

The Grange Medical Centre

Quality Report

39 Leicester Road

Nuneaton

Warwickshire

CV11 6AB

Tel: 02476 322 810

Website: www.thegrangemedicalcentre.co.uk

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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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to The Grange Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grange Medical Centre on 6 October 2016. Overall the practice is rated as good.

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

- There was a system to report and record significant events. All incidents were investigated and if patients were affected they were offered support.
- Arrangements to deal with emergencies and major incidents were adequate and staff were equipped to follow them.
- The practice had a system for managing and circulating safety alerts received from external agencies.
- Measures had been implemented to safeguard patients from abuse, and these reflected relevant legislation and local requirements. Staff had received training on safeguarding children and vulnerable adults relevant to their role and understood their responsibilities.

- Staff underwent annual appraisal meetings to review professional development and identify learning needs. Staff we spoke with during the inspection told us they had access to appropriate training to cover the range of requirements of their role.
- The practice worked with other services and health and social care professionals to share relevant information and assess and meet the needs of patients. Multidisciplinary care team meetings were held every three months.
- We spoke with ten patients during the inspection. All ten patients said they were treated with dignity and respect. We also received 42 Care Quality Commission patient comment cards. Thirty of these were positive about the service experienced and 12 were mixed.
- Information for patients about the services available was easy to understand and accessible.
- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to local and national averages. Satisfaction with waiting times was lower than average, and the practice had introduced GP telephone triage to help reduce waiting times for patients attending urgent appointments.

Summary of findings

- The practice had an effective system in place for handling complaints and concerns. Information about how to make a complaint was available to patients and learning from complaints was used to develop improvements.
- The premises were adapted for access by patients with different needs such as those with a disability.
- We verified that staff had a good understanding of what their roles required of them and who was responsible for clinical and non-clinical areas within the practice. Staff told us the partners and the practice manager were professional, helpful and approachable.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice sought feedback from patients, the public and staff and used this to involve patients in how the service was delivered.

- The practice demonstrated an interest in continuous learning and improvement.

The area where the provider should make improvement is:

- Maintain a record of verbal complaints, comments and suggestions.
- Continue to take action to improve timely access to appointments and reduce waiting times in the practice when patients attend for appointments.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a system to report and record significant events. All incidents were investigated and if patients were affected they were offered support.
- We saw evidence that learning from significant events was shared with practice staff. Significant events were reviewed annually to confirm that learning had been implemented.
- The practice had a system for managing and circulating safety alerts received from external agencies.
- Measures had been implemented to safeguard patients from abuse, and these reflected relevant legislation and local requirements. Staff had received training on safeguarding children and vulnerable adults relevant to their role and understood their responsibilities.
- A number of procedures were used to monitor and manage risks to patient and staff safety. Arrangements to deal with emergencies and major incidents were adequate and staff were equipped to follow them.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Quality and Outcomes Framework (QOF) data showed that patient outcomes were in line with or above average compared to local and national averages. The most recently published results at the time of the inspection showed the practice had achieved 99% of the total number of points available.
- The practice had systems that kept all clinical staff up to date with current evidence based guidance and standards.
- We saw evidence that the practice used clinical audits to improve the quality of care.
- Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked with other services and health and social care professionals to share relevant information and assess and meet the needs of patients. Multidisciplinary care team meetings were held every three months.

Good



Summary of findings

- Staff underwent annual appraisal meetings to review professional development and identify learning needs. Staff we spoke with during the inspection told us they had access to appropriate training to cover the range of requirements of their role.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed the practice was rated similar to local and national averages for the standard of care provided.
- We received 42 Care Quality Commission patient comment cards. Thirty of these were positive about the service experienced and 12 were mixed.
- Staff were supportive and considerate of patients and treated them with dignity and respect.
- We spoke with ten patients during the inspection. All ten patients said they were treated with dignity and respect.
- The practice provided facilities to help patients be involved in decisions about their care.
- Staff told us that if families had suffered bereavement, their usual GP sent them a sympathy card and then contacted them by telephone to prompt an appointment and if they felt they needed support to give advice on accessing counselling services.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to local and national averages. Satisfaction with waiting times was lower than average, and the practice had introduced GP telephone triage to help reduce waiting times for patients attending urgent appointments.
- The practice had an active Patient Participation Group (PPG) which met frequently to identify areas where improvements could be made. At the time of the inspection the PPG was planning an open day to help patients' access information about health and encourage interaction with the practice.

