

# St Wulfstan 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            |  | Outstanding | ☆ |
|--|--|-------------|---|
| Are services safe?                         |  | Good        | ● |
| Are services effective?                    |  | Good        | ● |
| Are services caring?                       |  | Outstanding | ☆ |
| Are services responsive to people's needs? |  | Outstanding | ☆ |
| 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 St Wulfstan Surgery on 21 April 2016. The overall rating for this service is outstanding

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

- There was a system in place to raise concerns and report significant events. Staff understood their responsibilities to raise concerns, and to report significant events. These were discussed regularly at meetings and were a standing agenda item. Learning was shared with practice staff regularly and with other practices in the locality.
- Patients' needs were assessed and care was provided to meet those needs in line with current guidance. Staff had the skills and expertise to deliver effective care and treatment to patients. This was maintained through a programme of continuous development to ensure their skills remained current.
- Risks to patients were assessed and well managed through practice meetings and collaborative discussions with the multi-disciplinary team. Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Information about safety alerts was reviewed and communicated to staff by the practice manager in a timely way.
- Patients told us GPs and nurses at the practice treated them with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available in the reception area and on the practice's website. Patients told us that they knew how to complain if they needed to.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included easy access for patients who used wheelchairs.
- There was a clear leadership structure and staff told us they felt supported by management. Staff morale was high. Staff were committed and motivated to deliver high standards of care and there was evidence of team working throughout the practice.

# Summary of findings

- The practice proactively sought feedback from patients, which it acted on.
- The practice coordinated a volunteer drivers' scheme which was run by patients for patients. This free service was provided for those patients who experienced difficulties getting to the practice.
- The practice became a host practice for research in 2012. They regularly hold research awareness events in order to increase awareness of clinical trials and studies and to encourage participation. These were coordinated by two GPs.

**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.

Good



- There was an effective system in place for reporting and recording significant events. Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. The practice carried out a thorough analysis of significant events and shared learning from these with appropriate staff. Where patients were affected they received a written apology and were told about any actions taken to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Risks to patients were assessed and well managed. There were robust systems in place to manage patient safety alerts, including medicines alerts which were acted upon and tracked.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and clinicians used these as part of their work.
- The practice operated a continuous audit system to evaluate care and treatment, ensuring that reviews were undertaken and improvements were made to enhance patient care.
- The practice consistently achieved higher than average results for the Quality and Outcomes Framework (QOF) indicators when compared with other local practices and nationally. Exception rates were below local and national averages in most areas. For example, the proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97% which was above the local average of 85% and above the national average of

# Summary of findings

84%. The practice exception rate was 0% which was below the CCG average of 6% and below the national average of 8%. Evidence showed this level had been maintained by the practice for a number of years.

- The practice was the top achieving practice within the local area in all patient groups for the administration of flu vaccines for January 2016. For example, 88% of patients over 65 years (local average 78%); 69% of patients who were at risk of contracting flu under 65 years (local average 50%); 76% of pregnant women (local average 49%); 82% of patients aged two years (local average 49%); 85% of patients aged three years (local average 48%); and 76% of patients aged four years (local average 42%). Flu clinics were advertised on the practice website and in the practice waiting area. Telephone calls, text messages and letters were also sent out to remind patients about the flu vaccination during the flu season.
- Staff received the training to maintain and develop their skills so that patients received effective care and treatment. Staff received annual appraisals and had development plans in place to ensure continued personal development. Staff regularly took part in the practice devised quizzes to maintain and improve their knowledge in a range of areas.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Meetings were held regularly and were attended by district and palliative care nurses.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We observed that patients were treated with dignity and respect.
- Survey results showed that the practice was consistently rated highly by their patients. Results from the National GP Patient Survey published in January 2016 showed that the practice scored above average for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurses; 93% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 90% and national average of 85%; 96% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 92% and national average of 91%.
- The practice carried out their own regular in-house surveys to monitor and evaluate patient feedback on the services they

**Outstanding**



# Summary of findings

provided. The last survey done in March 2016 showed that 98% of patients were satisfied with online access to this service; 98% of patients were satisfied with access to a GP or nurse; 97% of patients were satisfied with the care they received; and that overall satisfaction with the practice was rated by patients as 98%.

- Six patients told us they had nothing but praise for the GPs. They said GPs cared for all their patients and gave them the best service. These patients were also extremely positive about all staff at the practice. Patients completed 41 comment cards which gave positive comments about the standard of care received. Data showed that 98% of patients said they found the receptionists at the practice helpful which was above the CCG average of 89% and national average of 87%.
- The practice had involved patient and carers in a number of initiatives to encourage interaction and support. For example, Christmas tea parties had been held for carers for the last four years. Monthly Nosh’N’Natter meetings had been developed with the first meeting held in May 2016. The Nosh’N’Natter group was a monthly lunchtime get together for patients to meet friends, make new friends, share experiences and enjoy lunch. Free transport was provided for those patients who needed it.

## Are services responsive to people’s needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and the local community in planning how services were provided to meet patients’ needs. Meetings were regularly attended with other practices and partner organisations from the locality so that services could be monitored and improved as required.
- Dedicated notice boards in the waiting area gave patients easy access to information relevant to them. For example, there was a range of leaflets about services provided for the practice’s younger population.
- Information was available on the practice website for specific population groups. There was a young persons’ page called Sex Etc. with information about various aspects of sexual education specifically aimed at this group.
- A number of patients were sent regular emails following their appointments to recap what was discussed with the GP during consultations.

