

# Harbury 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?

Requires improvement



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 Harbury Surgery on 23 June 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. Team meetings were held at monthly intervals to discuss significant events, complaints, audits and training needs.
- The practice assessed patient needs and delivered care in line with current evidence based guidance.
- Patients said they were able to get an appointment within a reasonable amount of time, and found the GPs good at explaining medicines and treatments.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Take action to improve overall security in the management of medicines and prescription stationery.

In addition the provider should:

# Summary of findings

- Take action to ensure that patients' privacy and dignity during examinations, investigations and treatments is protected at all times in examination rooms.
- Take action to ensure all clinical discussions are recorded in meeting minutes.
- Identify more carers who are patients and provide them with appropriate support and guidance.

**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 requires improvement for providing safe services. We saw evidence of good practice, but there were areas where improvements needed to be made:

- The practice had systems in place for dealing with repeat prescriptions and monitoring the use of high risk medicines. GPs stored blank prescription pads securely and there was a system to monitor the use of prescription pads and printer forms. However, prescription printer forms were not always being stored securely.
- There was a risk that the branch dispensary and emergency medicines at the practice could be accessed by people other than authorised staff.
- There was a system in place for dealing with safety alerts from external agencies. These were reviewed by the practice manager who circulated updates by email to relevant members of staff. We reviewed recent patient safety and medicines alerts the practice had received and saw evidence that these had been actioned. GPs told us they discussed any alerts requiring action at monthly clinical meetings, but we did not see any notes regarding these in recent meeting minutes.
- Staff knew how to raise concerns and report incidents and near misses. Significant events were thoroughly investigated and learning was circulated to staff at monthly whole practice meetings. Significant events were also reviewed at an annual staff meeting to ensure that lessons learned had been implemented to improve safety in the practice.
- The practice demonstrated a candid approach to dealing with errors. Patients affected were offered a verbal apology and an explanation when things went wrong.
- Both clinical and non-clinical staff we spoke with knew how to report an incident and understood their safeguarding responsibilities. The practice had clear procedures and measures in place to help protect patients from abuse and keep patients safe.
- Risks to patients were assessed and well managed. Adequate arrangements were in place to respond to emergencies and major incidents.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

**Good**



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were in line with or above the national average. The practice's total achievement for QOF was 99%, compared with the national average of 95%.
- The practice assessed patient needs and delivered care in line with current evidence based guidance. There was a system in place to inform clinical staff of updates.
- Clinical audits carried out by the practice demonstrated monitoring and quality improvement and monitoring. The practice collaborated with other local practices and participated in local benchmarking.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. GPs in the practice had lead roles across a range of clinical areas. Staff training was regularly tracked and updated. Staff communicated together to deliver individualised care to patients.
- There was evidence of appraisal and personal development plans for all staff. Staff we spoke with expressed confidence in using their appraisal as an opportunity to progress.
- The practice showed a commitment to collaborating with healthcare professionals from external services via monthly multidisciplinary meetings. The practice told us this helped them to better understand and meet patients' needs.
- The service was aware of its obligations regarding consent and confidentiality.

## Are services caring?

The practice is rated as good for providing caring services.

- Overall, patients' dignity was respected but we found that there were no curtains in the treatment room to protect patients' privacy and dignity during examinations, investigations and treatments.
- Patients said they were able to get an appointment within a reasonable amount of time, and found the GPs good at explaining medicines and treatments.
- Results from the National GP Patient Survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff were friendly and respectful towards patients, and took care to protect their confidentiality.

Good



# Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as carers (less than 1% of the practice list). The practice was using a number of approaches to encourage carers to register so they could better support them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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 same day appointments for children and urgent cases, and home visits for people who were house bound.
- The practice provided facilities for external organisations to offer services from the practice. This made it easier for patients to access the care they most needed. This included diabetic retinopathy clinics; midwife clinics; screening services and an Age UK coordinator.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was accessible and easy to understand. We saw evidence that the practice had responded appropriately to any concerns raised.

Good



## Are services well-led?

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

- The practice staff we spoke with described a common goal of prioritising patient care and providing a traditional local service. Staff we spoke with told us they were committed to team working and providing a service in line with these values.
- The practice had a clear leadership structure and staff told us that they felt supported by the GP partners and the practice manager. Policies and procedures were used to help govern activity.
- The practice effectively implemented the requirements of the duty of candour. The practice manager and GP partners encouraged an open culture within the practice.
- Systems had been put in place to manage notifiable safety incidents and share these with staff.