Good



Summary of findings

- The premises were adapted for access by patients with different needs such as those with a disability.
- The practice had an effective system in place for handling complaints and concerns. Information about how to make a complaint was available to patients and learning from complaints was used to develop improvements.

Are services well-led?

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

- The practice had a vision to provide good quality healthcare that was inclusive and continually improved and adapted to change. Staff we spoke with were proactive in providing a service that aligned with these goals.
- The practice held frequent meetings to facilitate communication between staff. We verified that staff had a good understanding of what their roles required of them and who was responsible for clinical and non-clinical areas within the practice. Staff told us the partners and the practice manager were professional, helpful and approachable.
- The practice complied with the requirements of the duty of candour.
- The practice sought feedback from patients, the public and staff and used this to involve patients in how the service was delivered.
- The practice demonstrated an interest in continuous learning and improvement.

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.

- Clinicians offered personalised care to older people at the practice and had participated in a local initiative to carry out frailty and lifestyle checks on over 75s the previous year.
- Older patients could access home visits where they were unable to travel to the practice. On the day consultations and longer appointments were able available for those who required them.
- The practice had older patients in two nursing homes and one residential home where the GPs made regular visits.
- A range of services were accessible to older patients through the practice, such as the over 75s NHS health check. Patients aged over 75 could also receive the flu vaccination at the practice.

Good



People with long term conditions

- The practice kept registers of patients who had long-term conditions and used them to monitor and contact patients.
- There were lead roles for chronic disease management within the clinical team.
- Performance for diabetes related indicators was similar to or higher than CCG and national averages. For example, 84% of patients with diabetes had a blood pressure reading within the target range in the preceding 12 months compared with the CCG average of 79% and the national average of 78%. Exception reporting was 2% for this indicator, compared with the CCG and national averages which were both 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- For atrial fibrillation (an irregular heart rhythm), 91% of patients at high risk of suffering a stroke had been treated with anti-coagulation therapy (blood thinning medicines), compared with the CCG average of 85% and the national average of 87%. The practice had exception reported 8% of patients for this indicator. This was below the CCG average of 9% and the national average of 10%.

Good



Summary of findings

- The practice offered longer appointments, disease management clinics and health checks for patients with long term conditions. The practice was also able to offer 24 hour blood pressure self-monitoring to patients.
- Clinicians participated in quarterly multidisciplinary team (MDT) meetings and worked with community healthcare professionals to support patients in receiving a complete package of care. For example, the practice was being assisted by a community diabetes nurse in the management of patients with diabetes who had a high risk of complications.

Families, children and young people

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

- Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had achieved an overall score of 9.9 out of 10, compared with the national average score of 9.1.
- Children were offered appointments on the same day or out of school hours where they needed them.
- The premises facilitated children and babies. For example, a separate room was available for breast feeding and there was space for baby changing in the patient toilets.
- Children at risk were flagged in patient records so that they could be easily identified by staff. The practice had appointed a GP as the lead for children's safeguarding. The lead GP met with health visitors to share information and reported concerns on behalf of the practice where appropriate.
- A full range of family planning services were available.

Good



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 practice offered extended hours appointments on weekdays and on every other Saturday to accommodate working age people.
- Telephone appointments were available for patients who found it difficult to attend the practice premises during working hours, for instance those who commuted to work.
- The practice offered online access to appointment booking and repeat prescription ordering. Over 40% of the practice's patient list had setup online access to these services.

Good



Summary of findings

- Patients aged 40 to 74 were invited to have a health check. The practice had completed 487 of these during the previous 12 months.
- Abdominal aortic aneurysm (AAA) screening was carried out at the practice for male patients over the age of 65.

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 held a register of vulnerable adult patients which was used to monitor their care and alert staff members to their circumstances. There were 229 patients on the register at the time of the inspection.
- The practice offered longer appointments and annual health checks to patients with a learning disability. There was a register of 46 patients with a learning disability.
- The practice did not have any homeless patients registered when we carried out the inspection but was equipped to provide care to these groups as required.
- Safe Place Scheme for people with a learning disability and victims of hate crime. This meant there was a logo displayed identifying the practice building to people who needed assistance or were experiencing fear.
- As part of a recent project the practice had written to patients with patients who suffered with conditions which caused them difficulty in communicating to ask whether there were any adjustments they could offer to improve their experience. All requests had been added to the individual patient records as alerts.
- Staff had received safeguarding training and knew how to recognise signs of abuse in children and adults. Some members of staff had also completed IRIS (Identification and Referral to Improve Safety) training in domestic violence.
- The premises had disabled access, a hearing loop and information about available translation services was displayed in the patient waiting area. The practice also had a staff protocol specifically aimed at improving access and communication for patients with hearing difficulties.
- The practice had a system to identify carers. Written information was available to direct carers to the various avenues of support available to them. Carers could access additional services such as an annual flu vaccination. At the time of the inspection the practice was beginning to hold a monthly carers drop-in clinic with the help of a local carers

