prevent the same thing from happening again.
- The practice had implemented well defined systems, processes and methods to keep patients safe and safeguarded from abuse. Policies were accessible and staff demonstrated they understood their responsibilities if they were concerned about a patient's welfare.
- The practice used rigorous procedures to detect and minimise risks to staff and patient safety. The practice had made arrangements to ensure the number and mix of staff on duty met patients' needs. There were adequate arrangements in place to respond to emergencies and major incidents.
- The practice had a system for managing and circulating safety alerts received from external agencies.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice carried out assessments of patient needs and delivered care according to current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice used clinical auditing to monitor their work and ensure guidelines were followed.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above average compared to the national average.
- The practice also had two asthma nurses and had recently participated in a project which involved a specialist nurse running clinics at the practice using Optimising the Review and

Summary of findings

Control in Asthma (ORCA). As a result of the study one practice nurse had trained with the ORCA specialist nurse, created a personalised asthma action plan for each affected patient, and also produced a set of data to be re-audited the following year to track their progress.

- The practice held 360 Degree Feedback appraisals with staff. 360 Degree Feedback is a system in which staff members receive anonymous feedback confidentially from the people they work with. The practice had worked this system into their annual appraisal system to enhance their culture of openness and continuous improvement.
- The practice liaised with the local psychiatric team and held palliative care meetings and unplanned admissions meetings monthly.
- The practice supported patients to live healthier lives by employing a nurse to specifically focus on promoting healthy living by conducting focused health checks.
- The practice collaborated with Age UK and South Warwickshire Healthy Homes (a service aimed at improving health by tackling fuel poverty) to improve services for potentially vulnerable patients.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. For example, the practice's information leaflet was available in an easy read format to assist people with learning disabilities and also in braille to allow patients with visual impairment to access the information.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice worked with external services such as Age UK and Warwickshire Healthy Homes to help provide support to patients experiencing a range of concerns.
- We contacted care homes that had patients registered with the practice. Staff we spoke with told us GPs at the practice were flexible and responsive and engaged appropriately with patients and their families.

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- Staff told us that when a patient or the near relative of a patient died their GP often contacted them by phone to provide support.
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice published a regular newsletter to inform patients of developments at the practice and increase their awareness of relevant information.

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.
- Staff had undergone IRIS (Identification and Referral to Improve Safety) training in domestic violence and the practice had made individual arrangements to support patients as necessary.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes. Staff told us that ten clinics run at the practice commenced earlier than 8.30am to assist working people.
- The practice had provided its information leaflet in additional formats to meet the needs of its patients. This was available in braille for people with a visual impairment and in easy read to assist people with learning disabilities.
- Grab rails throughout the practice were coloured red for easy visibility and recognition. Using contrasting colours in this way has been shown to assist patients with dementia.
- The practice used the STOPP (Screening Tool of Older Person's Prescriptions) START (Screening Tool to Alert doctors to Right Treatment) initiative to focus on improving care for patients prescribed five or more medicines. They had also arranged for a clinical pharmacist to visit the practice regularly to help improve prescribing practice.
- 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 manager had attended a learning disability workshop and subsequently made changes to ensure the practice was learning disability friendly.

Summary of findings

- In view of the changing population needs the practice had recruited a nurse specifically to take on a role promoting healthy lifestyles.
- Actions and learning points from complaints were recorded and discussed with staff.

Are services well-led?

Good

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

- The practice had a clear vision to deliver accessible and cohesive patient centred care in a supportive town centre environment that continually strives to improve. Staff understood the practice values of integrity, collaboration, compassion, diversity, equality and efficiency. Team members we spoke with told us they had been involved in the selection of the practice values through workshops and worked in a way that supported them.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- As a training practice the practice had made significant investments in developing the skills within the team.
- The practice manager was also a director for a federation of 35 practices, and this had helped the practice to achieve positive elements of primary care 'at scale'.
- The practice had recently begun using an e-learning package which had been specifically tailored for general practice.
- The practice was pioneering a partnership with a local charity which had funding available to allocate to healthcare. The practice had put forward a business case for two advanced nurse practitioners to provide acute care for the frail in their own homes, as they wanted to do something that would benefit the whole community as well as the practice.