Outstanding



# Summary of findings

- On-site services such as phlebotomy (taking blood samples), blood monitoring, ear syringing, and midwifery services were provided to reduce inconvenience to patients so they did not have to travel to secondary care providers for these services.
- The practice had received consistently high rates of feedback from their patients for a number of years. Results from the National GP Patient Survey results published in January 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example, 97% of patients said they could get through easily to the practice by telephone which was above the CCG average of 78% and national average of 73%; 94% of patients described their experience of making an appointment as good which was above the CCG average of 79% and national average of 73%; 97% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 69% and national average of 65%.
- The practice coordinated a volunteer drivers' scheme which was run by patients for patients. This free service was provided for those patients who experienced difficulties getting to the practice.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked up to three months in advance. Extended hours were available to benefit patients unable to attend during the main part of the working day. Patients confirmed they were able to make an appointment with the GPs and receive continuity of care, with urgent and non-urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders

## Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a clear vision and strategy to provide quality, safe and accessible services. Staff shared this vision and told us their strategy was to remove obstacles and barriers to providing accessible patient care. Staff told us their overall aim was to be the best practice to give the best care for patients.

Good



# Summary of findings

- Staff morale was high with a high level of staff satisfaction. The practice encouraged a culture of openness and honesty. High standards were promoted and owned by all practice staff and teams worked together across all roles. Staff told us they were confident they would be supported if they needed to raise any issues or concerns. They said they felt respected, valued and supported by everyone and that they absolutely loved working at the practice. We observed that everyone was involved in the practice and had a shared commitment to provide the best care for patients.
- Staff had received inductions, regular performance reviews and attended regular staff meetings and events.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had two active Patient Participation Groups (PPGs) and responded to feedback from patients about suggestions for service improvements. A specific PPG had been formed to represent the views and experiences of patients over the age of 75. Plans were in place for a PPG to be developed specifically for younger patients to get their views, ideas and encourage their involvement in the development of the practice.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Nationally reported data showed that outcomes for patients were higher than average for conditions commonly found in older patients. The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97% which was higher than the local average of 85% and the national average of 84%. The practice exception rate was 0% which was below the Clinical Commissioning Group (CCG) average of 6% and below the national average of 8%.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care. They held regular multidisciplinary integrated care meetings where all patients on the palliative care register were discussed.
- It was responsive to the needs of older patients and offered home visits with rapid access appointments for those patients with enhanced needs.
- There was a trained co-ordinator employed by the practice, who worked in conjunction with the over 75s project to provide holistic reviews of patients over the age of 75 years. They worked proactively to help patients maintain good health. This had resulted in increased social engagement with older patients aimed at reducing social isolation and loneliness.
- Health checks were carried out for all patients over the age of 75 years.
- Support and weekly ward rounds were provided routinely for local care homes for the elderly by a nominated GP to ensure continuity of care was maintained.
- The practice had provided a free volunteer drivers service for those patients who struggled to get to the practice. This service was run by patients for patients.
- The practice demonstrated that they were the top practice within the local area in all patient groups for the administration of flu vaccines for 2015. Data showed that 88% of patients over 65 years had received their vaccines, which was higher than the local average of 55%.

**Outstanding**



# Summary of findings

## People with long term conditions

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

- There were systems in place to monitor patients with chronic diseases. The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice ensured continuity of care in order to achieve the best outcomes for individual patients. All patients diagnosed with a long term condition had a named GP and a structured regular review to check that their health and medicine needs were being met. Reviews were carried out at least annually if not more often. Holistic appointments were offered so that the number of additional times patients needed to attend for appointments was reduced. Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice achieved higher than local and national rates in providing care and support for patients with long term conditions. The performance indicator for patients with hypertension (high blood pressure) was 91% which was higher than the CCG average of 86% and the national average of 84%. The practice exception rate was 3% which was in line with the CCG and national averages. (Unpublished data for 2015/2016 shows the exception rate as 2%). Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 98% which was above the local average of 92% and the national average of 88%. The practice exception rate of 3% was below the CCG average of 9% and below the national average of 11%.

**Outstanding**



## Families, children and young people

The practice is rated as outstanding for the care of families, children and young patients.

- There were systems in place to identify and follow up children who were at risk of abuse. For example, children and young patients who had a high number of accident and emergency (A&E) attendances. Staff had received safeguarding training. They were aware of their responsibilities in protecting children who were at risk of harm.

**Outstanding**



# Summary of findings

- Childhood immunisation rates were overall comparable to the local CCG averages. The practice contacted parents when babies and children did not attend for their vaccinations and informed Child Health Services when appropriate.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable and accessible for children, with changing facilities available for babies. There was a child friendly waiting area with a range of toys, books and play equipment available.
- A range of information and services was provided for their younger population. There was a young persons' guide to the services available on the practice's website and a printed guide available in the waiting area. There was also a separate page called Sex Etc. with information about various aspects of sexual education specifically for this group. In the practice waiting area a dedicated notice board provided information and notices specifically for younger patients. The practice also used text and social media as a means of effective communication.
- Monthly meetings were held with midwives, health visitors, school nurses and the GP safeguarding lead where any concerns they might have were shared.
- A number of online services including booking appointments, requesting repeat medicines and access to medical records were also available.
- The Quality and Outcome Framework (QOF) data for 2014/2015 showed the practice achieved higher than local and national rates for the cervical screening programme was 89% which was higher than the local average of 83% and the national average of 82%.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours so that patients could access appointments around their working hours. Appointment times were available from 7am to 8am every Monday and from 9am to 10.20am on the first and third Saturdays each month for pre-booked appointments only.