Good



## Summary of findings

- The practice was proactive in acting on feedback from patients and its Patient Participation Group (PPG). The practice also welcomed feedback from staff through appraisals, meetings and informal discussion.
- Annual appraisals were used to identify specific areas for improvement and staff were encouraged to undertake training and professional development.

# 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.

- The practice recognised that a high population of older patients relied on their services, and provided responsive care to suit their needs. For example, the practice had collaborated with a voluntary electric car service offering a scheme to provide transport for patients who had difficulty attending routine GP or hospital appointments.
- The practice offered home visits and urgent appointments for those patients with enhanced needs.
- The practice liaised with Age UK on a weekly basis to coordinate care for older patients. This included offering an Enhanced Clinical Review for patients aged over 75.
- Clinical staff held monthly multidisciplinary care meetings with the community matron and district nurses to provide better continuity of care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were between 81% and 100%, similar to the national average range of 78% to 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held multidisciplinary meetings with district nurses and other healthcare professionals every month.

Good



### Families, children and young people

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

Good





# Summary of findings

- The practice safeguarding lead for children met with local health visitors monthly to discuss patients on the child protection register.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages.
- Quality monitoring indicators showed that the practice's patient uptake of cervical cancer screening was in line with national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were available for children.
- A midwives clinic was run from the practice on a regular basis.

## **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).

- Appointments could be booked over the telephone, in person or online. The practice also used text messaging to provide an appointment reminder service to patients.
- Patients could also request repeat prescriptions and view their medical records online.
- The practice offered a range of screening and health promotions to meet the needs of working age people. For example, heart health checks were available to those aged 40 to 74. The practice was also participating in the vaccination programme for male students aged over 18. This vaccination protects against four different causes of meningitis and septicaemia.
- The practice offered yellow fever and travel health clinics, which provided travel vaccinations that were available privately as well as those funded by the NHS.

Good



## **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 maintained registers of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for patients who required them.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities and how to contact relevant agencies. There were lead members of staff

Good



# Summary of findings

for children's and adults' safeguarding, and GPs were trained to an appropriate level in safeguarding adults and children. Staff had undergone Identification and Referral to Improve Safety (IRIS) training in domestic violence.

- The practice offered patients who did not speak the English language with confidence access to translation services where appropriate.
- Disabled facilities were available at the practice including step free access and a hearing loop.
- The practice told us they had held a carer's day twice every year to help signpost avenues of support to carers.
- The practice had no travellers or homeless people on their patient list at the time of our inspection but explained they would register and accept people from these groups as temporary or permanent patients as needed.

## 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).

- Clinical staff at the practice liaised with local multi-disciplinary teams to provide continuity of care to patients experiencing poor mental health, including those with dementia.
- Performance for mental health related indicators was also similar to national performance. For example, 100% of patients experiencing poor mental health had a comprehensive agreed care plan documented within the last 12 months. This was 12% above the national average. 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The practice maintained registers of patients with dementia and mental health conditions.
- The practice worked with a local dementia café and promoted this facility to patients. The practice had also arranged for staff to undergo dementia awareness training.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 218 survey forms were distributed and 128 were returned. This represented 2% of the practice's patient list and a completion rate of 59%.

- 92% of patients found it easy to get through to this practice by telephone compared to the CCG average of 78% and the national average of 73%.
- 92% 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 91% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients described staff at the practice as helpful, friendly and good at listening.

We spoke with 11 patients during the inspection. All 11 patients were generally pleased with the care they received. Patients said they were able to get an appointment within a reasonable amount of time, and found the GPs good at explaining medicines and treatments.

## Areas for improvement

### Action the service **MUST** take to improve

- Take action to improve overall security in the management of medicines and prescription stationery.

### Action the service **SHOULD** take to improve

- Take action to ensure that patients' privacy and dignity during examinations, investigations and treatments is protected at all times in examination rooms.

- Take action to ensure all clinical discussions are recorded in meeting minutes.
- Identify more carers who are patients and provide them with appropriate support and guidance.