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

Good

The practice is rated as good 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 liaised with Age UK to offer support for elderly people on an over 75's project. This involved targeted intervention to patients most in need and offering a health check for the wider population aged over 75.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was pioneering a partnership with a local charity which had funding available to allocate to healthcare. The practice had put forward a business case for two advanced nurse practitioners to provide acute care for frail patients in their own homes and local care homes, as they wanted to do something that would benefit the whole community as well as the practice.

People with long term conditions

Good

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

- The practice offered a range of clinical services which included care for long term conditions such as diabetes.
- The practice used the STOPP (Screening Tool of Older Person's Prescriptions) START (Screening Tool to Alert doctors to Right Treatment) initiative to focus on improving care for patients prescribed five or more medicines.
- 90% of patients on the practice's asthma register had had a comprehensive asthma review in the previous 12 months; significantly higher than the CCG average of 77% and the national average of 75%. The practice had two asthma nurses and had recently participated in a project using a specialist nurse to run clinics at the practice using Optimising the Review and Control in Asthma (ORCA). As a result of the study the

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practice had trained one nurse in ORCA, created a personalised asthma action plan for each affected patient, and also produced a set of data to be re-audited the following year to track their progress.
- The practice had carried out a project to help identify patients for the Heart Failure Register. This had resulted in a 14% increase in the size of the register.
- The practice held palliative care meetings and unplanned admissions meetings monthly. The practice invited all relevant staff to meetings for share information and plan care, including Macmillan nurses. During these meetings care plans were routinely reviewed and updated for patients with complex needs.

Families, children and young people

Good

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

- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice had employed a contractor to fit blinds with safety devices in response to a safety alert regarding the risk these posed to young children.
- Appointments were available on the same day out of school hours for children.

Working age people (including those recently retired and students)

Good

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

- The practice had identified the needs of the working age population, those recently retired and students. Services had been adjusted to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered health checks for new patients and NHS health checks for patients aged 40–74.

Summary of findings

- The practice offered appointments from 7.20am two days a week, and extended hours until 7.30pm once a week to accommodate working patients who could not attend during normal opening hours. Pre-bookable appointments were available on a minimum of one Saturday per month at the branch surgery.
- Staff told us that ten clinics run at the practice commenced earlier than 8.30am to assist working people.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were longer appointments available for patients with complex needs such as learning disabilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff were concerned about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs had completed level three safeguarding training in respect of child protection.
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice's information leaflet was available in an easy read format to assist people with learning disabilities. The practice also provided their leaflet in braille to allow patients with visual impairment to access the information.
- The practice's computer system alerted GPs if a patient was also a carer. The practice informed us that they had recently written to every carer on their register to confirm their status and inform them of the Carer's Guide recently published by NHS England.
- Staff had undergone IRIS (Identification and Referral to Improve Safety) training in domestic violence.

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- The practice manager had attended a learning disability workshop and subsequently made changes to ensure the practice was learning disability friendly. This involved improving signage in reception, and creating an easy read accessible practice leaflet. The leaflet was then posted to all the patients on the learning disability register along with their invitation to attend their annual health check. The practice also shared an electronic template for the leaflet with other South Warwickshire practices to assist them in becoming more learning disability friendly.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good 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 patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 85% and the national average of 84%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, which was similar to the CCG average of 93% and higher than the national average of 88%.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Grab rails throughout the practice were coloured red for easy visibility and recognition. Using contrasting colours in this way has been shown to assist patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 245 survey forms were distributed and 120 were returned. This represented 1% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 85% 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 81% and the national average of 76%.
- 89% 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%.
- 79% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 83% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, all of which were positive overall about the standard of care received. Several patients commented that the appointments system was very good and they were always able to speak with a doctor. One commented that this caused problems for them as they could not accept calls during working hours. Several patients also commented that the doctors were good at listening to them and taking their concerns seriously.

We spoke with nine patients during the inspection. Seven said they were satisfied with the care they received and thought staff attitudes were good and that they were able to get an appointment when they needed it. Two patients said that they had felt rushed during consultations with the doctor. Every patient we asked confirmed that they had been provided with information about healthy lifestyles by their doctor.