Outstanding



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group. The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. Alternative formats were available for patients to access information such as leaflets in large text, easy read or alternative fonts. The practice offered longer appointments for patients with a learning disability, and had completed annual health checks for all nine patients on their register.
- The practice was registered as a member of the Safe Place Scheme for patients with a learning disability if they felt vulnerable or needed support.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients and advised them on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments or offered longer appointments.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.
- The practice treated patients of all ages and provided a range of medical services. This included vulnerable groups such as people who lived on visiting narrow boats. The practice told us they had no homeless people or travellers registered as patients, but they would be provided with treatment and health care according to their needs.
- A poster was displayed in the waiting room advertising support for carers. The practice actively engaged in activities to support carers and their families, such as afternoon tea activities and Christmas parties.
- Counselling services are provided at the practice to offer support for vulnerable patients.

Outstanding



# Summary of findings

- There was a portable hearing loop that could be taken into any clinical room or used at reception to help patients with a hearing impairment. Information was provided in the practice newsletter about various websites patients could also access for support, such as Action on Hearing Loss.

## People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients experiencing poor mental health including those patients with dementia. Staff had received training on how to care for patients' with mental health needs and dementia.
- Advanced care planning and annual health checks were carried out which took into account patients' circumstances and support networks in addition to their physical health. Longer appointments were arranged for these patients who were seen by the GP they preferred. Patients were given information about how to access various support groups and voluntary organisations.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice telephoned those patients with poor memory to remind them of their appointment.
- Patients and carers were encouraged to attend the local Dementia Cafés, based in Leamington. Leaflets were available for patients about these facilities.
- The GPs and practice nurses understood the importance of considering patients ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005. There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- The Quality and Outcome Framework (QOF) data for 2014/2015 showed the practice achieved higher than local and national rates for support for patients with poor mental health. Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 100% which was above the CCG average of 93% and above the national average of 90%. Although the practice exception rate at 17% was above the CCG average of 10% and above the national average of 11%, the practice provided explanations and demonstrated the action they had taken to

Outstanding



## Summary of findings

address this. (Unverified data showed that the exception rate had reduced to 0% for 2015/2016).The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97% which was above the local average of 85% and above the national average of 84%.The practice exception rate was 0% which was below the CCG average of 6% and below the national average of 8%.

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## What people who use the service say

The National GP Patient Survey results published on 7 January 2016 showed the practice was performing above local and national averages. There were 256 surveys sent to patients and 121 responses which represented a response rate of 47%. Results showed:

- 97% of patients found it easy to get through to this practice by telephone which was above the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 98% of patients found the receptionists at this practice helpful which was above the CCG average of 89% and the national average of 87%.
- 91% of patients were able to see or speak to their preferred GP which was above the CCG average of 66% and the national average of 59%.
- 98% of patients said the last appointment they got was convenient which was above the CCG average of 94% and the national average of 92%.
- 94% of patients described their experience of making an appointment as good which was above the CCG average of 79% and the national average of 73%.
- 97% of patients usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 69% and the national average of 65%.
- 96% of patients felt they did not normally have to wait too long to be seen which was above the CCG average of 61% and the national average of 58%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41

comment cards which were mainly positive about the standard of care received. Patients were very complimentary about the practice and commented that staff were very friendly; the service they received was second to none; care and treatment always 100%; that they received excellent care from the GPs and the nurses; and could always get an appointment when they needed one.

We spoke with six patients during the inspection, three of whom were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. Patients were all very positive about the service they received. They told us they had nothing but praise for the GPs, who they said cared for all their patients and gave them the best service. We saw a letter from a PPG member who had been unable to attend on the day of the inspection. They commented that the practice was committed, involved and enthusiastic about developing services and improving the quality of life for their patients.

We reviewed feedback from the NHS Choices website in which patients gave their views of the service they received from the practice. The feedback overall was very positive and the GPs had responded to all of the comments on the website, providing patients with additional information where appropriate. For example, they posted links to the practice website for further information about support groups.

# St Wulfstan Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector. The team included a GP specialist advisor and a Practice Manager specialist advisor.

## Background to St Wulfstan Surgery

St Wulfstan Surgery is located in Southam, near the town of Leamington Spa, South Warwickshire and provides primary medical services to patients in a residential semi-rural area.

There are three GP partners (a male and two females) operating from a purpose built building in Southam. Treatment and consultation rooms are located on the ground floor which gives patients easy access. A wheelchair is available to use to access the building for any patient who has mobility problems and ample car parking is available.

The practice population consists of a higher number of patients who are under 18 years of age and lower than average number of patients over 65 years. There are a high number (120) of elderly patients living in local nursing homes. The majority of patients registered with the practice are white British with only 19 non-English speaking patients. The practice area has a lower than average rate of deprivation at 1% when compared with the local average of 3%.

The GPs are supported by a practice manager, a practice nurse, a treatment room nurse, a healthcare assistant, a secretary and administrative and receptionist staff. There were 4165 patients registered with the practice at the time of the inspection.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to set quality standards and the particular needs of their local population.

The practice reception opens from 8am to 12.30pm and 2pm to 5pm Mondays, Wednesdays and Fridays and from 8.30am to 12.30pm and 2pm to 6pm on Tuesdays and Thursdays. Appointments are available during those times. Extended hours appointments are available on Monday mornings from 7am to 8am and from 9am to 10.20am on the first and third Saturdays of each month, for pre-bookable appointments. Duty GP arrangements are in place to cover times when the practice is closed during the day.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service for patients to order repeat prescriptions, book appointments and access their medical records.

When the practice is closed, patients can access out-of-hours care through NHS 111. The out-of-hours service is provided by Care UK which is based in the emergency department at Warwick Hospital. The practice has a recorded message on its telephone system advising patients on the numbers to call. This information is also available on the practice's website and in the practice leaflet.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care and family planning. St Wulfstan Surgery also carries out minor surgery for patients.



