

Fenny Compton 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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fenny Compton Medical Practice on 2 September 2015. Overall the practice is rated as good. We did find some concerns around medicines management.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients and acted on this.

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

Importantly the provider should:

- Ensure that prescriptions are signed by the issuing GP before the dispensing process takes place in line with national guidance.
- Discuss medicine related interaction alerts with the prescribing GP

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to the practice. Information about safety was recorded, monitored, appropriately reviewed and addressed. However there were concerns regarding medicines management. Repeat prescribing was not undertaken in line with national guidance. We found that repeat prescriptions were not signed by a GP before medicines were given to the patient. We were told that a GP would sign the repeat prescriptions at the end of surgery hours at both practices. This meant that people were given prescribed medicines without the signed authorisation of the GP.

Good



Are services effective?

The practice is rated as good for providing effective services. Patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff received training appropriate to their roles, further training needs were identified and appropriate training was planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked in partnership with other professionals involved in providing care and treatment to patients.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients described staff as supportive, efficient and respectful. They were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with dignity and kindness.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients felt that there was continuity of care with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice arranged for medication dosette boxes (individualised box containing medications organised into compartments by day and time) to be prepared and delivered if appropriate and in certain circumstances staff would personally deliver medicines on.

Are services well-led?

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

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services for example, for patients living with dementia and for end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice was delivering a programme in conjunction with Age UK for patients over the age of 75. This involved classifying all patients over the age of 75 into various risk groups based on their medical records and the GPs' personal knowledge of the patient. Those at highest risk were identified and visited by Age UK to assess their biopsychosocial (emotional) needs and referred, signposted or reviewed appropriately.

People with long term conditions

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

Warfarin (an anticoagulant medicine used to stop blood from clotting) initiation and INR (measures how long it takes blood to clot) monitoring enhanced services were provided, reducing the need for patients to travel long distances to hospital.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Baby changing facilities were available and the practice had notices stating that they were happy to provide a private space if a patient wished to breast feed. The practice had systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were comparable to the national

Summary of findings

average for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with school nurses and health visitors. A new text messaging system for reminders had been installed and the practice hoped this would allow them to reach out to more patients. There were also links and advice on the practice website appropriate for younger patients and they planned to hold relevant health promotion activities for this age group including sexual health awareness.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Flu clinics were held in the evening and the practice was organising an awareness evening for adult males about male cancers.

People whose circumstances may make them vulnerable

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

The practice participated in an unplanned admission enhanced service which focused on their top 2% most vulnerable patients - these have been identified as those most likely to have a non-elective hospital admission. Care plans were created and regularly reviewed. Any admission to secondary care was scrutinised to see if it was avoidable and changes implemented.

Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had a low prevalence of severe mental health and dementia which they felt was due to the absence of nursing homes and the rural nature of the practice. The practice had a register of patients with poor mental health and dementia. Patients on these registers were reviewed annually but in practice earlier. They also provided a room for Improving Access to Psychological Therapies (IAPT) to see patients within the practice and again were happy to discuss those

Summary of findings

seen with IAPT. The IAPT programme supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was performing above local and national averages. There were 121 responses which was a response rate of 50%.

- 97.5% found it easy to get through to this surgery by phone compared with a CCG average of 76.2% and a national average of 74.4%.
- 91% found the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87 %.
- 76% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 67% and a national average of 60% (the practice was a single-handed practice).
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.

• 98% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

• 96% described their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%.

• 85% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.

• 85% feel they did not normally have to wait too long to be seen compared with a CCG average of 59% and a national average 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards from patients which gave a positive picture of their experiences. Patients told us they were happy with the services they received and included all staff groups within the practice's team in their praise.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that prescriptions are signed by the issuing GP before the dispensing process takes place in line with national guidance.
- Discuss medicine related interaction alerts with the prescribing GP

Fenny Compton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, two Pharmacist advisors, a practice manager specialist advisor and an expert by experience.

Background to Fenny Compton Surgery

Fenny Compton Medical Centre is a rural dispensing practice. The practice has two sites, one in Fenny Compton and one in Shenington. We had no specific information about the branch surgery to lead us to inspect there and the inspection therefore focussed on the main site. We did however visit the dispensary at the branch surgery. There was a dispensary on both sites. Car parking for patients is available at the rear of the building. There is ramp access for wheelchairs.