Areas for improvement

Action the service SHOULD take to improve

The practice should monitor the newly introduced system to monitor the use of prescription stationery to ensure it is effective

Priory Medical Centre

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 adviser, a practice manager specialist adviser and an expert by experience.

Background to Priory Medical Centre

Priory Medical Centre is located in Warwick town centre and serves the surrounding areas under a General Medical Services (GMS) contract with NHS England. This is the commonest form of GP contract and it allows the delivery of general medical services. The practice's current premises at Cape Road were purpose built approximately 30 years ago. There is limited parking at the premises where disabled facilities are available. It also has a branch surgery located at Brese Avenue which was not visited as part of the inspection.

Priory Medical Centre is among the largest practices in South Warwickshire and has a patient list size of 13,690. It provides services to two care homes. The population has an average age range and levels of deprivation are low. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. Enhanced services offered by the practice include for example extended hours access, family planning, annual health checks for patients with learning disabilities and phlebotomy.

The clinical team comprises seven GP partners, two advanced nurse practitioners, four practice nurses, and two healthcare assistants. Four GPs are female and three are male. The team is supported by a practice manager and a team of administrative, secretarial and reception staff. Priory Medical Centre is a training practice. Training practices help qualified doctors to complete the final stages of their GP training.

The practice's reception operates between 8am and 6pm from Monday to Friday. Longer opening hours operate on Tuesday and Wednesday mornings from 7.15am, and on Wednesday evening until 7.30pm. Appointments are available between 8.30am and 6pm Monday to Thursday and between 8.30am and 5pm on Fridays. Extended hours appointments are also offered from 7.20am on Tuesday and Wednesday and until 7.30pm on Wednesday.

The branch surgery operates morning opening hours from 8.30am to 12pm Monday to Friday and afternoons from 2pm to 6pm Monday to Thursday. It also opens between 8am and 9.30am on a minimum of one Saturday per month. Appointments are available between these times.

The practice explained to us that on the days when the practice closes at 6pm, the reception team and an on-call GP remain in the building and are available to take patient calls until 6.30pm. There are further arrangements in place to direct patients to the NHS 111 out-of-hours service when the practice is closed.

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. 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.

How we carried out this inspection

Before visiting, we reviewed a range of information collected by CQC intelligent monitoring systems, and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with staff and patients.
- Reviewed patient comment cards.
- Reviewed the practice's policies and procedures.
- Carried out visual checks of the premises, equipment, and medicines stored on site.

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).

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff were aware of the procedure for reporting incidents and had access to a policy and recording form on the practice's computer system. They told us they would inform the practice manager of any incidents. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice recorded 12 significant events from April 2015 to March 2016. We reviewed the practice's significant event log, which included a summary of each event, learning points and actions taken. We saw that each of these had been analysed and appropriate action taken by the practice, and a follow up date was marked against each event to consolidate learning.
- Complaints and significant events were a standing item on the practice's frequent communication meeting agendas.
- We saw evidence that patients were informed of incidents and received a written apology when things went wrong with care and treatment.

The practice received safety alerts issued by external agencies, for example from MHRA (Medicines and Healthcare products Regulatory Agency). The practice manager and the assistant to practice manager received alerts by email. There was a robust system in place to manage these and ensure appropriate action was taken as a result, which included discussing them with clinicians as appropriate, retaining paper copies and cascading any actions to staff. The alerts were also discussed with the senior partner at a two weekly meeting.

Overview of safety systems and processes

The practice had implemented well defined systems, processes and methods to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff were concerned about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role; for example GPs had completed level three safeguarding training in respect of child protection.
- Notices in the waiting room and in consultation rooms advised patients that chaperones were available. All staff who acted as chaperones were trained for the role and had received a 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.
- The practice maintained effective standards of cleanliness and hygiene. The premises were observed to be clean and tidy. A member of the practice's nurse team was the clinical lead for infection control. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice manager told us he was working closely with the CCG to form an Infection Control Clinical Champion working group.
- The arrangements for managing medicines in the practice, (including obtaining, prescribing, recording, handling, storing, security and disposal), kept patients safe. This included the arrangements for emergency medicines and vaccines.
- Blank prescription forms and pads were securely stored although there was no system in place to monitor their use. Following the inspection the practice told us that a system for this had now been introduced.
- Patient Group Directions had been adopted by the practice, these allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- During our visit we reviewed three personnel files which verified that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Good