# Detailed findings

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before our inspection of St Wulfstan Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted the NHS South Warwickshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 21 April 2016. During our inspection we:

- Spoke with a range of staff that included three GPs, the practice manager, the practice nurse, the treatment nurse, the healthcare assistant and reception and administration staff.
- We looked at procedures and systems used by the practice.
- We spoke with six patients, including three members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.
- We observed how staff interacted with patients who visited the practice. We saw how patients were being cared for and talked with carers and/or family members.
- We reviewed 41 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health (including patients 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. We reviewed safety records, incident reports, national safety alerts and minutes of meetings where these were discussed.

- Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Staff gave us examples where they had reported incidents, the process they had followed and the learning outcomes shared and discussed with them. Significant events were a standing item on the agenda for practice meetings.
- The practice carried out a thorough annual analysis of significant events and shared learning from these with appropriate staff. Action had been taken to ensure safety of the practice was maintained and improved. Six incidents had been reported for the period April 2015 to April 2016. In each case we found that learning had taken place and changes had been made to prevent further occurrences. We saw evidence that where incidents had involved patients they had been informed and had received a written apology. For example, a patient's confidentiality had been breached and discussions had been held with the patient concerned and an apology given.

Patient safety alerts were received by the practice manager by email, who forwarded these to all relevant staff. When the practice manager was away from the practice alerts were diverted to the lead GP partner to ensure that none were missed or that no delays occurred in responding to alerts. All alerts were discussed at fortnightly management meetings and regular clinical meetings. The GP lead identified action to be taken (if any) and ensured this was completed. GPs described examples of alerts that had led to patient searches and where appropriate, changes in prescribing had been made as a result. For example, two alerts received in February 2016 had required action by the practice and we saw that appropriate action had been taken as a result.

### Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. They told us that all policies were accessible to them on the practice's computer. Safeguarding was a standing agenda item for fortnightly management meetings. Safeguarding meetings were held every two months and these were attended by health visitors. We saw minutes of these meetings to confirm this.
- GPs summarised all patient notes to ensure accuracy was maintained and that correct coding was applied.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable. A record was added to patients' notes when chaperones had been offered, and this included when the service had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility.
- We looked at files for different staff roles including two receptionists, and nursing staff and found that recruitment checks had been carried out in line with legal requirements. This had included DBS checks, proof of identity and registration with appropriate professional bodies.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection prevention clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw that action was taken to address any improvements identified as a result.
- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe. This

## Are services safe?

included obtaining, prescribing, recording, handling, storage and security of medicines. Prescriptions were securely stored and there were systems in place to monitor their use.

- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, Infection Prevention and Control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The practice had an up to date fire risk assessment in place (dated November 2015) and regular fire drills were carried out.
- Suitable arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff confirmed they would cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

### Arrangements to deal with emergencies and major incidents

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

- A business continuity plan was in place to deal with a range of emergencies that could impact on the daily operation of the practice. The document identified potential risks likely to impact on service provision and contained relevant contact details for staff to refer to during any emergency or major incident. As part of the tenancy agreement for the practice building it was the landlord's responsibility to provide emergency accommodation in the event the building could not be accessed.
- All staff received annual basic life support training.
- Staff had access to an instant messaging system on all computers which alerted other staff to any emergency. There were also alarm buttons in reception should assistance be needed in the waiting area.
- Emergency medicines and equipment were available as required, including a first aid kit and accident book. These were easily accessible in a secure area of the practice and all staff knew of their location. Medicines included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely. Oxygen and a defibrillator (used to help restart the heart in an emergency) with both adult and children's masks were available and these had been regularly checked and maintained.
- The practice was advertised locally as a site for patients experiencing emergency chest pains.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were systems in place to keep all clinical staff up to date. The practice had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice achieved 99% of the total number of points available for 2014/2015.

The rates of exception reporting for the practice were mainly below local and national averages. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/2015 showed the practice that the practice consistently achieved higher than average results for QOF indicators when compared with other local practices and nationally.

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 98% which was higher than the

local average of 92% and the national average of 88%. The practice exception rate of 3% was below the Clinical Commissioning Group (CCG) average of 9% and below the national average of 11%.

- The performance indicator for patients with hypertension (high blood pressure) was 91% which was higher than the CCG average of 86% and the national average of 84%. The practice exception rate was 3% which was in line with the CCG and national averages of 3% and 4% respectively. (Unpublished data showed that this had reduced for the year 2015/2016 to 2%).
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97% which was higher than the local average of 85% and above the national average of 84%. The practice exception rate was 0% which was below the CCG average of 6% and below the national average of 8%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 100% which was higher than the CCG average of 93% and above the national average of 90%. The practice exception rate was 20% which was above the CCG average of 11% and above the national average of 13%.

Following the inspection the practice sent us additional (unpublished) information that demonstrated exception reporting had been reviewed and managed effectively for the year 2015/2016. This data showed that exception rating across all areas had reduced. Patients had been exception reported because their diagnosis occurred within the last three months of the monitoring period, which corresponded with QOF guidelines that patients would be automatically exception reported from a disease area for three months after diagnosis. For example, the exception rate for patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place showed that two patients (out of a total of 14) had been diagnosed within three months of the monitoring period and resulted in an exception rate of 14%. This showed a reduction of 6% on the previous year.

We saw evidence that the practice had achieved 100% for the latest unpublished QOF results for the year 2015/2016.

# Are services effective?

## (for example, treatment is effective)

### Quality improvements

The practice had a system in place for completing clinical audits and regularly audited where they considered improvements to practice could be made. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change.