# Harbury Surgery

## Detailed findings

### Our inspection team

#### **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 (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to Harbury Surgery

Harbury Surgery is the only provider of GP services to the village of Harbury in Warwickshire. The practice has a General Medical Services (GMS) contract with NHS England. A PMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. Its current premises were purpose built approximately 20 years ago and have accessible facilities for patients with disabilities. The practice has a patient list size of approximately 5,800. Patients are also served by a small branch located in nearby Bishops Itchington, which we visited as part of our inspection. Both the main site and the branch have medicine dispensaries. A higher than average proportion of the patient population are aged over 45, and levels of social deprivation are significantly lower than the national average. The practice also provides some enhanced services to patients. An enhanced service is separate from the core contractual requirements of the practice and is commissioned at national or local level to improve the range of services available to patients. For example, the practice offers minor surgery, medicine dispensing, patient online access and facilitates timely diagnosis and support for people with dementia.

The clinical team includes two GP partners and three salaried GPs, two nurses and a phlebotomist (a healthcare professional who takes blood samples from patients). The team is supported by a practice manager, an assistant practice manager, six administrative and reception staff and three dispensers.

The practice reception operates from 8.30am to 12.30pm, and 1.30pm to 6.30pm from Monday to Friday. From 8 to 8.30am and 12.30pm to 1.30pm the practice's answering machine directs patients the on-call GP's mobile phone. The branch at Bishops Itchington opens daily from 9am to 12pm, and on Monday and Wednesday afternoons from 3.45pm until 6pm. Appointments are available between these hours, and patients are directed to out-of-hours services provided by NHS 111 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.

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

# Detailed findings

## How we carried out this inspection

Before our announced inspection of Harbury Surgery on 23 June 2016, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed nationally published data from sources including NHS Coventry and Rugby Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in July 2016. During our inspection 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)

# Are services safe?

## Our findings

### Safe track record and learning

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

- The procedure for reporting significant events was known by the staff we spoke with. They had access to a policy and an incident reporting form. Staff told us they would inform the practice manager of any incidents, or a GP in their absence. The incident reporting 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 five significant events from June 2015 to April 2016. We reviewed the practice's significant event log, which included brief details of each event, the issues identified, action taken and changes implemented. We saw that each of these had been analysed and appropriate action taken by the practice.
- Significant events and complaints were discussed during monthly full staff meetings. Significant events were reviewed between three and six months after the incident and again at an annual meeting to ensure action had been taken and changes were embedded.
- When things went wrong with care and treatment, the practice informed any affected patients and offered a verbal apology. Patients were given details of the actions taken to prevent further similar incidents from occurring.

The practice received safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) and The National Institute for Health and Care Excellence (NICE). All safety alerts were received by the practice manager and circulated by emailing to relevant members of staff to ensure they were aware of them, including dispensary staff. We reviewed recent safety alerts the practice had received and saw evidence that these had been actioned. GPs told us they discussed any alerts requiring action at monthly clinical meetings, but we did not see any notes regarding these in recent meeting minutes.

### Overview of safety systems and processes

The practice had a number of clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included:

- The practice had made arrangements to safeguard children and vulnerable adults from abuse. These reflected both current 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. There were lead members of staff for children's and adults' safeguarding. Staff explained that they understood their safeguarding responsibilities and we saw evidence that all had received training relevant to their role; for example GPs were trained to child safeguarding level three.
- The practice offered chaperoning to patients. A notice in the waiting room advised patients that a chaperone was available if required. 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. It was the practice policy for nurses to act as chaperones if available. We did not speak to any non-clinical staff who had acted as chaperones on the day of our inspection although some had received training.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were visibly clean and tidy. One of the nurses at the practice shared the responsibility of infection control lead with the assistant practice manager. There was an infection control policy in place and a recent audit carried out in October 2015 provided evidence that action was taken to address any areas identified for improvement. Infection control was incorporated into the induction for new members of staff and included essential areas such as hand hygiene, the management of body fluid spillage, and handling waste and clinical specimens.
- We had the opportunity to review five staff recruitment files and found appropriate recruitment checks had been undertaken before employment. These included proof of identity; references; and for clinical staff qualifications and registration with the appropriate

## Are services safe?

professional body. All clinical staff had the appropriate checks through the DBS every three years. The practice had checked all staff members DBS status in 2015, and continued to conduct the check for all new members of staff when they joined the practice.

The practice's arrangements for managing medicines required improvement, as the storage and security of medicines and prescription forms was not always effective. We saw evidence of good practice as there were suitable systems in place for obtaining, prescribing, recording, handling, and disposal of medicines.