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice used rigorous procedures to detect and minimise risks to staff and patient safety. A suitable health and safety policy was available. The practice had records of recent fire risk assessments and told us they carried out regular fire drills. Frequent checks were carried out to ensure electrical equipment was safe to use and clinical equipment was working effectively. The practice used a variety of risk assessments to monitor the safety of the premises, including control of substances hazardous to health, infection control, and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. For example, the practice had employed a contractor to fit blinds with safety devices in response to a safety alert regarding the risk these posed to young children.
- The practice had made arrangements to ensure the number and mix of staff on duty met patients' needs. A rota system was used for each group of staff to ensure adequate numbers of clinical and non-clinical staff could be available to patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and an emergency button on all the consultation and treatment room desk phones which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available.
- The practice's supply of emergency medicines was easily accessible to staff in a secure area of the practice. All staff knew the location of the emergency medicines. All the medicines we checked were in date and stored securely.
- The practice had prepared a comprehensive business continuity plan for use in the event of major incidents such as power failure or building damage. Copies were held off site by each of the practice partners and the practice manager. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments of patient needs and delivered care according to current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had implemented systems to update clinical staff when new information was issued. Staff used NICE guidelines to deliver appropriate care and treatment to patients.
- The practice used clinical auditing to monitor their work and ensure guidelines were followed. For example, the practice had conducted a diabetic retinopathy audit in relation to a NICE guideline update. Diabetic retinopathy is a complication of diabetes that can damage the back of the eye. The practice had also completed an audit of patients with the condition gout (a form of acute arthritis) following rheumatology guidance being published.

Management, monitoring and improving outcomes for people

The practice monitored outcomes for patients using the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, compared with the CCG average of 98% and the national average of 95%. The practice had 5% overall exception reporting, 3% lower than the CCG average and 5% lower than 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were between 72% and 99%, similar to the national average range of 78% to 94%. For example, 99% of patients with diabetes had had the influenza immunisation between 1 August 2014 and 31 March 2015, compared with the CCG average of 97% and the national average of 94%. 93% of patients had had a foot examination and risk classification in the preceeding 12 months, compared with the CCG average of 92% and the national average of 88%.
- Performance for mental health related indicators were between 75% and 95%, similar to the national average range of 84% to 90%. 90% of patients experiencing poor mental health had a comprehensive agreed care plan documented within the last 12 months. This was 3% below the CCG average and 2% above the national average.
- The practice had a low uptake of breast cancer screening within six months of invitation at 56%, significantly lower than the CCG average of 77% and the national average of 73%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the previous year was around 10% below both CCG and national averages.
- 90% of patients on the practice's asthma register had had a comprehensive asthma review in the previous 12 months; significantly higher than the CCG average of 77% and the national average of 75%. The practice had two asthma nurses, a GP lead for asthma, and used a robust recall programme to ensure patients were reviewed frequenly.

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits completed in the last year, two of these were completed audit cycles where the improvements made were implemented and re-audited.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had carried out a project to help identify patients for the Heart Failure Register. This had resulted in a 14% increase in the size of the register, from 96 to 112 patients. The practices Left Ventricular Systolic Dysfunction (LVSD) register was increased from 32 patients to 66
- The practice also held meetings with secondary care leaders to collaborate and improve patient care. For example, Macmillan nurses were invited to meetings to discuss patients which helped to provide better continuity of care.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff which was tailored according to post. This covered such topics as child and adult safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had external HR support, and had introduced new employment contracts and a staff handbook.
- The practice could demonstrate how they ensured staff had completed role-specific training and updates by using a spreadsheet to track this.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support and one-to-one meetings. All staff had received an appraisal within the last 12 months. The practice held 360 Degree Feedback appraisals with staff. 360 Degree Feedback is a system in which staff members receive anonymous feedback confidentially from the people they work with. The practice had worked this system into their annual appraisal system to enhance their culture of openness and continuous improvement. Annual appraisals were used to identify learning needs. Staff also supported one another with learning and development through regular team meetings.
- Non role specific training was also provided to staff frequently to ensure they were equipped to deal with a variety of situations. For example child and adult safeguarding, fire safety and infection control. The practice had recently begun using an e-learning package which had been specifically tailored for general practice.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record and computer systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services promptly, for example when referring patients to other services. The practice liaised with the local psychiatric team and held palliative care meetings and unplanned admissions (urgent admissions to hospital care) meetings monthly. The practice invited all relevant staff to meetings for share information and plan care, including Macmillan nurses. During these meetings care plans were routinely reviewed and updated for patients with complex needs.