Good



Summary of findings

service, to support patients who required assistance with arrangements such as respite care and social benefits. The practice hoped to develop a carers' café once the drop-in clinic had been established.

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).

- Quality Outcomes Framework (QOF) data showed that the practice was performing in line with or lower than local and national averages in its care of patients with dementia. For example, 78% of patients diagnosed with dementia had a face to face care review in the past 12 months, compared with the CCG average of 86% and the national average of 84%. The practice told us they were improving in this area but had experienced some impact after one of the practice nurses who carried out mental health checks had left the practice the previous year. Exception reporting for this indicator was 4%, compared with the CCG and national averages which were both 7%.
- Performance for mental health related indicators was higher than the CCG and national averages. For instance, 96% of patients with a form of psychosis had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the CCG average of 95% and the national average of 89%. Exception reporting was 21%, higher than the CCG average of 15% and the national average of 13%. The practice said this had also been affected by the loss of one practice nurse the previous year who was involved with mental health.
- The practice liaised with multidisciplinary teams in the management of patients experiencing poor mental health. Care plans were in place for those with dementia.

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 above local and national averages. There were 224 survey forms distributed and 117 returned. This represented approximately 1% of the practice's patient list and a 52% completion rate.

- 87% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 93% 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 85% and the national average which was also 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 89% 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 77% 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 42 comment cards, 30 of which were entirely positive about the standards at the practice and particularly commented on the caring and helpful approach of staff. Twelve comment cards provided mixed feedback and negative comments relating to appointment availability.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with staff attitudes and their involvement with decisions about their care, but several patients also said there were problems with appointment availability and parking.

Areas for improvement

Action the service **SHOULD** take to improve

- Maintain a record of verbal complaints, comments and suggestions.
- Continue to take action to improve timely access to appointments and reduce waiting times in the practice when patients attend for appointments.

The Grange Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist advisor 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 The Grange Medical Centre

The Grange Medical Centre is a practice in the town of Nuneaton. The practice operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice was established as a small partnership in the 1950s and now operates from premises repurposed in 1997 and subsequently extended. The building is equipped with accessible facilities for patients with additional needs such as wheelchair access and disabled toilets.

The Grange Medical Centre has a patient list size of 10,317, with lower than average levels of social deprivation. There is a significantly higher than average population aged over 45 on the practice's patient list, with lower than average numbers under this age. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, services for

patients with learning disabilities, rotavirus and shingles immunisation, analysing and preventing unplanned admissions and facilitating timely support and diagnosis for people with dementia.

The clinical team includes three male and one female GP partners and one male salaried GP. There are also three practice nurses and two healthcare assistants. The team is supported by a practice manager and 16 administrative and reception staff. The Grange Medical Centre is a training practice which has qualified junior doctors working under the supervision of the GPs. At the time of the inspection there were three trainee GPs in place. There are also two apprentice non-clinical staff. The practice further directly employs three cleaners and one maintenance worker.

The Grange Medical Centre is open from 8am to 6.30pm from Monday to Friday. The practice phone lines are diverted to an automated message between 1pm and 2pm, during which patients are directed to dial another number if the matter is urgent. There is always a GP on site during this time. Outside of opening hours there are arrangements in place to direct patients to out-of-hours services delivered by West Midlands Ambulance Service through NHS 111.

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.

Detailed findings

How we carried out this inspection

Before the inspection we reviewed a range of information we hold about the practice and asked other organisations to share any relevant information they held. We carried out an announced inspection on 6 October 2016, during which we:

- Spoke with clinical and non-clinical staff and interviewed patients about their experiences.
- Made observations about the premises and staff interacting with patients.
- Reviewed CQC comment cards completed by patients in the two weeks prior to the inspection.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The system in place supported the reporting and recording of significant events.