- The practice had systems in place for dealing with repeat prescriptions and monitoring the use of high risk medicines. GPs stored blank prescription pads securely and there was a system to monitor the use of prescription pads and printer forms. However, prescription printer forms were not always being stored securely.
- There was a risk that the branch dispensary and emergency medicines at the practice could be accessed by people other than authorised staff.
- The practice had adopted patient group directions to let nurses administer medicines in line with legislation. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions.
- The practice did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place 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. Staff underwent annual fire safety training. 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 infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- The practice had made arrangements to ensure the number and mix of staff on duty met patients' needs. Staff rotas we looked at reflected that annual leave was arranged in advance to ensure adequate numbers of clinical and non-clinical staff were always available to patients. The practice manager told us that part time staff were willing to provide cover for colleagues during periods of unexpected sickness absence.

### 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 all of the practice computers with an emergency button which could be used to alert all members of staff that urgent assistance was required.
- All members of staff had received basic life support training.
- The practice had a defibrillator and oxygen available on the premises. A first aid kit and accident book were available.
- The practice held a range of emergency medicines which were easily accessible to staff in. Members of staff that we asked were able to tell us the location of emergency medicines and those we checked were in date and stored securely. A protocol was kept behind the reception desk to assist staff in the event of a medical emergency. Reception staff also had access to an emergency telephone call handling protocol to follow in the event that a patient phoned requiring urgent assistance.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan stipulated that all staff must hold a personal telephone number contact list off site, containing the numbers of all other staff members for emergency use. The plan also contained emergency contact numbers for local services, and a communication cascade plan for emergency notifications. Two hard copies of the plan were kept off site by the GP partners so that the information was always available.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

### Management, monitoring and improving outcomes for people

Information the practice collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes was used to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 99% of the total number of points available. The practice's exception reporting in cardiovascular (heart) disease, primary prevention was 50%, which was significantly higher than the Clinical Commissioning Group (CCG) average of 35% and the national average of 30%. The practice explained this was because only one of two patients met the criteria for this indicator.

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

- Performance for diabetes related indicators was similar to the national average rate of performance. 93% of patients with diabetes had cholesterol within an acceptable range, compared with the CCG average of 84% and the national average of 81%. 96% of patients on the register had had a foot examination and risk classification in the previous 12 months, compared with the CCG average 92% and the national average of 88%. 100% of the practice's patients with diabetes had had an influenza immunisation in the previous 12 months, higher than the CCG average of 97% and the national average of 94%. Exception reporting for diabetes was 8%, similar to the CCG average of 9% and the national average 11%.
- Performance for mental health related indicators was also similar to national performance rates. For example, 100% of patients experiencing poor mental health had a

comprehensive agreed care plan documented within the last 12 months. This was 7% above the CCG average and 12% above the national average. 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and the national average of 84%. Exception reporting for mental health indicators was 8%, in line with the CCG average of 10% and the national average 11%.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) (diseases of the lungs) who had been reviewed within the previous 12 months, including a breathlessness assessment was 94%. This compared favourably with the CCG average of 92% and the national average of 90%. Exception reporting for COPD was 3%, much lower than the CCG average of 8% and the national average 12%.

There was evidence of quality improvement including clinical audit. There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made had been implemented and monitored. The practice was also a member of a GP federation and participated in local and national benchmarking and peer review. The practice also held meetings with secondary care leaders to collaborate and improve patient care. For example, the practice held a multidisciplinary care meeting every month which was attended by the community matron and district nurses. This helped to provide better continuity of care for patients.

### 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. This covered such topics as health and safety, information governance, first aid and personal hygiene.
- The practice had a study and training policy which they used to help ensure staff were kept up to date with role-specific training. Staff we spoke with felt supported by the practice in accessing training opportunities.
- The practice had provided staff with suitable training for the scope of their role. The practice used annual staff appraisals and training needs assessments to review



# Are services effective?

## (for example, treatment is effective)

and identify training requirements. Staff also supported one another with learning and development and the practice helped to facilitate revalidation for GPs and nurses. Dispensers received appropriate training.

- All members of staff received mandatory training that included: basic life support, fire safety, health and safety, safeguarding, waste management, infection control and information governance. Staff had access to and made use of e-learning training modules as well as in-house training.

### 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 system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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. Meetings took place with other healthcare professionals on a monthly basis to improve the continuity of care for patients who were supported by a number of different services.

### Consent to care and treatment

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

- Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance.
- 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.
- The practice used a written consent form to record patient consent to minor surgery.