Staff worked together and with other health and social care professionals 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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support during consultations and by reviewing

Good

Are services effective?

(for example, treatment is effective)

unplanned admissions patients and hospital discharge letters. They maintained registers of specific patient groups to monitor treatment and direct them to the relevant services, such as support to stop smoking.

The practice told us that they worked with Age UK to help identify patients whose circumstances may make them vulnerable. The practice was also collaborating with South Warwickshire Healthy Homes (a service aimed at improving health by tackling fuel poverty) to provide a more tailored service for patients since March 2016. The practice had used a risk stratification tool to identify patients that may benefit and as a result Healthy Homes had contacted 166 patients to offer assistance. The Healthy Homes Coordinator attended the practice on a weekly basis, and had also spoken with staff and the patient participation group to raise awareness and encourage referrals. At the time of our visit 14 patient home assessments had been completed and 11 referrals had been made to to Citizen's Advice and Act on Energy, even though the programme had only been running for a short time.

The practice had employed one nurse to specifically focus on promoting healthy living from March 2015. The nurse offered health checks during which patients were interviewed about their lifestyle to help them focus on priorities for healthy living. As a result of the health checks 433 patients had been provided with frailty guide packs, and the practice had diagnosed eight new cases of Atrial Fibrillation and five new cases of dementia. 137 of 138 patients who completed a feedback questionnaire following their health check said that it had been beneficial and helped them to better manage their health. Patients we spoke with on the day of the inspection informed us they had been offered lifestyle advice during their appointments.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 77% and the national average of 74%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 73% of females aged 50 to 70 had been screened for breast cancer in the previous three years, similar to the CCG average of 75% and the national average of 72%. 63% of the practice's patient list aged 60 to 69 had been screened for bowel cancer in the previous two and a half years, compared with the CCG average of 64% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% compared with the CCG average range of 84% to 99%. Rates for five year olds were from 95% to 100%, and the CCG average range was 94% to 98%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that staff were helpful, polite and respectful to patients.

- There were curtains in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during patient consultations. A radio was also played in the patient waiting area beside consultation rooms. This provided a level of privacy and conversations taking place in these rooms could not be overheard.
- Reception staff told us that when patients appeared distressed or needed to discuss something personal they could offer to take them to a private room.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Several patients commented that the doctors were good at listening and taking their concerns seriously.

We spoke with three members of the patient participation group (PPG). They also told us they were pleased with the practice's level of patient service, and felt that they were valued, supported and respected. One member commented that they had been looked after by the practice for many years and enjoyed being able to give something back. Another said that they would never consider moving to another practice.

We contacted two care homes home that had patients registered with the practice. Staff we spoke with told us GPs at the practice were flexible and responsive and engaged appropriately with service users' families. The practice wrote to each resident individually explaining who their named GP was.

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

- 95% 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%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% 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%.
- 87% 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 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us their GP respected their wishes. They described how they had been given options to involve them in decision making about their care and treatment. They also told us they felt listened to and supported by staff. Two patients said they did not always feel they were listened to by their GP and that treatment was only briefly explained. Patient feedback from the comment cards we received was predominantly positive.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 88% 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%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Good

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice's information leaflet was available in an easy read format to assist people with learning disabilities. The practice also provided their leaflet in braille to allow patients with visual impairment to access the information.
- The practice published a regular newsletter to inform patients of developments at the practice and increase their awareness of relevant information.