- We spoke to members of staff who told us they would inform the reception manager or practice manager of incidents. All staff were able to access a form to capture details of significant events. The 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 showed us evidence that when things went wrong with care and treatment they offered patients reasonable information and support. The clinician or practice manager contacted the patient by phone and invited them to a face to face meeting to discuss the events. The practice offered a written apology if it was the patient's preference.
- The GP partners discussed significant events during their weekly clinical meeting and we saw minutes which confirmed this was a standing agenda item. Non-clinical staff meetings were held every month and were also used as a forum for sharing learning from incidents. The practice met with staff and patients involved in any incidents to resolve these and identify areas where preventive measures could be implemented. The practice disseminated learning via emails as well as during meetings. Significant events were reviewed annually to confirm that learning had been implemented.

During the inspection we looked at records of five significant events the practice had recorded during the previous year. The practice had used these incidents to identify areas for improvement. For example, following a fire alarm being set off the practice had added protocols to their evacuation procedure to include taking a mobile phone and keys out of the premises and putting out traffic cones to deter patients from using the car park.

The practice received safety alerts issued by external agencies, for example from MHRA (Medicines and Healthcare products Regulatory Agency). The practice manager received alerts by email and circulated these to clinical staff. GPs discussed alerts during weekly clinical

meetings to ensure appropriate action had been taken, such as carrying out searches and reviewing affected patients. The practice manager recorded alerts and the actions taken on a spreadsheet to ensure these were followed up. For example the practice had identified and contacted patients using blood glucose testing strips following a recent alert to advise them to discontinue use of affected lot numbers.

Overview of safety systems and processes

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

- Measures had been implemented to safeguard children and vulnerable adults from abuse, and these reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff via the practice computer system and printed copies were also kept in the reception staff area. Staff members we spoke with knew the location of these. There was a lead GP for safeguarding and staff were able to identify this person when asked. GPs liaised with other agencies as needed to fulfil their safeguarding responsibilities. Staff we spoke with demonstrated their understanding of their safeguarding duties toward patients. GPs had completed level three child safeguarding and adult safeguarding training, nurses were trained to level two and all non-clinical staff were trained to level one. Some members of staff had also completed IRIS (Identification and Referral to Improve Safety) training in domestic violence.
- A notice displayed in the waiting area advised patients that chaperones were available. It was policy for the practice nurses to act as chaperones when they were available, but non-clinical staff had also received training by the Medical Protection Society and a Disclosure and Barring Service (DBS) check to allow them to perform the role. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice applied for DBS checks when new staff members joined the practice and staff did not undertake chaperone duties until these were received. Non-clinical staff we interviewed assured us they were following the correct procedure while acting as chaperones.

Are services safe?

- We saw that standards of cleanliness and hygiene were appropriate on the day of the inspection, and the premises were visibly clean and tidy. One of the practice nurses was the infection control lead and liaised with the local infection prevention teams to ensure best practice was followed. The infection control lead had completed infection control training in October 2016. Staff at the practice had received in-house training from the infection control lead, including cleaners employed directly by the practice. This was also included in the practice's induction programme and covered topics such as hand hygiene, protective clothing, handling clinical specimens, managing spillages and waste disposal. Clinical staff also received training in handling and disposing of sharp objects, and what to do in the event of an injury. An annual infection control audit was carried out and records showed that action plans had been completed to address improvements identified as a result. For example, foot pedal bins had been installed.
- The system used for managing repeat prescriptions protected patients from harm. When a patient reached the maximum number of repeat prescriptions set by the GP, any additional request was referred to a GP for review before further prescriptions were authorised. Patients on repeat medicines were recalled for medicine reviews and the computer system offered prompts to remind the practice when these were due. Prescriptions that had not been collected by patients were reviewed every month and patients were contacted or prescriptions cancelled as required.
- Clinical room doors were locked when they were not in use and we noted that staff removed computer access cards when they left their desks. Paper patient records were securely stored in locking cabinets. GPs ensured that prescription stationery was securely stored before and during use, and serial numbers were recorded to monitor their use.
- Patients who were prescribed high risk medicines were monitored by the practice at regular intervals. Shared care agreements were used for some of these patients who also received treatment from specialists in their particular illness. The practice downloaded the results of secondary care monitoring such as blood testing via the computer system and monitored these to ensure that medicines could be safely prescribed to these patients. The practice also used alerts on the computer system to identify any patients who had not attended for monitoring and made follow up contact to prompt them to attend.
- The practice maintained a log to monitor fridge temperatures for storing medicines. We saw that medicines in cold storage were stored appropriately and had been rotated as part of a weekly stock control check. Two members of staff were responsible for monitoring these and ordering medicines. Staff we spoke with knew what action to take if cold storage medicines deviated from the recommended temperature range.
- The practice used PGDs (Patient Group Directions) to allow the practice nurses to administer medicines in line with legislation. We reviewed the practice's PGD folder and saw that these had been signed by the required people when they were adopted. The healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice did not hold any stocks of controlled drugs on the premises (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed three personnel files which contained documentation obtained when recruitment checks were completed prior to employment. For recently recruited staff members these included references, proof of identity, employment history and qualifications, registration with the appropriate professional body where required and DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were used to monitor and manage risks to staff and patient safety. The last annual portable appliance test had been carried out in January 2016 for all electrical equipment to ensure it was safe to use. The most recent checks of clinical equipment had been carried out in May 2016 and these were calibrated every year to ensure they were working properly. There was a fire risk assessment which had been updated in January 2016, fire alarms were tested frequently and the most recent fire drill had been carried out in September 2016. A number of other risk assessments were used to monitor safety of the premises, for example, infection control and legionella. Legionella is a term for a