### Supporting patients to live healthier lives

The practice maintained registers of specific patient groups to monitor treatment and direct them to the relevant services. The practice's registers included carers, people with learning disabilities, people with mental health conditions, patients with long term conditions, and those receiving palliative care. Patient recalls were carried out to encourage patients to attend for reviews. Stop smoking clinics were held by the practice as well as NHS health checks.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 75% 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%. 65% 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 and national averages. For example, childhood immunisation rates showed that 100% of vaccinations were given to under 12 month olds, compared with the CCG averages of between of 84% to 99%. Rates for five year olds ranged from 95% to 98%, and the CCG average range was 93% to 98%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74, and enhanced clinical reviews for over 75's. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients. We found evidence that patients were treated with dignity and respect, but there were also areas where improvements needed to be made.

- The practice had not installed curtains in one examination room to maintain patients' privacy and dignity during examinations, investigations and treatments. The practice advised us that they managed this by knocking and awaiting an answer before entering. Patients we spoke with on the day of the inspection did not raise any concerns regarding their dignity.
- Clinical staff closed consultation and treatment room doors during patient consultations, and conversations taking place in these rooms could not be overheard.
- Reception staff told us that they were able to offer patients a private room to discuss their needs if required.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients described staff at the practice as helpful, friendly and good at listening.

We spoke with 11 patients during the inspection. Generally patients were pleased with the care they had received. For example, nine patients of 10 whom we asked found the GPs and practice nurses good at explaining medicines and treatments. One patient said that tests and treatments were not explained to them.

We spoke with the chairperson of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who work with the practice team to improve services and the quality of patient care. The chairperson told us that the PPG was growing in numbers and worked well with the practice, meeting regularly with the partners and the practice manager. The PPG found the practice receptive to feedback and described suggestions that had been put into action. For instance, the practice had taken up suggestions to increase the availability of hand sanitizer and to play music in the reception area to aid confidentiality.

Results from the National GP Patient Survey (published July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was similar to or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 83% 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 92% and the national average of 91%.
- 95% 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 told us their GP listened to them and respected their wishes. The patients we spoke with felt that staff were friendly and they were treated with dignity and compassion. Patients said that appointments usually ran on time and felt that they were allowed enough time in consultations. Feedback given via patient comment cards we received was also very positive.

Results from the National GP Patient Survey (published July 2016) 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:

- 87% 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%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.

## Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% national average of 85%.

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 a notice in the reception area informing patients this service was available.
- A number of information leaflets were available to educate patients and inform them of options available to them.
- There was a Friends and Family Test feedback questionnaire available in the patient waiting area.

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

Patient information leaflets and notices were available in the patient waiting area. These told patients how to contact support groups and organisations for a variety of long term physical conditions and mental health services. Information about services and support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as carers (0.36% of the practice list). The practice told us they

also had a number of patients who had given consent for a friend or relative to speak with the practice on their behalf but who were not recognised as carers. The practice encouraged carers to engage with them in a number of ways. For example, the practice ran a carers afternoon twice annually which it encouraged patients to attend by advertising in the reception area, on the practice website and in the practice newsletter. The practice newsletter was available in the waiting area and was also sent by email to patients who had registered for online services. The practice also directly invited those on their carers register to attend. The practice arranged for counsellors and representatives from a number of support groups to speak at the event, and provided snacks and refreshments for patients. There was a notice in the waiting area and the practice website asked patients to complete a registration form if they were also a carer. Written information was available in the waiting room and on the website to direct carers to the various avenues of support available to them. The practice told us they asked vulnerable patients if they had a carer, and had added a question to their new patient registration questionnaire to help identify carers.

Staff told us that if families had suffered bereavement their GP sent a condolence card and contacted them to offer support. Clinicians were available to make home visits to bereaved patients if necessary and signposted counselling services.

# 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.

- Appointments could be booked over the telephone, in person or online. The practice also used text messaging to provide an appointment reminder service to patients. The practice had a nurse practitioner led appointment triage system which helped to ensure patient needs were effectively prioritised.
- Longer appointments were available for patients who required them, such as those with a learning disability, mental ill health and rheumatoid arthritis.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required an urgent consultation.
- The practice offered yellow fever and travel health clinics, providing travel vaccinations that were only available privately as well as those funded by the NHS.
- Facilities available to patients included disabled access, a hearing loop and translation services.
- The practice provided facilities for external organisations to offer services from the practice. This made it easier for patients to access the care they most needed. This included diabetic retinopathy clinics; midwife clinics; abdominal aortic aneurism screening services and an Age UK coordinator.
- The practice had collaborated with a voluntary electric car service offering a scheme to provide transport for patients who had difficulty attending routine GP or hospital appointments. The practice referred patients to the scheme as required.