- An audit carried out initially in 2012, repeated in 2013, 2015 and again in 2016 had looked at the appropriate prescribing of antibiotic medicines to patients. The audits were carried out to ensure that best practice guidance was being followed. Prescribing was found to be appropriate and had followed prescribing guidelines.
- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits for the appropriateness of referrals to detect cancers in a timely way, which confirmed the practice had followed NICE guidance on whom to refer.
- The practice also participated in applicable local audits, national benchmarking, accreditation, peer review and research. Audits were carried out in response to latest guidance, patient alerts, significant events, and through issues or queries raised in meetings. The GPs were part of a buddy group of local practices which held three monthly meetings. They were also part of the local area Members Council consisting of GPs, practice managers and CCG staff. Meetings for this group were held 10 times a year.

### Effective staffing

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

- An induction programme was in place for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation.

- All staff had received an appraisal within the last 12 months. Staff we spoke with told us about some of the training needs they had identified during their appraisal, such as more training in using computer spreadsheets. They told us the training had been planned for them.
- Staff received training that included safeguarding, information governance awareness, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training. We saw staff training records were regularly updated with records of training due, training planned and training completed.
- Staff told us that training opportunities at the practice were well facilitated and encouraged. They told us that whatever their training needs the practice was always happy to support them with this. For example, secretarial staff told us about the new accounts software and digital dictation training they had completed recently.
- Staff regularly took part in the practice-devised quizzes to maintain and improve their knowledge in a range of areas. This was confirmed by staff we spoke with. We saw a copy of the quiz staff had completed for responding to emergencies within the practice.
- The practice was involved in the local apprentice scheme. They had successfully recruited staff that had started as an apprentice under this scheme. We saw a copy of the comprehensive induction programme for apprentices which covered online training, shadowing opportunities and regular meetings with an allocated buddy.

### Coordinating patient care and information sharing

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

This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. Scanned paper letters were saved on the system for future reference. All investigations, blood tests, X-rays and the results were requested and received online.

Staff worked together and with other health and social care services to understand and meet the range and complexity



# Are services effective?

## (for example, treatment is effective)

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.

Evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated was available. Monthly meetings were held with the GPs, administrative staff and a district nurse to review unplanned admissions of patients. Palliative care meetings were held three monthly (or more often if required) with a district nurse and a Macmillan nurse also in attendance. Minutes of meetings for 2015 and 2016 confirmed these meetings took place. We saw that discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

The GPs and practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

### Supporting patients to live healthier lives

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example:

- A register was kept of all patients with a learning disability and longer appointments were available for them when required. Nine patients were registered with the practice. Accessible care plans were in place which encouraged them towards a healthy lifestyle to help with their general health and well-being. Regular reviews of their care were carried out and all nine patients had received a review of their care for the previous year.
- It was practice policy to offer NHS health checks to all new patients registering with the practice, to patients who were 40 to 70 years of age and also to some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. Since 1 April 2015 and 31 March 2016 the practice had completed NHS health checks for 243 (18%) of the 1329 eligible patients registered with the practice. The practice had completed 778 health checks since the scheme started in 2013/2014. The GPs and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations.
- The practice's uptake for the cervical screening programme was 89% which was higher than the local average of 83% and the national average of 82%. The practice had reviewed screening completed for the period March 2015 to April 2016. This showed that 236 cervical smears had been completed and confirmed that all samples taken were adequate and no training needs had been identified. The practice told us that achieving higher results for cervical screening was down to their sheer tenacity of encouraging patients to attend. Twice yearly reminders were sent to patients, with additional reminders by text, telephone, newsletters and opportunistic reminders to encourage patients to attend. The practice considered this had proved to be a successful approach, as demonstrated by their results.
- Patients were encouraged to attend national screening programmes for bowel and breast cancer screening, with results which were higher than both local and national averages. The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 80% which was above the local average of 77% and the national average of 72%. The percentage of patients aged 60-69, screened for bowel cancer in the last 30

# Are services effective?

(for example, treatment is effective)

months was 66% which was higher than the local average of 62% and the national average of 55%. The practice confirmed they routinely received information about patients who were diagnosed with this condition from screening.

- GPs and practice nurses told us they would also use their contact with patients to help maintain or improve mental and physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents, promoting seasonal vaccines or by carrying out opportunistic medicine reviews.
- The practice demonstrated that they were the top practice within the local area in all patient groups for the administration of flu vaccines for 2015. For example, 1245 patients out of total practice patient population of 4150 had received flu vaccinations (30%). This included 88% of patients over 65 years; 69% of patients who were at risk of contracting flu under 65 years; 76% of pregnant women; 82% of one to two year olds; 85% of three year olds; and 76% of four year olds. Flu clinics were advertised on the practice website and the practice waiting area. Telephone calls, text messages and letters were also sent out to remind patients about the flu vaccination during the flu season.

- Childhood immunisation rates for vaccinations given were overall comparable with the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 100% which were comparable with the CCG rates of 84% to 99%, and for five year olds at 100% which were above the CCG rates of 93% to 98%.

Following the inspection the practice sent us additional information produced by the CCG about how they performed when compared with other practices within the area. For example:

- The practice had a lower emergency admission rate for patients with chronic conditions than other practices in its geographical area, and the admission rate was within an acceptable range.
- The practice was also categorised in the lower half of practices for its number of emergency diabetic admissions and the costs generated for those admissions were among the lowest.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

The practice told us they considered they were caring, patient centred, and sensitive to the worries and concerns patients had when they were ill.

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and saw patients were treated with dignity and respect. Staff told us they were aware of the dignity policy and knew where to access this.