The practice has waiting areas, consultation and examination rooms on the ground floor.

The practice has two partners, two salaried GPs and a long standing locum GP. Three of the doctors are female and two are male. The practice has four dispensers. The practice has two part time practice nurses and two part time health care assistants. The clinical team is supported by a practice manager and administration team.

Fenny Compton Medical Centre provides weekly training to medical students and has applied to become a training practice.

The practice has a virtual patient participation group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

The practice has a General Medical Services (GMS) contract with NHS England. The practice list size at the time of the inspection was 5418 patients.

Data we reviewed showed that the practice was achieving results that were in line with national or Clinical Commissioning Group (CCG) averages in respect of most conditions and interventions.

The practice provided information about the telephone numbers to use for out of hours GP arrangements provided by NHS 111 on their leaflet and on the website.

Why we carried out this inspection

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

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

Detailed findings

How we carried out this inspection

Before this inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS South Warwickshire Clinical Commissioning Group (CCG), NHS England Area Team and Healthwatch. We carried out an announced visit on 2 September 2015. We sent CQC comment cards to the practice before the inspection and received 41 completed cards giving us information about those patients' views of the practice.

During the inspection we spoke with 9 patients and a total of 10 staff including the practice management and support team, a GP and two practice nurses.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People 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

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Significant events were a standing item on the practice meeting agenda and discussed at the monthly clinical governance meetings to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Clinical and non-clinical staff knew how to raise issues and were encouraged to do so.

We saw an example of a significant event discussed at the clinical governance meeting. This related to a breach of confidentiality. We saw evidence that each affected patient had been personally contacted by the practice manager and that the issue had been highlighted to all practice staff at a governance meeting. Extra information governance training was provided to all staff to help prevent a repetition of this event.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. National patient safety alerts were circulated by the practice manager to all the team. These were shared at the monthly clinical governance meetings.

Overview of safety systems and processes

The practice had clear systems, processes and practices in place to keep people safe, which included:

- Robust arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff both on posters via a flowchart and on all desktops. The policies highlighted whom to contact for further guidance if staff had concerns about a patient's welfare. One of the salaried GPs was the safeguarding lead for both adults and children. The safeguarding deputy lead was one of the GP partners and therefore staff could always escalate situations to one of them. Alerts were put on patient records when they were notified of safeguarding concerns. There were none at the time of the inspection, although members of staff we spoke with demonstrated that they were aware of the need to remain vigilant.
- There was a chaperone policy and all staff were fully aware and had access to it. A chaperone is a person who acts as a witness to safeguard patients and health care professionals during medical examinations and procedures. Signs were displayed in treatment rooms and reception to inform patients that chaperones were available. All staff carrying out this role had a disclosure and barring service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of persons barred from working in roles where they will have contact with children or adults who may be vulnerable. Staff we spoke with confirmed they had been trained and understood what they were expected to do.
- Risks to patients and staff were routinely monitored. There was a health and safety policy available and this was reviewed in February 2015. The practice had up to date fire risk assessments and fire drills were carried out every three months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The healthcare assistants completed this weekly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as for legionella and storage of clinical waste. For legionella the risk assessment of both practices confirmed that neither was a likely source of legionella and that no special actions were required to manage and control risk of legionella. As clinical waste was previously stored upstairs the practice had established that the risk of falling and having a needle stick injury was high and as such changed the storage to downstairs to eliminate risk of someone falling.
- Appropriate standards of cleanliness and hygiene were followed. The practice was visibly clean and tidy. Patients we spoke with told us they were happy with the cleanliness of the practice. The practice nurse was the infection control clinical lead. The practice liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any problems identified as a result. For example the last

Are services safe?

infection control audit in June 2015 showed that there was no nappy disposal bin or liner available in either practice. Following the audit the practice nurse ordered this for both practices.

- There was a sharps injury policy and staff knew what action to take if they injured themselves. The practice had written confirmation that all staff were protected against Hepatitis B. All instruments used for examinations were single use.
- Clinical waste was being stored in a locked cupboard in the reception area. We saw evidence of a clinical waste collection contract. One of the practice nurses was responsible for clinical waste and ensured that the cleaners emptied the bins. All transfer of waste from the practice to an authorised contractor was supported by the required documentation.
- Recruitment checks were carried out and all the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appraisal records and the appropriate checks through the Disclosure and Barring Service.