Are services safe?

particular bacterium which can contaminate water systems in buildings. There was a register of staff vaccinations which the practice offered to protect them from common viral infections.

- The practice manager used holiday planners and morning and afternoon rotas to ensure the number and skill mix of staff were on duty met patient needs. Non-clinical staff roles had been diversified to ensure they were able to cover the work of colleagues during absences and annual leave, including that of the practice manager.

Arrangements to deal with emergencies and major incidents

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

- Staff told us they were able to use a panic button on the practice computers' instant messaging system to alert staff in the event of an emergency. We saw evidence that staff were up to date with basic life support training.

- Emergency medicines were stored appropriately on the premises and staff knew their location. We checked that all the emergency medicines were securely stored and in date.
- A defibrillator with adult's pads was kept on the premises, as well as an oxygen supply and a first aid kit and accident book. Two members of staff were responsible for checking this equipment every month to ensure it was in good working order and to check for any upcoming expiry dates.
- The business continuity plan was suitable for managing major incidents such as power failure or building damage. Copies of the plan were stored off site by all GPs and the practice manager. The plan included emergency contact telephone numbers and a cascade system for staff contact.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff knew how to access guidelines to inform the care they delivered and also subscribed to professional literature which included this. New guidance was received by email and circulated to all clinical staff, who were supported in following this through use of a clinical decision support software system. Where necessary the lead member of staff for the clinical area in question took action to ensure new guidelines were implemented. The practice monitored that these guidelines were followed using clinical audits, and we saw that recent guidance had been reviewed and implemented.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results at the time of the inspection showed the practice had achieved 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2015 to 31/03/2016 showed:

- Performance for diabetes related indicators was similar to or higher than CCG and national averages. For example, 84% of the practice's patients with diabetes had a blood pressure reading within the target range in the preceding 12 months compared with the CCG average of 79% and the national average of 78%. Exception reporting was 2% for this indicator, compared with the CCG and national averages which were both 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. 90% of patients with diabetes had a record of a foot

examination in the preceding 12 months compared with the CCG average of 92% and national average of 89%. Exception reporting was 3%, lower than the CCG average of 9% and the national average of 8%.

- Performance for mental health related indicators was higher than the CCG and national averages. For instance, 96% of patients with a form of psychosis had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the CCG average of 95% and the national average of 89%. Exception reporting was 21%, higher than the CCG average of 15% and the national average of 13%. The practice told us they were improving in this area but had experienced some impact after one of the practice nurses who carried out mental health checks had left the practice the previous year. 100% of the same group of patients had also had their alcohol consumption recorded in the previous 12 months, similar to the CCG average of 95% and the national average of 89%. The practice had exception reported 8% of patients for this indicator, whereas the CCG and the national averages were 10%.
- For atrial fibrillation (an irregular heart rhythm), 91% of patients at high risk of suffering a stroke had been treated with anti-coagulation therapy (blood thinning medicines), compared with the CCG average of 85% and the national average of 87%. The practice had exception reported 8% of patients for this indicator. This was below the CCG average of 9% and the national average of 10%.

There was evidence of quality improvement including clinical audit.