- The reception desk was lower than average to reduce the barriers between patients and staff. Patients told us this made the practice much more welcoming and they felt more engaged and respected.
- Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- We saw many examples where staff went beyond their duties to ensure patients received the care and attention they needed. For example, patients were provided with a wheelchair so they could access the practice building. Staff told us they met patients in the car park and assisted them where needed. This was confirmed by patients we spoke with.

Patient feedback was very positive about the practice:

- We received 41 comment cards which were very positive about the standard of care received by patients at the practice. Patients were very complimentary about the practice and commented that staff were very friendly; the service they received was second to none; care and treatment was always one hundred percent; that they received excellent care from the GPs and the nurses and could always get an appointment when they needed one.
- We spoke with six patients during the inspection, three of whom were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. Patients were all very positive about the service they received. They

told us they had nothing but praise for the GPs, who they said cared for all their patients and gave them the best service. These patients were also extremely positive about all staff at the practice. They said that staff were always happy and always willing to go out of their way to help where they could.

Results from the National GP Patient Survey results published in January 2016 showed that the practice was rated 159 out of 7,929 practices nationally for patient satisfaction. For example, the practice scored above average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses:

- 95% of patients said the GP was good at listening to them which was higher than the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%.
- 91% of patients said the GP gave them enough time which was in line with the CCG average of 91% and above the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw or spoke to which was above the CCG and the national averages of 97% and 95% respectively.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 90% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 92% and national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful which was above the CCG average of 89% and national average of 87%.

Patient satisfaction was shown to be high and this was demonstrated in the regular in-house surveys the practice completed. We saw the results for the survey for March 2016. The questionnaire was emailed to 1,405 patients (of which 621 were opened); a link was added to the practice's website; and hard copies of the survey were made available in the waiting room. The practice received 259 responses which represented a 60% response rate.

Results of the practice survey completed in March 2016 demonstrated that:





## Are services caring?

- 98% of patients were satisfied with online access to this service.
- 98% of patients were satisfied with access to a GP or nurse.
- 97% of patients were satisfied with the care they received.
- Overall satisfaction with the practice was rated by patients as 98%.

We saw that there were many positive patient comments about the practice on the NHS Choices website. For example:

- Patients were extremely impressed with the online access and text confirmation of appointments and reminders, but mostly that they had always been able to get an appointment at short notice.
- They were always treated with care, compassion and professional competence, whenever they attended the practice.
- Everyone was always polite and helpful, the nursing staff particularly so.
- Appointments were often available on the same day, and always the on the next day.

We noted that GPs responded to all comments made on the NHS Choices website.

We spoke with the managers of two of the local nursing homes where the GP looked after a number of patients. The care home managers were happy with the service provided and said that aside from the weekly care round the GP always came to visit patients when they had concerns.

### Care planning and involvement in decisions about care and treatment

Patients told us on the comment cards that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patients told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them; that nothing was too much trouble for this practice; that the GPs and nurses genuinely cared about the health of their patients; and that they felt the GPs took a genuine interest in them. The clinical staff were very patient and clear about discussing aspects of their treatment with them.

These comments were reflected in the results from the National GP Patient Survey published in January 2016. The

results showed that patients had responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice was rated higher than local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments which was above the CCG average of 91% and national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care which was higher than the CCG average of 86% and national average of 82%.

Care plans were in place for patients with a learning disability and for other patients such as those who were diagnosed with asthma, dementia and mental health concerns. Alternative formats were available for patients to suit their needs, such as larger font and easy read.

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

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations. The practice was registered as a safe place for patients with a learning disability for times when they felt vulnerable or needed support.

The practice maintained a register of those patients who were also carers. The practice's computer system alerted GPs if a patient was also a carer. At the time of the inspection there were 62 carers registered with the practice (1.5% of the practice population). The practice told us the number of carers was indicative of the practice population, which consisted of a smaller number of elderly patients and a larger number of younger patients. The majority of carers on their register were older patients.

A poster was displayed on the carers' notice board in the waiting room advertising support for carers. Further information about carers support was available in leaflets and on the practice website. Patients and carers were encouraged to attend the local Dementia Cafés in Leamington Spa. Leaflets were available for patients about these facilities.

Carers were encouraged to attend the practice for the administration of flu vaccines. In 2015 88% of patients over 65 years and 69% of patients who were at risk of contracting flu under 65 years received their flu vaccine. Flu



## Are services caring?

clinics were advertised on the practice website and the practice waiting area. Text messages were also sent out to remind patients about the flu vaccination during the flu season.

The practice told us they had looked at ways to reach carers not yet identified by the practice. They held Christmas tea parties for carers each year. They had found that assessments of patients over the age of 75 as part of the Over 75s project had resulted in the development of activities for this population group. They had involved patients and carers in a number of initiatives to encourage interaction and support. For example, art classes had been developed for patients and afternoon tea parties were held at a local school. Further plans included the provision of a diversional therapy course.

The practice had developed a federation of GPs called Prime GP which included three other local practices. They had led on a project called Prime 75+ which aimed at tackling loneliness in patients over 75 years. They had initiated and collaborated with the other practice members to hold a large event for patients in June 2015. The event took place at the local civic hall and was attended by over

200 people. Patients told us this had been very successful, they really enjoyed it and wanted more regular meetings. As a result, the practice developed monthly Nosh’N’Natter meetings with the first held in May 2016. The Nosh’N’Natter group was a monthly lunchtime get together for patients to meet friends, make new friends, share experiences and enjoy lunch. Free transport was provided for those patients who needed it.

A specific notice board was placed discreetly in reception with details of patients receiving end of life care and was regularly updated so staff could be sensitive to patients’ circumstances. Patients were visited outside of normal practice hours including weekends, and were given GP telephone numbers should they need to speak directly with a GP.