Patient and carer support to cope emotionally with care and treatment

Information notices and leaflets were displayed in the patient waiting area. These told patients how to contact support groups and organisations for a variety of long term conditions.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 117 patients as carers (less than 1% of the practice list). The practice told us it identified carers opportunistically and signposted using posters in the reception area. The practice hoped to expand its carers register and had developed a clinical system search to identify patients with dementia who had no named carer. Their intention was to follow up with patients in this group to attempt to identify carers. The practice also informed us that they had recently written to every carer on their register to confirm their status and inform them of the Carer's Guide recently published by NHS England.

Staff told us that if families had suffered bereavement, their usual GP often contacted them by phone. Reception staff were also given a list of recent deaths along with the names of the patient's GP to assist them in dealing with bereavement.

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.

- The practice offered appointments from 7.20am two days a week, and extended hours until 7.30pm once a week to accommodate working patients who could not attend during normal opening hours. Pre-bookable appointments were available on a minimum of one Saturday per month at the branch surgery.
- There were longer appointments available for patients with complex needs including learning disabilities.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Appointments were available on the same day for those patients who required an urgent consultation, including out of school hours for children.
- There were facilities to assist patients with physical disabilities. There was a hearing loop for patients who used hearing aids.
- The practice offered translation services for patients who did not speak or understand English with confidence.
- Staff had undergone IRIS (Identification and Referral to Improve Safety) training in domestic violence and the practice had made individual arrangements to support patients as necessary.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes. Staff told us that ten clinics run at the practice commenced earlier than 8.30am to assist working people.
- The practice had provided its information leaflet in additional formats to meet the needs of its patients. This was available in braille for the visually impaired and in easy read to assist people with learning disabilities.
- Grab rails throughout the practice were coloured red for easy visibility and recognition. Using contrasting colours in this way has been shown to assist patients with dementia.
- The practice had implemented a new system of scheduling appointments in response to the demands of its patients.
- The practice used the STOPP (Screening Tool of Older Person's Prescriptions) START (Screening Tool to Alert doctors to Right Treatment) initiative to focus on improving care for patients prescribed five or more medicines. They had also arranged for a clinical pharmacist to visit the practice regularly to help improve prescribing practice.
- In response to patient feedback the practice had begun to use social media to communicate with patients and distribute current information and healthy lifestyle advice. Friends and Family Test results had also begun to be displayed on the practice website and in their quarterly newsletter.
- The practice liaised with Age UK to offer support for elderly people on an over 75's project. This involved targeted intervention to patients most in need and offering a health check for the wider population aged over 75.
- The practice invited all relevant staff to meetings for share information and plan care, including Macmillan nurses. During these meetings care plans were routinely reviewed and updated for patients with complex needs.
- The practice manager had attended a learning disability workshop and subsequently used one of the resources from the workshop, "ABCD checklist for primary care practices developed by people with learning disabilities" to carry out an audit of the service. As a result the practice manager liaised with the nurse training in learning disability to improve signage in reception. The practice also paid for an easy read accessible practice leaflet to be printed. The leaflet was then posted to all the patients on the learning disability register along with their invitation to attend their annual health check. The practice also shared an electronic template of the leaflet with other South Warwickshire practices to assist them in becoming more learning disability friendly.

Access to the service

The practice was open between 8am and 6pm from Monday to Friday. It had longer opening hours on Tuesday and Wednesday mornings from 7.15am, and on Wednesday evening until 7.30pm. Appointments were

Good

Are services responsive to people's needs?

(for example, to feedback?)

available between 8.30am and 6pm Monday to Thursday and between 8.30am and 5pm on Fridays. Extended hours appointments were also offered from 7.20am on Tuesday and Wednesday and until 7.30pm on Wednesday.

The branch surgery was open in the morning from 8.30am to 12pm Monday to Friday. It was open in the afternoon from 2pm to 6pm Monday to Thursday. It also opened between 8am and 9.30am on a minimum of one Saturday per month. Appointments were available between all of these times.

The practice explained to us that on the days when the practice closed at 6pm, the reception team and an on-call GP remained in the building and were available to take patient calls until 6.30pm. There are further arrangements in place to direct patients to the NHS 111 out-of-hours service when the practice is closed.