- We looked at five clinical audits completed in the last year. Two of these were completed two cycle audits where the improvements made were implemented and monitored. Four further audits were in progress at the time of the inspection.
- The practice participated in benchmarking to monitor its performance against other practices and identify areas for improvement.
- Findings were used by the practice to improve services. For example, recent action taken as a result included implementing a new protocol and recording template to aid monitoring of patients diagnosed with a specific condition.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- Newly recruited members of staff followed an induction programme which covered such topics as infection control, fire safety, health and safety, confidentiality and emergency procedures. Staff were all provided with a copy of the practice handbook and new employees were given reading time in order to familiarise themselves with this. Staff were supervised and knew who to ask if they were unsure of something. Three and six month reviews were used to monitor the performance of new staff.
- The practice using training spreadsheets and annual appraisals to identify staff training needs, including role-specific training and updating for staff who needed it. For example, clinicians who reviewed patients with long-term conditions attended chronic disease update courses annually.
- Members of staff who administered vaccines and took samples for the cervical screening programme received specific training. This included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and national guidance.
- Staff participated in annual appraisal meetings to review their professional development and assess any training needs. Those we spoke with during the inspection told us they had access to the training they needed to cover the full range of responsibilities required by their role.
- All practice staff received training that included fire safety, safeguarding, information governance and confidentiality, infection control and basic life support.

Coordinating patient care and information sharing

Staff were able to access the information they needed to effectively plan and deliver care and treatment through the practice's patient record system.

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

Staff liaised with other health and social care professionals to fully understand patients' needs and tailor care and treatment accordingly. This included when patients were

referred between services or were discharged from hospital. The practice held quarterly multidisciplinary meetings with other health care professionals to discuss and update care plans for patients with complex needs.

Consent to care and treatment

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

- Clinical staff we interviewed demonstrated that they understood consent and best interest decision-making requirements according to current legislation and guidance, including the Mental Capacity Act 2005.
- The GPs and nurses carried out assessments of capacity to consent in line with relevant guidance when they provided care and treatment for children and young people.
- GPs and practice nurses conducted an assessment if a patient's mental capacity to consent to care or treatment was unclear. The outcome of the assessment was recorded.
- The practice used a standard form to record written consent for treatments such as minor surgery, intrauterine devices (contraceptive coils) and contraceptive implants.

Supporting patients to live healthier lives

There were arrangements in place to identify patients who might need additional support. For example carers, vulnerable patients, patients with mental health issues, those with a learning disability and those with long-term conditions. The practice nurses offered smoking cessation and healthy living advice on topics such as weight management and alcohol consumption to those patients who needed it.

- The practice's uptake for the cervical screening programme was 85%, similar to the CCG average of 83% and the national average of 82%. Exception reporting for cervical screening was low at 3%, compared with the CCG average of 8% and the national averages of 7%. Female sample takers were available to encourage patient uptake, and a system was used to confirm that results had been received for all samples and ensure any abnormal results were followed up. The practice issued recall letters when patients failed to respond to an invitation for cervical screening and clinicians also reminded patients of the importance of screening when they attended for other consultations.

Are services effective? (for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The National Cancer Intelligence Network (NCIN) is a UK-wide partnership operated by Public Health England which aims to improve standards of care using information it collects. The data published by the NCIN in 2015 showed that:

- 81% of women aged 50 to 70 had been screened for breast cancer within the target period, higher than the CCG average of 77% and in line with the national average of 72%.
- 65% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, for the vaccinations given to under two year olds the practice had achieved an overall score of 9.9 out of 10, compared with the national average score of 9.1. Immunisation rates for five year olds from 97% to 100%, which was in line with the CCG average of 98% to 99% and above the national average of 88% to 94%.

Patients could access a range of health assessments and checks. For example the healthcare assistants carried out NHS health checks for patients aged 40 – 74, and enhanced frailty health checks were available to patients aged over 75.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Staff were supportive and considerate of patients and treated them with dignity and respect.

- Rooms used for patient examinations and treatments had curtains to support patients' privacy and dignity.
- Doors were kept closed during patient consultations and treatments and conversations could not be overheard.
- Reception staff told us that if a patient was distressed, or needed to discuss something personal, they could offer them a private room.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, 30 of which were entirely positive about the standards at the practice and particularly commented on the caring and helpful approach of staff. Twelve comment cards provided mixed feedback but the negative comments raised did not relate to caring.

We spoke with two members of the patient participation group (PPG), who both agreed that the practice provided high quality care and was eager to accommodate patients. The PPG felt its contribution to the practice was appreciated.