We looked at the management of medicines at the practice and branch surgery. Systems were in place for dispensing and checking medicines. We observed that the dispensary staff worked professionally to ensure people's medicines were dispensed safely. However we were told that sometimes there was only one member of staff working in the dispensary. This increased the pressure of work that had to be dealt with by one member of staff. It also meant that dispensed prescriptions were not always double checked by two dispensary staff in order to reduce the risk of medicine errors. However the practice did have IT equipment which checked all dispensed items. There was a potential risk for the safe handling and dispensing of medicines during these times. We were told by the practice that they were aware of this situation and were in the process of trying to recruit a new member of staff for the dispensary.

Systems were in place to alert dispensary staff if there was a drug-drug interaction for patients on multiple medicines.

However, we were told that the dispensary staff did not discuss any medicine related interaction alerts with the prescribing GP leading to a potential risk that medicine interactions could be missed.

Dispensing errors were recorded and systems were in place to action any medicine recalls. We saw evidence that information about errors was used to make changes to reduce the risk of future errors. However, it was not possible to determine in which dispensary the medicine incident had occurred because this information was not documented. Improvements were made at both dispensaries following incidents. We were told that all significant errors were reported directly to the practice manager. Medicine incidents were discussed at staff meetings in order to learn lessons and protect patients from harm.

Repeat prescribing was not undertaken in line with national guidance. Whilst patients were reviewed regularly we found that repeat prescriptions were not signed by a GP before medicines were given to the patient. We were told that a GP would sign the repeat prescriptions at the end of surgery hours. This meant that people were given prescribed medicines without the signed authorisation of the GP. The practice told us they would address this following the inspection.

We checked how medicines were stored and handled including all medicine refrigerators located within the two practices. Refrigerators used to store medicines and vaccines were locked and secure although we identified one refrigerator with poor key security.

We saw daily refrigerator temperature records were being documented which were all within safe temperature ranges for medicine and vaccine storage. The two nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw sets of PGDs that were all updated in August 2015. We saw evidence that practice nurses had received appropriate training and had been assessed as competent to administer the medicines referred to under a PGD.

The practice held stocks of controlled drugs. These are medicines that require extra checks and special storage

Are services safe?

arrangements because of their potential for misuse. We noted there were standard procedures available which set out how they were managed. Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted with the keys held securely when the dispensary was open. The total quantities of controlled drugs were documented in a Controlled Drugs Register. We saw monthly audits of controlled drugs which is seen as good practice. Prescription pads were securely stored and there were systems in place to monitor their use.

We saw records showing all members of staff involved in the dispensing process had received appropriate training and had checks of their competence.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice had a panic alert button for staff to use on phones and computers if they needed urgent

help from other members of the team. All staff were up to date with Cardiopulmonary Resuscitation (CPR) training and the practice had a system in place for monitoring when refresher training was due.

The practice had oxygen and an automated external defibrillator (AED – a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). There were appropriate medicines available for use in a medical emergency at the practice. We saw evidence that staff checked these regularly to make sure they were available and ready for use if needed. All medicines we checked were in date.

The practice had a developing business continuity plan in place for major incidents such as power failure or building damage. This was reviewed every six months. The practice manager and both partners informed us that they had a copy of this off site. It was also available on the shared drive. The plan contained all the contact numbers for an emergency situation.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Our discussions with the GPs and the practice nurses showed that they were aware of and worked to guidelines from local commissioners and the National Institute for Clinical Excellence (NICE) about best practice in care and treatment. Clinical staff had access to NICE guidelines on their computer systems and used these to ensure that their clinical decisions were in line with best practice. The practice had monthly meetings led by a GP partner during which information regarding new guidance and changes to guidance were shared.

The practice participated in an unplanned admission enhanced service which focused on their top 2% most vulnerable patients. These patients had been identified as those most likely to have a non-elective hospital admission. One of the GP partners maintained the unplanned admissions register. They ensured patients were followed up at appropriate intervals for example after unplanned or emergency admissions to hospital. The practice telephoned patients after discharge to see if they were alright and managing their medicines. If required the practice would book them an appointment with a nurse or GP. Care plans were created and regularly reviewed. Any admission to secondary care was scrutinised to see if it was avoidable and what lessons could be implemented.