Patients could access appointments and services in a way and at a time that suited them. The practice had implemented a system for triaging appointments to meet their patients' needs. This allowed patients to speak to a GP on the phone before making an appointment. The practice told us that patients phoned in the morning and received a return call from their chosen GP within two hours. The GP could either complete the consultation by phone or arrange an appointment. Patients who could not or did not wish to use the phone were facilitated to come into the practice and a GP would speak with them in person at the first opportunity. For people who could not receive a return call during certain hours, the GP phoned during an agreed window of time. Patients could also make appointments with GPs and nurses up to one week in advance where required. The practice told us this system had improved their patients' experience as they had more direct access to clinical advice. Auditing had also shown that the practice was able to carry out around 100 more consultations every week. Several patients commented that the appointments system was very good and they were always able to speak with a GP. One patient commented that the appointment system caused problems for them as they could not accept calls during working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. These results relate to a survey completed before the new appointment system was implemented.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

People told us on the day of the inspection that they were able to get an appointment in an emergency. Patients said that they often had to wait to see the GP of their choice.

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.
- The practice manager and a GP partner had lead roles in handling complaints about the practice.
- We saw that information was available to help patients understand the complaints system. There was a leaflet available in reception which provided details of how to make a complaint. The practice's complaints procedure could also be viewed on the practice website, as well as information about complaints advocacy. Complaints information was not displayed in the patient waiting area at the time of our visit but the practice later notified us they had done so.
- We saw evidence that learning from complaints was shared with staff at communication meetings.

We looked at 13 complaints received in the last 12 months and found that they were dealt with in a satisfactory and timely way. Actions and learning points from complaints were recorded. We saw that complaints were a standing item on the practice's staff communication meeting agenda. Communication meeting minutes reflected that complaints and learning points resulting from these were discussed. For example, the practice had learned from an incident involving a delay in referring a patient to another service by implementing a system to manage these types of referral.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver accessible and cohesive patient centred care in a supportive town centre environment that continually strives to improve.

- The practice had a statement of purpose which was displayed on the practice website.
- Staff understood the practice values of integrity, collaboration, compassion, diversity, equality and efficiency. Team members we spoke with told us they had been involved in the selection of the practice values and worked in a way that supported them.
- The practice recognised their future challenges and had given consideration to how they would handle these. For example, the practice had an increasing patient list and there had been ongoing patient dissatisfaction with the limited car parking facilities at the current premises. The practice had begun searching for new premises in 2006 and had identified a suitable building in the area. The practice hoped to collaborate with a nearby practice which was also in search of new premises.
- The practice was an active member of a GP Federation and had a proactive attitude to developing new ways of working with other practices.
- The practice hoped to better communicate its extended hours to patients and increase protected learning time for staff.

Governance arrangements

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

- Practice staff understood their responsibilities and felt supported by the wider team in meeting these.
- Staff had access to and implemented practice specific policies.
- The practice monitored its performance on an ongoing basis using comprehensive auditing to identify and implement improvements.
- There were robust arrangements for assessing and managing risks.

The practice had successfully applied for and participated in the Triumvirate Leadership Programme for General Practice in 2015. This was a leadership course designed to strengthen and improve practices through the shared leadership of GPs, practice managers and practice nurses. The practice told us this experience had improved their way of working. For example, all members of staff had been included in deciding the practice's shared values and contributing ideas for development.

Using the Triumvirate Leadership model the practice had run a project to improve access and patient communication. As a result the practice had implemented a new appointment triage system to create more patient contact with GPs overall and provide longer physical consultations where needed. The project also involved developing new information resources, such as a video explaining the new appointment system, redesigning the practice website and creating a Twitter account to assist patients. The practice told us their latest Friends and Family Test scores achieved a 100% recommendation rate which they attributed to their improved communication and access.

Leadership and culture

The inspection team met with a number of the partners in the practice and assured them they had the capability and experience to ensure a good quality of care and effectively run the practice. They told us they prioritised accessible and cohesive patient centred care and continually strove to improve. Staff we spoke with told us the practice manager and partners were approachable and supportive.

The practice had systems in place to ensure they complied 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. The practice management encouraged a proactive and progressive culture with an emphasis on openness and caring. The practice had systems in place for knowing about notifiable safety incidents.