Staff told us that if families had experienced bereavement the GPs sent a condolence card, telephoned them and often visited to offer support and information about sources of help and advice. The practice also informed all organisations that had been involved in the patients care to avoid distressing appointment reminders being sent to relatives.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice understood the needs of the patient population and had arrangements in place to address those needs. The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.

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

- The practice told us they worked over and above to provide continuity of care to achieve the best care for their patients. They were proud of their achievements. The practice gave us examples where they had made improvements to patients' lives. For example, they had provided dedicated management and support to newly registered patients who had been reluctant to make changes to long term use of their medicines. The practice told us this was often due to patients' long term reliance on some medicines. We saw where changes had been achieved and provided patients with a more fulfilled, healthier lifestyle with continued support from the practice.
- Regular reviews (at least annually) were carried out with patients who had long term conditions. We saw anonymised records to confirm this. Patients told us that when they had their medicines reviewed time was taken to explain the reasons for the medicines and any possible side-effects and implications of their condition. Patients told us this helped them understand what they needed to do to help themselves too.
- Urgent access appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- The practice offered routine childhood immunisations, travel vaccinations and cervical smears. They were also registered to provide yellow fever vaccinations.
- Translation services were available should these be requested by patients whose first language was not English.
- There was a portable hearing loop that could be taken into any clinical room or used at reception to help patients with a hearing impairment. Information was provided in the practice newsletter about various websites they could access for support. This included groups such as Action on Hearing Loss.
- Extended appointment times were available from 7am to 8am every Monday and from 9am to 10.20am on the first and third Saturdays each month for pre-booked appointments only. This was helpful for those patients who had work commitments.
- The practice telephoned those patients with poor memory to remind them of their appointment; patients with email access were sent regular emails following their appointments to recap what was discussed with the GP.
- Alternative formats were available for patients to access information such as leaflets in large text, easy read or alternative fonts. The practice was registered as a member of the Safe Place Scheme for patients with a learning disability for when they felt vulnerable or needed support.
- A range of information and services was provided for their younger population. There was a young persons' guide to the services available on the practice's website. There was also a separate page called Sex Etc. with information about various aspects of sexual education specifically aimed at this group. In the practice waiting area there was a notice board with information and notices specifically for younger patients.
- There was a child friendly waiting area with a range of toys, books and play equipment available.
- On-site services such as phlebotomy (taking blood samples), blood monitoring, ear syringing, and midwifery services were provided to reduce inconvenience to patients so they were not required to travel to secondary care providers for these services.
- An over 75s project called Primecare 75+ operated within South Warwickshire between St Wulfstan Surgery and three other practices (all members of the local group called Prime GP). A dedicated co-coordinator worked across all practices to provide holistic reviews of patients over the age of 75 years. They worked proactively with a dedicated practice nurse at the practice to help patients maintain good health. They had identified social isolation and loneliness, and frail patients at risk of hospital admission as the main concerns. Although the practice had seen



# Are services responsive to people's needs?

## (for example, to feedback?)

improvements to patient care as a result of this project, insufficient data was available to demonstrate this at the time of the inspection. The practice had however seen a 3% reduction in the number of emergency admissions and a reduction in GP appointments for patients assessed as part of this project. GPs told us that activities and groups established as a result of the project had reduced social isolation and loneliness for some patients.

- The practice had developed an over 75s Patient Participation Group (PPG) as a result of the over 75s project. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. This group had worked with three other practices within the Prime GP Group to compile a booklet called Stay in the Prime of Life which was given to patients shortly after their 75th birthday. The booklet was devised by over 40 patients with the help of healthcare professionals. The topics covered in the booklet were the result of the following two questions which patients were asked: what sorts of things worried them as they got older, and what did they wish they had known about to make life easier as they got older? The booklet offered a range of information such as bereavement, foot care, diet and eating with information from professionals and top tips from patients. Patients told us they found the booklet very helpful and some commented they wished this had been available for them some years earlier.
- The practice had provided a volunteer drivers service for over 10 years. This was a free service provided for those patients who struggled to get to the practice and was run by patients for patients. The practice met with the drivers and the co-ordinator on a regular basis to maintain close links with this group as they were considered to be a very important support service for their patients.
- answerphone message gave the telephone number they should ring depending on the circumstances. During the lunch time closure if patients called the practice number they would get the answerphone message stating what time the practice re-opened, with the number of the duty GP answering service if their problem could not wait until then (with the normal caveat of 999 if the problem was life threatening).
- Information on the out-of-hours service (provided by Care UK) was available on the practice's website and in the patient practice leaflet.
- All patients who requested an appointment were given one and seen on the day of their request. Appointments were bookable in person, online and on the telephone up to three months in advance. The online service also allowed patients to order repeat prescriptions and access their medical records.
- Home visits were available for patients who were too ill to attend the practice for appointments. Support and weekly ward rounds were provided routinely for local care homes.
- The practice treated patients of all ages and provided a range of medical services. Vulnerable patients were supported to register with the practice. The practice provided services for approximately 150 to 200 narrowboat residents. They told us they had no homeless people or travellers currently registered with the practice but they would be given treatment and health care according to their needs when requested.
- The practice was committed to engaging with their patients and the wider local community. The practice newsletter was an example of this. The newsletter was produced quarterly. We saw the copy of the latest edition produced in spring 2016, which gave information about the practice, staff members, and reports on events such as the tea party which had led to the formation of the Nosh'N'Natter lunch group.

### Access to the service

The practice reception opened from 8am to 12.30pm and 2pm to 5pm on Mondays, Wednesdays and Fridays and from 8.30am to 12.30pm and 2pm to 6pm on Tuesdays and Thursdays. Appointments were available during those times.