### Access to the service

The practice reception operated from 8.30am to 12.30pm and 1.30pm to 6.30pm from Monday to Friday. From 8 to 8.30am and 12.30pm to 1.30pm the practice's answering

machine directed patients the on-call GPs mobile phone. The branch at Bishops Itchington opened daily from 9am to 12pm, and on Monday and Wednesday afternoons from 3.45pm until 6pm. Appointments were available between these opening hours, and patients were directed to out-of-hours services provided by NHS 111 when the practice was closed. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average to 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

### Listening and learning from concerns and complaints

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

- There was a complaints policy in place and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had appointed a lead to handle all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was displayed on a noticeboard in the patient waiting room, and it was also printed in the practice leaflet and published on the website.
- We saw evidence that the practice had responded to complaints in writing.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled. Details of complaints and their resolution were recorded and these were revisited at an annual complaint review.

# 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 staff we spoke with described a common goal of prioritising patient care and providing a traditional local service. The practice recognised its future challenge of a rapidly increasing patient list due to planned new housing within its catchment area. The practice had considered how to cope with this and was in the process of planning a new, larger branch site. This was proposed to replace the small branch at Bishop's Itchington and would be built with capacity for additional patient numbers. The practice also planned to update its telephone system to offer a better service to patients. The practice had also struggled to recruit GPs and felt this was in part due to high living costs in the surrounding areas.

The practice was a member of a GP federation and was working with other practices to share learning and make improvements to services. For example, the practice told us that their telephone system was in need of updating, and they had become involved with the GP federation's initiative to supply telephones which would operate over the internet.

### Governance arrangements

The governance systems in place supported the delivery of the practice's strategy and good quality care:

- The practice had a system for ensuring that all staff had the skills and competence to carry out their roles.
- The staff we spoke with understood they and their colleagues' responsibilities. They told us they felt supported in meeting these by the practice team.
- Staff demonstrated that they were able to locate the practice's policies and understood how to use them.
- The practice monitored its performance against benchmarking standards.
- Team meetings were held at monthly intervals to discuss significant events, complaints, audits and training needs.
- Each of the GP partners had lead roles and specific areas of interest and expertise. These roles included leadership for diabetes, Chronic Obstructive Pulmonary Disease (COPD) (lung disease), asthma, and cardiovascular (heart) disease.
- Clinical meetings were held at monthly intervals.

- The practice was aware of the legal requirement to protect patients' confidential information. Staff induction training included confidentiality and information governance. Medical records were securely stored in locked cabinets.
- Systems for assessing and monitoring security regarding medicines management were not robust.

### Leadership and culture

On the day of the inspection the practice partners showed that they had the competence to run the practice effectively. They told us they prioritised continuity of care. Staff told us the partners were accessible, approachable and made time to deal with any concerns.

The practice was aware of and had systems in place to comply with the requirements of the duty of candour. The duty of candour is a specific legal requirement that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. 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 manager provided reasonable support, information and a verbal apology to the people affected.
- The practice kept records of serious events. These were discussed during monthly full staff meetings to consolidate learning outcomes. Significant events were also revisited annually to ensure any actions identified as a result had been implemented.

Staff told us they were well supported by management and the practice's leadership structure reinforced this:

- The members of staff we spoke with explained there was an open culture at the practice, and they found the GPs and practice manager approachable.
- Staff told us the practice team communicated well and that they felt supported in their roles.

### 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 a growing Patient Participation Group (PPG) which met with the practice every other month.

# Are services well-led?

Good 

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

The PPG told us that the practice partners and practice manager made themselves available and were receptive to their suggestions. The PPG described suggestions that had been put into action. For instance, the practice had taken up suggestions to increase the availability of hand sanitizer and to play music in the reception area to aid confidentiality.

- The practice used the feedback generated by complaints to resolve underlying issues. For example, the practice had improved its procedures for dealing with correspondence following a complaint arising from a lost letter.
- The practice had welcomed feedback from staff through appraisals, monthly whole practice meetings and informal discussions. Staff told us they felt able to raise issues and concerns with colleagues and management, and considered themselves involved with the development of the 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.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users of receiving care and treatment.</p> <p>The practice did not ensure suitable overall security in the management of medicines and prescription stationery.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	