The practice had a system for dealing with sudden or accidental safety incidents:

- The practice provided the people involved with information, reasonable support, and a verbal and written apology.
- The practice kept records of serious events and discussed and revisited these at staff meetings to consolidate learning outcomes.

Are services well-led?

Good

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

On the day of our visit staff told us they felt supported by management. This was reinforced by the practice's robust leadership structure:

- Staff told us the practice held regular communication meetings.
- Staff said they found the practice manager and partners approachable and supportive. They felt there was a culture of openness in the practice.
- Staff told us they felt confident in actively participating in discussions and raising issues with the rest of the team.
- Staff said they felt valued and respected in their roles. All staff were involved in discussions about how to run and develop the practice, and the Triumvirate leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice actively sought to engage with and obtain feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG had progressed from virtual to face to face meetings every three months, during which it discussed ideas for improvements such as the need for new premises. The practice manager and a GP attended the meetings and openly shared information with the PPG. On one occasion the practice had arranged for South Warwickshire Healthy Homes (a service aimed at improving health by tackling fuel poverty) to attend and give a presentation to the PPG.
- The practice used the feedback generated by complaints to resolve underlying issues.
- The practice held 360 Degree Feedback appraisals with staff. 360 Degree Feedback is a system in which staff members receive anonymous feedback confidentially from the people they work with. The practice had worked this system into their annual appraisal system to enhance their culture of openness and continuous improvement.
- The practice welcomed feedback from staff through regular communication meetings and informal discussion. There was an ideas board in the practice meeting room available for staff to add suggestions to. Staff told us they felt empowered to discuss any concerns or issues with colleagues and management. They also said that the practice team worked well together and they found the open door policy and willingness to give praise refreshing.
- Staff told us they felt involved and engaged to improve how the practice was run. For example, in 2015 two workshops were held in which staff were asked to contribute to deciding the shared values of the practice.

Continuous improvement

There was a strong commitment to continuous learning and improvement at all levels within the practice. The practice team was forward thinking and proactive in creating and participating in new innovations.

The practice was a training practice and at the time of our visit had three trainee GPs (qualified doctors training to become GPs). The nursing team included two advanced nurse practitioners who had qualified with the support of the practice, and it was currently supporting a healthcare assistant to qualify as an assistant practitioner. The GP Federation had won a bid for community workforce education and was using this to focus on apprentices and student nurses. The practice had assisted one of its advanced nurse practitioners to be re-accredited as a mentor to help bring student nurses into the practice. The practice manager also told us he had attended the General Practice Nurse Conference together with the Nurse Manager, and the nurse team were supported to attend CCG forums. In view of the changing population needs the practice had recruited a nurse specifically to take on a role promoting healthy lifestyles. The practice also had two asthma nurses and had recently participated in a project which involved a specialist nurse running clinics at the practice using Optimising the Review and Control in Asthma (ORCA). As a result of the study one practice nurse had trained with the ORCA specialist nurse, created a personalised asthma action plan for each affected patient, and also produced a set of data to be re-audited the following year to track their progress. The practice had recently nominated its nurse team for the Primary Care Awards in view of their varied and diverse skills.

The practice was driving an evening education programme which was used to share training opportunities with other practices on a monthly basis. This involved having guest speakers come and share knowledge. For example recent

Are services well-led?

Good

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

guests had included a consultant urologist who spoke about managing lower urinary tract symptoms in primary care, and a nurse specialist who provided information about common skin conditions. Other specialist topics covered by guest speakers had included spirometry, interstitial lung disease, and cardiac arrhythmia management. The practice told us that recently they had managed to collaborate with other practice managers in the CCG area for a training sharing session, and were working with a university to bring in a motivational interviewing course aimed at long term condition management.

The practice manager was also a director for a federation of 35 practices, and this had helped the practice to achieve positive elements of primary care 'at scale'. The practice had recently begun using an e-learning package specifically tailored for general practice.

The practice was pioneering a partnership with a local charity which had funding available to allocate to healthcare. The practice had put forward a business case for two advanced nurse practitioners to provide acute care for frail patients in their own homes and local care homes, as they wanted to do something that would benefit the whole community as well as the practice.