- The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an
- 97% of patients said they could get through easily to the practice by telephone which was well above the CCG average of 78% and national average of 73%.

The practice told us they were proud of the consistently high rates of feedback from their patients.

Results from the National GP Patient Survey results published in January 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example:



# Are services responsive to people's needs?

## (for example, to feedback?)

- 94% of patients described their experience of making an appointment as good which was well above the CCG average of 79% and national average of 73%.
- 97% of patients said they usually waited 15 minutes or less after their appointment time which was well above the CCG average of 69% and national average of 65%.

Patients we spoke with gave positive views about the appointments system. Patients told us that they had no problem with getting appointments and they could always see a GP if the appointment was urgent. We received 41 comment cards which were all positive about the appointment system and availability at the practice.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We found that there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in the complaints leaflet made available at the practice. The leaflet also explained to the patient what they could expect once their

complaint was submitted to the practice. Patients commented through the comments cards that they were aware of the process to follow should they wish to make a complaint, although none of these patients had needed to make a complaint.

Annual reviews of complaints had been carried out to identify themes or trends. We looked at the review that had been completed for the two complaints received in the last 12 months. We found these were dealt with promptly with responses to and outcomes of the complaints clearly recorded.

Members of the PPG told us that two members of the group were nominated to hear patients complaints if patients wanted to talk about their concerns or remain anonymous. They told us since this service had been available they had only been approached by two patients and in both instances their concerns or queries had been addressed. Information was shared with the practice in a way that maintained anonymity where patients had requested this.

Lessons learned from individual complaints had been acted on. This had included for example, changes to procedures where they had been identified as a result of a complaint or a concern. For example, changes had been made to registration application forms which requested information that could be misleading to patients.



# 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 told us they all had a strong vision to provide quality, safe and accessible services. It was evident through discussions with staff during the day that this vision was shared throughout the practice. Staff confirmed that patient care was their ultimate goal and all staff were dedicated to this provision. Staff told us their overall aim was to be the best practice to give the best care for patients.

The vision of the practice according to staff was to remove obstacles and barriers to providing accessible patient care. We saw examples which demonstrated this:

- The practice had employed a variety of ways to communicate with hard to reach patients. They had for example, used social media as a means to contact younger patients and support groups to reach isolated patients and carers. The practice demonstrated that they were now reaching patients they had previously been unable to and had plans to extend this further.
- The practice had a robust strategy and supporting business plan which reflected the vision and values of the practice and ensured that these were regularly monitored. The practice recognised the need to forward plan services for patients over 65 years, as their ageing population increased so would the need for services.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff. The practice ensured that staff reviewed policies and procedures on a regular basis. They identified the top seven policies on a rotational basis which were listed on the practice computers. Staff were required to review these and sign to confirm they had been read.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.

- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly above local and national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share information, to look at what was working well and where improvements were needed. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

### Leadership, openness and transparency

We found that the GPs and the management team had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. They confirmed that there was an open, no blame culture within the practice. They told us they were confident they would be supported if they needed to raise any issues or concerns. They said they felt respected, valued and supported by everyone in the practice and they told us they absolutely loved working there. The high level of team working was very evident throughout the inspection. It was clear that everyone was involved in the practice and had a shared commitment to provide the best care for patients.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the Patient Participation Group (PPG), through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

# Are services well-led?

Good 

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

- The PPG had been formed when the practice was founded in 2001. The practice had further developed this and now had two, very active PPGs which included the over 75s Group. For example, they had advised the practice on the style and wording of letters sent out to patients. PPG members told us that this was important to make sure that patients understood the information they received. Letters reviewed included those for patients who failed to attend for appointments, and asthma and diabetes review invitation letters. The practice told us they had acted on the PPGs suggested amendments and had changed the templates accordingly.
- PPG members told us they had been involved in the recruitment of the last partner to join the practice both at interview and selection stages. This was confirmed by management staff. Members told us they had also initiated the voluntary driver scheme with the practice. They told us this provided additional opportunities for informal feedback from patients during their travel.
- The over 75s Patient Participation Group (over 75s PPG) was a newly formed group which shared a common purpose of meeting with the practice to share views, experiences and ideas to make improvements to the services provided. It also provided opportunities to encourage patients out of their houses, share lunch and meet people that also supported their wellbeing. The group had been instrumental in the development of the care and services provided for older patients. The over 75s PPG also shared comments and ideas with the other local PPGs.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. All practice staff meetings were held every two months with individual team meetings held regularly. Social activities were also held with staff. Staff told us they felt involved and engaged to improve how the practice provided services for patients.

They said everyone was involved in the practice, including patients and all the staff. Patients told us this was an inclusive practice, with a great atmosphere supported by everyone.

An email group had been set up for patients who wished to receive newsletters and patient surveys. Patients were asked at registration if they would like to receive these and could unsubscribe at any time. We saw a copy of the latest newsletter. Communication with patients, with staff, with PPG and with nursing homes was evident and well evidenced.

## Continuous learning and development

The practice was an active member of the Prime GP Group, which had formed to improve the services they offered to patients. The practice was keen and willing to engage in a variety of future projects which demonstrated their commitment to continuous development and improvement.

The practice had initiated the development of a computer package which uses IT to increase and improve patient access. This would increase patient self-care, reduce unnecessary appointments and increase patient satisfaction. The system would allow for face to face (or telephone or internet) contacts with personalised, specific advice, information and education leaflets for patients from their own GP that reinforced the outcome of the consultation. This package was under development at the time of the inspection and was eagerly awaited by the practice for future service development.

The practice told us a member of staff had taken on the role and had started to develop a younger person's PPG, aimed at reaching out to the younger patients registered with the practice, to obtain their views and ideas for continued development of the services provided by the practice.