Those with learning disabilities had been actively invited to attend for NHS health checks.

The practice is a member of the South Warwickshire GP Federation Limited. Thirty Five GP practices across South Warwickshire have come together to set up the South Warwickshire GP Federation (SWGP Ltd). The federation has been established to deliver enhanced services to benefit 270,000 patients. The practice was delivering a programme in conjunction with Age UK for patients over the age of 75. This involved classifying all patients over the age of 75 into various risk groups based on their medical records and the GPs' personal knowledge of the patient. Those at highest risk were identified and visited by Age UK to assess their biopsychosocial (emotional) needs and referred, signposted or reviewed appropriately. Lower risk patients were actively called in for thorough health checks and review or Age UK performed a telephone assessment. The practice had regular meetings with their allocated Age UK

co-ordinator which allowed concerns identified to be addressed, promoted health and well-being, reduced morbidity and ultimately reduced hospital admissions. All patients over the age of 75 had a named GP.

Management, monitoring and improving outcomes for people

There was a quarterly multi-disciplinary team (MDT) meeting involving practice clinicians and outside colleagues to discuss patients receiving palliative care and other patients with complex needs. The practice had a register of all patients receiving palliative care. We reviewed the minutes of the 2014 and 2015 meetings.

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 100% with a 5.8% clinical exception reporting rate. This was 1.5% below the CCG Average and 3.4% below national average. 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.

Data from 2013 to 2014 QOF showed;

- Performance for diabetes related indicators 97% which was 2% above the CCG average and 7% above the national average
- The percentage of patients with hypertension having regular blood pressure tests was 93% which is 7% above the CCG average and 10% above the national average
- Performance for mental health related indicators was 90% which was 9% below the CCG average and 1% below the national average

The practice had a low prevalence of severe mental health problems and dementia which they felt was due to the absence of nursing homes and the rural nature of the practice. Patients on the mental health registers were reviewed annually and as required within this period.

Clinical audits are a process by which practices can demonstrate on-going quality improvement and effective care. We saw evidence that the GPs had been carrying out

Are services effective?

(for example, treatment is effective)

clinical audits. There had been two clinical audits cycles completed in the last two years. One was a contraceptive implant audit which showed improvement in numbers of implants being taken out early and management of bleeding as a side effect. The second was an audit of a medication often used to treat rheumatoid arthritis and certain types of cancer which highlighted the need for regular blood tests and the medication was only given on repeat prescriptions for a maximum of four weeks.

Effective staffing

Staff were able to deliver effective care and treatment and had the knowledge and experience required.

- The practice had a recruitment policy that set out standards they followed when recruiting clinical and non –clinical staff. This included a role specific induction.
- Staff covered for each other's annual leave and felt there were adequate staffing levels.
- All staff undertook appraisals with the practice manager which was based on individual training needs. All clinical staff received clinical supervision. Staff had access to and made use of e-learning training modules and in-house training.
- Staff interviews confirmed that the practice was proactive in providing training. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. There was a process for revalidation of GPs. The practice manager was the lead person for training.

Coordinating patient care and information sharing

The practice worked with a range of health and social care professionals for patients with different circumstances. The practice had monthly clinical governance meetings with the multi-disciplinary team and representatives from external organisations such as district nurses, palliative care nurses and family support workers.

Out of hours reports, results and secondary care correspondence were received electronically. Paper letters received were scanned by the administrative team into patients' records. The administration team ensured there was safe and effective document handling.

Information was available for all staff to access on the shared drive of the practice's computer system. All of the staff we spoke with knew this and gave us examples of information they might look for such as policies and procedures.

The practice used electronic systems to communicate with other providers. Electronic systems were in place for making referrals. All investigations, blood results and X-rays were requested and received online.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GP and practice nurses we spoke with showed that they were knowledgeable of Gillick competence assessments of children and young people. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Decisions about or on behalf of people who lacked mental capacity to consent to what was proposed were made in the person's best interests in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. All practice staff were up to date with MCA training. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. All the consent forms were recorded in the patient records.

Health promotion and prevention

We saw that the GPs used their contact with patients to help maintain or improve mental and physical health and wellbeing. The practice offered smoking cessation advice to smokers. Smoking cessation advice packs were available in reception and patients had the option of booking an appointment with the smoking cessation nurse for further advice and treatment. The practice offered NHS health checks to all patients aged 40 to 75 years old.