We spoke with ten patients during the inspection. All ten patients said they were treated with dignity and respect, and nine were satisfied with staff attitudes while one patient felt members of reception staff could be abrupt.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% 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%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Of the ten patients we spoke with during the inspection said they were involved in making decisions about care and treatment they received, while two said they sometimes were. All ten patients felt they had enough time during consultations.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- There was a poster in the patient waiting area providing information about the interpreting services available in several different languages. Patient information leaflets could also be provided in different languages where necessary.
- The premises were equipped with was a hearing loop to assist patients with a hearing difficulty.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Information leaflets and notices were on display in the patient waiting area and directed patients to available support groups and organisations.

The practice's patient registration form asked people to identify whether they were a carer. There was a poster in reception and information in the practice leaflet encouraging patients who were carers to notify reception. The practice computer system alerted GPs if a patient was also on the carers register. The practice had identified 161 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers could access

additional services such as an annual flu vaccination. At the time of the inspection the practice was beginning to hold a monthly carers drop-in clinic with the help of a local carers service, to support patients who required assistance with arrangements such as respite care and social benefits. The practice hoped to develop a carers café once the drop-in clinic had been established.

Staff told us that if families had suffered bereavement, their usual GP sent them a sympathy card and then contacted them by telephone to prompt an appointment and if they felt they needed support to give advice on accessing 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.

- The practice offered extended hours appointments on weekdays and on every other Saturday to accommodate working age people. Telephone appointments were also available for patients who did not require a face-to-face consultation.
- The practice offered online access to appointment booking and repeat prescription ordering. Over 40% of the practice's patient list had setup online access to these services.
- Appointments could be arranged on the same day for children and other patients who required an urgent consultation.
- The premises had a range of facilities including disabled access and a hearing loop. Translation services were available for consultations, and information about this was displayed in the waiting area.
- Patients could access travel vaccinations available through the NHS free of charge as well as those only issued by private prescription.
- The practice had a suggestions box and NHS Friends and Family Test cards on display in the waiting area to encourage patient feedback.
- Patients with a learning disability and those with complex needs were able to have longer appointments for their consultations.
- Patients with clinical needs that made it difficult for them to attend the practice could access home visits.
- The practice had introduced GP telephone triage for urgent same day appointments to maximise the number of patients they could offer assistance to.
- The practice had an active Patient Participation Group (PPG) which staff met with frequently to identify areas where improvements could be made.
- The practice was a member of the Safe Place Scheme for people with a learning disability and victims of hate crime. This meant there was a logo displayed identifying the practice building to people who needed assistance or were experiencing fear.

Access to the service

The practice was open from 8am to 6.30pm from Monday to Friday. The phone lines were diverted to an automated message between 1pm and 2pm, during which patients were directed to dial another number if the matter was urgent. There was always a GP on site during this time. The practice offered extended hours appointments on weekdays and on every other Saturday. Outside of opening hours there were arrangements in place to direct patients to out-of-hours services provided by NHS 111. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was variable compared with local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared with the CCG average of 74% and the national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 56% of patients usually waited 15 minutes or less after their appointment time to be seen, significantly lower than the CCG average of 67% and the national average of 65%.
- 41% of patients felt they did not normally have to wait too long to be seen, higher than the CCG and national averages which were both 58%.
- 84% describe their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.

The practice was aware that patient satisfaction with waiting times was lower than average, and had introduced GP telephone triage to combat this. GPs returned calls to patients requesting urgent same day appointments to assess their need for a same day face to face consultation to reduce the number of patients waiting for an appointment in person.

Of the ten patients we spoke with during the inspection, four told us they were able to get appointments when they needed them, two said they sometimes could and two said they could not.

The practice had implemented measures to assess whether a home visit was clinically necessary and the urgency of the

Are services responsive to people's needs?

(for example, to feedback?)

need for medical attention. The GPs triaged all home visit requests by telephoning patients to confirm the need for a visit and then prioritising these accordingly. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, the patient spoke to the on call GP over the telephone immediately and if necessary alternative emergency care arrangements were made. We confirmed that staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The practice had a complaints policy and procedures which were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for managing all complaints received by the practice.

- Information about how to make a complaint was available to patients in the practice's patient information leaflet and on the practice website. Information was also displayed beside the suggestions box.
- The practice reception staff knew how to deal with verbal complaints and escalated these to the practice manager when necessary, but no record were kept of verbal complaints which meant the practice was unable to include these in their summary of complaints to contribute to common themes.