The practice nurses were responsible for the practice's cervical screening programme. The data available showed that the take up of screening at the practice was 88% which

Are services effective?

(for example, treatment is effective)

was 5% above the CCG average and 6% above the national average. Patients could also have long acting contraceptive devices and implants provided at the practice at appointment times to suit them.

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. Last year's performance was average or above average for the majority of immunisations where comparative data was available. For example:

- The flu vaccination rate for the over 65s was 72% which was similar to the national average of 73%.

- The flu vaccination rate for at risk groups was 49% which was similar to the national average of 52%.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 84% to 91%.

Flu clinics were held in the evening and the practice was organising a men's awareness evening for prostate cancer for November 2015.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we saw that members of staff were supportive and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The information written by patients in the 41 comment cards and from patients we spoke with during the inspection gave a positive picture of patients' experiences. Patients described staff as supportive, efficient and respectful. They confirmed that they were treated with dignity and respect. Two patients we spoke with were members of the Fenny Compton Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care. One patient described the care given to their elderly relative and explained that the practice was their lifeline with all the support the doctors and nurses offered.

There was a designated children's waiting area with a range of suitable wipe-clean toys. Baby changing facilities were available and the practice had notices stating that they were happy to provide a private space if a patient wished to breast feed.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with care, concern and dignity. The practice scored higher than the CCG and national averages for its satisfaction on consultations with doctors and nurses.

For example:

- 97% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%

• 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.

• 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

• 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%

Care planning and involvement in decisions about care and treatment

We looked at the GP patient survey information published in January 2015. This showed that most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

• 93% per cent said their GP was good or very good at explaining tests and treatments (CCG average 90%; national average 86%).

• 90% per cent said their GP was good at involving them in decisions about their care (CCG average 86%; national average 81%)

Patients told us that health issues were discussed with them and staff acted on their wishes.

Staff told us that agency interpreting services were available for patients who did not speak English as their first language. Although the practice did not have to use the agency often as there were a low number of patients whose first language was not English.

Patient/carer support to cope emotionally with care and treatment

We saw notices in the patient waiting room which directed people to a number of local and national carers' organisations and information about respite care services. The practice had leaflets regarding bereavement services in the waiting areas. Staff we spoke with in the practice recognised the importance of being sensitive to patients' wishes.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 2% of the practice list had been identified as carers and were being supported, for example, by

Are services caring?

offering health checks. Carer packs were available for carers to ensure they understood the various avenues of support available to them. The doctors would also signpost patients to the citizen's advice bureau if this was considered appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Information we obtained before the inspection from the NHS South Warwickshire Commissioning Group (CCG) provided a picture of GPs who engaged positively. They had a good understanding of the wider picture of health provision in the local area.

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

- Home visits and telephone consultations were readily offered to patients with limited mobility and patients who would benefit from these
- The practice arranged for medication dosette boxes to be prepared and delivered if appropriate and in certain circumstances staff would personally deliver medicines on their routes home.
- The practice had new chairs in the waiting rooms with arms to make getting out of chairs easier.
- Face to face consultation times have been altered this year allowing earlier appointments. The practice tried to accommodate patients where possible or offer telephone consultations if appropriate.
- On-line booking of appointments and on-line repeat medication requests.
- The practice provided medical cover to the soldiers at the local army camp each morning and a designated occupational health clinic weekly.
- A flexible appointment system allowed unwell children and those with serious medical conditions to be seen very quickly, always within the same day. Receptionists were trained to offer under twos an appointment when requested. Older children could be reviewed via the doctors' telephone triage or added to the end of a surgery. If there was a concern, reception staff messaged a GP immediately for further action.
- A text messaging system had been installed in order to make sure patients attended their appointments.
- The practice offered a full range of contraceptive services including coil and contraceptive implant fittings
- The practice provided rooms for midwives and health visitors to hold their clinics. The GPs at the practice discussed patients seen with the midwives and health visitors when intervention or advice was required.

- The practice had 3 female and 2 male GPs, which gave patients the ability to choose to see a male or female GP if they had a preference.
- There were disabled facilities, hearing loop and translation services available.

The practice worked closely with Improving Access to Psychological Therapies (IAPT) workers for patients who experienced poor mental health. The practice provided a room for them to see their patients.