The practice had only received one complaint in the previous 12 months, but during the penultimate year it had received seven and we saw that the complaints system was accessible to patients. The recent complaint had been properly dealt with and analysed. The practice had taken action as a result to improve the service to patient and prevent similar situation recurring.

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 vision to provide good quality healthcare that was inclusive and continually improved and adapted to change. Staff we spoke with were proactive in providing a service that aligned with these goals.

The practice was preparing to meet the increased demand which planned local housing developments would put on the service. Several staff members had retired over the past year and the senior partner was also strategizing to allow for retirement in the coming years. The practice team was adapting to these needs by expanding their training provision which would allow them to take on more trainee GPs, had liaised with the housing developers, other local practices and the clinical commissioning group (CCG) regarding capacity.

Governance arrangements

The practice had governance arrangements in place which supported the delivery of the practices aims. For example:

- There was a structure of policies and procedures which all staff knew how to access and follow.
- We verified that staff had a good understanding of what their roles required of them and who was responsible for clinical and non-clinical areas within the practice.
- The practice took a positive approach to quality improvement and used benchmarking and monitoring to track its performance.
- The practice used effective systems to recognise risks and protect staff and patients.

Leadership and culture

During the inspection the GP partners and the practice manager demonstrated that they had the knowledge and experience necessary to perform their roles and responsibilities. Staff told us the partners and the practice manager were professional, helpful and approachable.

The practice used a set of procedures to ensure they complied with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. When things went wrong with care and treatment those affected were given reasonable information and support. The clinician or

practice manager contacted the patient by phone and invited them to a face to face meeting to discuss the events. The practice offered a written apology if it was the patients preference.

The leadership structure used was supportive to staff:

- The practice held frequent meetings to facilitate communication between staff. GP partners met daily with the practice manager and held weekly clinical meetings. Non-clinical staff meetings were held every month. Clinical events were occasionally held in the evenings, for instance, so that external organisations could give talks.
- Staff told us that email communication was used frequently as well as memos and face to face discussions to disseminate change.
- There was a monthly staff newsletter to share ideas and events. This included a sales and exchange section which was also displayed on the staff noticeboard.
- Staff told us they were able to approach the management team directly if they wanted to discuss any concerns. The practice also offered referrals to occupational health if they felt this would help to support a member of staff.
- The practice held annual staff events, such as a barbeque which all employees and their families were invited to including maintenance and cleaning staff. Staff were also involved with fundraising events. For example, staff had held a coffee morning and participated in a sponsored walk to raise money for charities. Staff told us the team enjoyed socialising together outside of work.

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

The practice sought feedback from patients, the public and staff and used this to involve patients in how the service was delivered.

- The practice had an active patient participation group (PPG) with 76 members who communicated by email. Approximately 20 members attended quarterly meetings with the GP partners, practice manager and reception manager. The PPG had its own newsletter and organised events such as a practice Open Day and a Christmas Fayre. The Open Day was being planned at the time of the inspection to publicise the PPG and information people needed to know about their health

Are services well-led?

Good 

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

such as advice about diabetes and smoking cessation. For example, the PPG had invited the Community Matron and District Nurses, the Research Department from Warwick University, a local MP, a representative from the carers service Guideposts, Age Concern, and local hospital consultants and the vulnerable adult team. The PPG planned to offer activities for all ages, a raffle and cakes and refreshments, while raising money for charity and to purchase equipment for the practice.

- There was a quarterly patient newsletter and a suggestions box in the reception area.
- The practice asked staff for feedback during staff meetings and discussions as well as formally via appraisals. Staff were invited to contribute to the practice newsletter and those we spoke with told us they were also able to raise concerns and provide feedback to the practice. Staff were encouraged to engage with the GP partners and practice and reception managers.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. As a result of increasing patient numbers the premises had previously been extended in order to accommodate more GP trainees. The practice hoped to continue expanding its training capacity and a second GP was undertaking a qualification as a trainer to support this.

The practice was recruiting another nurse trained in diabetes care and working with a local diabetes specialist nurse to improve patient outcomes.

The practice was also involved with a number of clinical trials such as telemonitoring, blood pressure self-monitoring, Optimising the Review and Control in Asthma (ORCA) and PRIMROSE. The PRIMROSE project is a research programme aimed at the prevention of cardiovascular disease in people with severe mental illnesses.