Chronic disease monitoring was led by the practice nurses and supported by the doctors. The practice had a nurse prescriber with qualifications in asthma and diabetes and was comfortable adjusting insulin regimes for patients. The practice asked for further education via a visiting diabetic specialist nurse.

Warfarin initiation and INR (measures how long it takes blood to clot) monitoring enhanced services were provided, reducing the need for patients to travel long distances to hospital.

Access to the service

The practice was open between 9am and 6pm daily except Thursday when the Fenny Compton practice closed for a half day. A member of staff was available to answer calls from 8am daily. The branch surgery was open every morning and all day on Thursday. Out of hours information was provided to patients on the website and the practice leaflet. Appointments were from 9am to 11.40 am in the morning and 3pm to 5.30 pm in the afternoon. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them on the day.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. 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 was provided to patients. This included information about NHS 111.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 96% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 85% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

The practice scored below the averages for the opening hours:

- 69% of patients were satisfied with the practice's opening hours which was lower than the CCG average of 74% and national average of 75 %.

The practice had considered offering an extended hour's service; however felt this was not deliverable due to the practice being on two sites. The practice had put in a bid through the Federation for the prime ministers challenge fund to provide out of hours services across the local area but this had not been successful on this occasion.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager held the lead responsibility for complaints handling.

Information was available in the reception area to help patients understand the complaints system. There were posters on the noticeboards explaining the complaints procedure. There were also complaints and compliments leaflets available and information was available on the website. The leaflets provided patients with the names and contact details of the practice manager but did not inform patients that if they did not wish to contact the practice directly they could complain to NHS England, the Parliamentary and Health Service Ombudsman or about advocacy services. The practice manager told us they would update the leaflet following our inspection.

Staff knew how to record complaints and all staff we spoke with were fully aware of the complaints procedure. Staff explained that there had been one written complaint over the last 12 months. When we spoke with staff they were able to share examples of verbal complaints that they had dealt with and defused immediately, therefore they did not escalate to written complaints. The practice told us they would begin keeping a log of all verbal complaints that they received so any trends or learning could be identified.

One written complaint related to a misdiagnosis by a locum doctor. The practice reviewed the complaint and as a result had lowered its threshold for asking for a second opinion from hospital colleagues.

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 provide high quality care for all patients in a responsive, courteous, caring and supportive manner. All the staff we spoke with were aware of this and wanted to play their part in achieving these aims.

The practice had a five year plan and goals and objectives which they hoped to achieve by March 2020. These included redecorating both sites, appointing a dispensing lead, implementing a new payroll from in-house and organising additional learning for medical students. At the time of the inspection students attended 1 day per week.

The practice had a virtual Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Governance arrangements

All policies and procedures were available in the staff handbook and on the desktops of all computers. Clinical governance meetings took place monthly. They discussed palliative care, vulnerable and elderly patients, accident and emergency admissions, rotas, unplanned admissions, Quality and Outcomes Framework (QOF) and significant events (SEs) at these meetings. During the inspection the practice manager agreed that it would be beneficial to put action points from the meetings on the shared drive and would be implementing this in the future. Minutes were available for staff to review. The practice manager was the HR lead.

During the clinical governance meetings and the practice meetings the practice looked at risk to business and carried out risk assessments where it was considered appropriate.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Leadership, openness and transparency

There was a leadership structure in place and clear lines of accountability. Staff had specific roles within the practice, and clinical and managerial staff took the lead for different areas.

Staff told us there was an open culture within the practice. They told us they had the opportunity and were happy to raise issues at meetings or with their line managers. One member of staff gave an example of a suggestion they had made for recalling patients who had a coil fitted two months in advance instead of the previous practice of one month in advance. This had been implemented by the practice.

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

The practice had gathered feedback from staff through meetings, appraisals and informal daily discussions. Staff felt there was an open door policy and would not hesitate to raise concerns. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice worked well with the virtual PPG. The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from them. For example the patient survey was reworded as a result of comments from the PPG. The telephone line was also changed as a result of comments from the PPG and now patients could get through to different departments.

Management lead through learning and improvement

Staff we spoke with said the practice supported them to maintain their continuous professional development through training and mentoring. Staff told us that the practice was very supportive of training and development opportunities.

The practice provided weekly training to medical students and had applied to become a training practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.